

Part One

New applications for ACVIM Residency Training Programs must be received by the Residency Training Committee 90 days prior to any residents beginning training. Before completing this form, please review the general and specific requirements for Neurology Residency Training Programs in the ACVIM Certification Manual (CM). The most current version of the CM is available on the ACVIM website at www.ACVIM.org. If there is a discrepancy between this form and the CM, the CM will be considered correct, however, please contact the ACVIM office or the Residency Training Committee Chairperson for clarification.

Prior to making significant changes in a Residency Training Program, approval of the ACVIM and Neurology Residency Training Committee must be obtained. The Candidate and/or Program Director must notify ACVIM, in writing. Significant changes could include, but are not limited to: changes in Program Director or advisors, transferring from one program to another, alterations in program duration, locations of secondary site training, switching to a 'dual board' program, or enrolling in an institutional graduate program.

Notice: This form contains questions for three separate purposes; data collection that ACVIM must maintain for its accreditation as a specialty college; data collection for each specialty to evaluate what is appropriate for residency programs; and data collection to evaluate this Residency Training Program for renewal. It is important that all questions be answered accurately and completely, even if the answer to a specific question is not essential for a program's renewal.

For multi-site residency programs: To ensure uniformity of training and compliance with current CM requirements, training programs that include multiple sites must provide detailed information regarding supervision and facilities available at each specific site(s). Multi-site programs, if any, are listed in Part Two.

Program Director Name :

(Must be a Diplomate of ACVIM in the Specialty of Neurology or an approved Diplomate of the European College of Veterinary Neurology)

Program Director's Contact Information:

Work Phone:	<input type="text" value="(573) 882-7821"/>
E-mail:	<input type="text" value="coatesj@missouri.edu"/>
Mailing Address:	<input type="text" value="Department of Veterinary Medicine & Surgery, CVM
900 E. Campus Dr., Clydesdale Hall
Columbia, MO 65211"/>

1. Location of Sponsoring Institution (Primary Site of Training Program):

Primary Site and Length of Program:

Multi-site programs, if any, are listed in Part Two.

2. Resident Advisor(s): Must be a Diplomate of ACVIM in the Specialty of Neurology or a Diplomate of ECVN.

Joan Coates
Dennis O'Brien
Fred Winger
Daniela Mauler

3. Supervising Diplomates in Neurology: Must be a Diplomate of ACVIM in the Specialty of Neurology or a Diplomate of ECVN.

Joan Coates - Neurology
Dennis O'Brien - Neurology
Fred Winger - Neurology
Daniela Mauler - ECVN

4. All Diplomates of ACVIM or ECVIM responsible for supervision of clinical training who are specialists in areas other than Neurology.

Stacey Leach - Cardiology
Philip Johnson - LAIM
John Middleton - LAIM
Dusty Nagy - LAIM
Pamela Adkins - LAIM
Brian Flesner - Oncology
Carolyn Henry - Oncology
Jeffrey Bryan - Oncology
Leah Cohn - SAIM
Carol Reiner - SAIM
Amy DeClue - SAIM
Megan Grobman - SAIM

5. Residents currently participating in your training program, along with the beginning date of the program, expected ending date of the program, and designated Resident Advisor.

Resident Name, Dates of Program, (Resident Advisor)

Amanda Jurkoshek 7.15.2016 - 7.14.2019 (Daniela Mauler)
Randy Cochran 7.15.2016 - 7.14.2019 (Joan Coates)
John Gagnepain 7.15.17 - 7.14-2020 (Joan Coates)
Christine Toedebusch 4.1.13-3.31.2018 (Dennis O'Brien)

Please note, any Program Director or Candidate that significantly changes or alters their Residency Training Program before completion must notify ACVIM, in writing, before the changes are made to ensure that the proposed changes are approved.

Significant changes could include, but are not limited to:

- transferring from one program to another
- alterations in program duration
- switching to a 'dual board' program
- enrolling in an institutional graduate program

- **change of Program Director or Resident Advisor**



RESIDENCY TRAINING PROGRAM REGISTRATION
2018-2019
NEUROLOGY

Part Two

Part Two of the Neurology Residency Training renewal process addresses general features of the program that apply to all current residents. These questions will be used to provide the Residency Training Committee with information needed to judge the structure, quality, scope, and consistency of training provided.

Current Date: 2/6/2018

Program Director Name: Joan R. Coates, DVM, MS, Diplomate ACVIM (Neurology)

(Must be a Diplomate of ACVIM in the Specialty of Neurology or an approved Diplomate of the European College of Veterinary Neurology)

Name of Sponsoring Institution (Residency Training Program): University of Missouri / Veterinary Specialty Services in St. Louis

1. For multi-site residency programs: To ensure uniformity of training and compliance with current Certification Manual (CM) requirements, training programs that include multiple sites must provide detailed information regarding supervision and facilities available at each specific site(s).

Secondary Site/Outside Rotations (if applicable):

(Please include the following for each site: Supervising Diplomate (ACVIM or other specialty), amount of time scheduled at the site and training requirements to be met.

Dr. Fred Winger (Diplomate ACVIM-Neurology) is a neurologist at Veterinary Specialty Services 1021 Howard George Dr., Manchester, MO 63021 and has an adjunct faculty appointment at the College of Veterinary Medicine University of Missouri.
The residents in the shared MU/VSS residency will spend approximately 4 months/year at VSS with Dr. Winger. While at VSS the resident will be supervised by Dr. Winger and will be able to consult with other board-certified specialists at VSS

2. Length of Training Program:

Form with checkboxes for Yes/No and a text box for 'Other -provide details'.

3. Advanced Degree:

Form with checkboxes for Yes/No/Optional for Masters.

PhD:

Briefly explain how the degree is integrated into the residency program:

If the resident chooses to pursue an MS degree, the course work will be performed in the morning prior to start of clinics and the research project will serve as the research project for the residency.

4. Please list all ACVIM Supervising **Diplomates** (Cardiology, Large Animal Internal Medicine, Neurology, Oncology, Small Animal Internal Medicine, ECVIM, or ECVN Diplomates) providing supervision **off-site** and explain the situation and the agreements provided for contact with the resident. (Note, in Part One, current ACVIM Supervising Diplomates are included; and you are requested to provide additional comments for off-site supervision here).

Name of Diplomate(s)	Comments
Fred Wininger, DACVIM (Neurology) Bonnie Smith, DACVIM (Oncology) Kelly Gingerich, DACVIM (SAIM) Kate Sycamore, DACVIM (SAIM) H. Celia Marshal, DACVIM (Cardiology)	These specialists will provide supervision when the resident rotates at VSS

5. Please list all **Diplomates** of the American College of Veterinary Pathology or the European College of Veterinary Pathologists in the areas of clinical pathology or gross/histopathology associated with residency training. If off-site, please explain the situation, and the method of providing direct contact with the resident.

Name of Diplomate(s)	Clinical or Gross	Comments
Gayle Johnson Dae Young Kim Kei Kuroki Daniel Shaw Chuck Wiedmeyer Linda Berendt Marlyn Whitney Angela Royal	Gross Gross Gross Gross Clinical Clinical Clinical Clinical	All at the University of Missouri

6. Please list all **Diplomates** of the American College of Veterinary Radiology or the European College of Veterinary Diagnostic Imaging associated with residency training. If off-site, please explain the situation, and the arrangements for direct contact with the resident.

Name of Diplomate(s)	Comments
James Lattimer Jodi Matheson Charles Maitz Kristen O'Dell-Anderson	ACVR (dual boarded radiology and radiation oncology) ACVR ACVR- rad oncology ACVR (located at VSS)

7. Please list all **Diplomates** available for consultation in the areas of dermatology, surgery, ophthalmology, anesthesiology, emergency/critical care, clinical nutrition, clinical pharmacology, behavior, and/or theriogenology. If off-site, please explain the situation and the arrangements provided for contact with the resident.

Name of Diplomate(s)	Specialty	Comments
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Leah Cohn	SA internal med	DACVIM
Amy DeClue	SA internal med	DACVIM
Carol Reiner	SA internal med	DACVIM
Megan Grobman	SAIM	DACVIM
Jeff Bryan	Oncology	DACVIM
Brian Flesner	Oncology	DACVIM
Lindsey Donnelley	Oncology	DACVIM
Stacey Leach	Cardiology	DACVIM
Cecil Moore	Ophthalmology	DACVO (hired part time)
Elizabeth Giuliano	Ophthalmology	DACVO
Kevin Donnelly	Ophthalmology	DACVO
Keith Branson	Anesthesiology	DACVA
John Dodam	Anesthesiology	DACVA
Alex Bukoski	Anesthesiology	DACVA
Fred Anthony Mann	Surgery & ECC	DACVS & ACVECC
James Tomlinson	Surgery	DACVS (hired part time)
Derek Fox	Surgery	DACVS
Jill Luther	Surgery	DACVS
Bryan Torres	Surgery	DACVS
Owen Skinner	Surgery	DECVS
Tim Evans	Therio & Toxicology	DACT & DAVT
Dawna Voelkl	Theriogenology	DACT
Dietrich Volkmann	Theriogenology	DACT
David Senter	Dermatology	DACVD (hired part time)
Robert Backus	Nutrition	DACVN
Lauren Young	Nutrition	DACVN
Becky Greer	ECC	ACVECC Part time (until new hire)
Mike Karagiannis	ECC	ACVECC Part time (until new hire)
Richard Meadows	Canine/feline	ABVP
Loren Schultz	Preventive med	ACVPM
Karen Campbell	Dermatology	ACVD
Amie Burling	Shelter/preventive med	ACVPM/DABVP
Carrie Duran	Pharmacy	PharmD/DVM
Philip Johnson	Equine Internal Med	DACVIM (LAIM)
Pamela Adkins	FA Internal Med	DACVIM (LAIM)
John Middleton	FA Internal Med	DACVIM (LAIM)
Dusty Nagy	FA Internal Med	DACVIM (LAIM)
Mary Jean Gorse, Mark Anderson, Davida Rausch	Surgery	All DACVS and will provide supervision when needed at VSS
A new criticalist has been hired and will start this fall; a search is active for another 2 criticalists		

8. Please list the residents who have completed the training program within the last five years, including the year that each individual's training program ended and whether the individual has completed the Board certification process.

Name(s)	Program End Date (mm/dd/yyyy)	Diplomate? (Yes or No)
Jeremy Shomper	7/14/2017	Yes
Missy Carpentier	7/14/2016	Yes
Nick Archambault	7/14/2015	Yes
Rob Daniel	7/14/2014	Yes
Shinichi Kanazono	7/14/2013	Yes

9. Please list the residents currently participating in your training program, along with the beginning date of the program, expected ending date of the program, and designated resident advisor.

Resident Name(s) (first/last)	Length of Program (in years)	Program Start Date (mm/dd/yyyy)	Program End Date (mm/dd/yyyy)	Resident Advisor Name(s)
Amanda Jurkoshek	3 year	7/15/2016	7/14/2019	Daniela Mauler
Randy Cochran	3 year	7/15/2016	7/14/2019	Joan Coates
John Gagnepain	3 year	7/15/2017	7/14/2020	Joan Coates
Christine Toedebusch (née Sibigroth) Combined residency/PhD)	5 year	4/1/2013	3/31/2018	Dennis O'Brien

The following questions will be used to provide the Residency Training Committee with information needed to judge the structure, quality, scope, and consistency of training provided.

NOTE: Direct supervision is required during clinical training, with the time required specified by each particular specialty. Direct supervision is defined as follows: The Supervising Diplomate and resident are participating in a clinical practice in which both the Diplomate and the resident are on duty and interactively and concurrently managing cases. The Diplomate need not personally examine each patient seen by the resident, but must remain physically available for consultation. Please use this definition when responding to the following questions regarding clinical rotations.

10. Is this a traditional or non-traditional residency training program? A traditional neurology residency is a two (2) or three (3) year postgraduate training program, with a minimum of ninety six (96) weeks of supervised clinical training with a majority of the time spent at one location. A non-traditional neurology residency allows for training that may occur in non-contiguous blocks of time over an extended time period.

Traditional	<input checked="" type="checkbox"/>
Non-traditional	<input type="checkbox"/>

For non-traditional programs, please provide a detailed description of the residency program, including length of program, proposed annual schedule, and the amount of time of direct Diplomate supervision for each location of the residency.

We will be having all of the residents at MU rotate through Veterinary Surgical Specialists (VSS) in St. Louis. The program will be 3 years long. The residents will spend the majority of their time at MU, so it would fall under the guidelines above as a traditional residency.

11. The ACVIM Neurology Certification Manual (CM) requires that each resident experience 75 weeks (minimum) of clinical Neurology training under the supervision of either a Diplomate of ACVIM in the Specialty of Neurology or a Diplomate of ECVN. **The 75 weeks should include at least 50 weeks of direct supervision (see definition in CM) and the remainder as indirect supervision (indirect supervision is satisfied by the Supervising Diplomate Neurologist being available for face-to-face contact with the resident at least 4 days per week).**

Please provide an outline of planned yearly schedule, including number of weeks of direct and indirect supervision (i.e. in year 1, the resident will be directly supervised for 25 weeks etc.) A table similar to the example below outlining the proposed weekly schedule of duties for the residents should be provided:

EXAMPLE TABLE ONLY:

	Year I	Year II	Year III
Medical Neurology *			
Neurosurgery			
Neurology/Neurosurgery Direct Supervision	36	36	
Neurology/Neurosurgery - Indirect Supervision			34
Internal Medicine	4	2	2
Clinical Pathology	2		
Radiology	2		
Neuropathology		2	2
Other Rotation (please list the name of each rotation)			
		1	
	2	4	4
Research	4	5	8
Independent Study			
Vacation	2	2	2
Total	52	52	52

Numbers indicated are in “weeks”.

* Many residencies are a combined neurology / neurosurgery program with no distinct separation between the services. Some programs, however, have separate training with a surgery service and this example includes that possibility in describing the weekly rotations.

The example table is only a listing of a proposed weekly schedule for each of the three years of a typical 3-year residency program, including all that is required by ACVIM without making any specific recommendations.

Please indicate the outline of planned yearly schedule here:

	Year I	Year II	Year III
Medical Neurology *			
Neurosurgery			
Neurology/Neurosurgery - Direct Supervision	30	30	30
Neurology/Neurosurgery - Indirect Supervision	4	4	4
Internal Medicine	4	4	
Clinical Pathology	1		
Radiology	1		
Neuropathology	2		
Other Rotation (please list the name of each rotation):			
Other: ‘Brain Camp’ when offered		2	
Other: Senior resident has the option of 2-week elective rotation, which can be an outside rotation			2
Research	7	6	6
Independent Study	1	4	8
Vacation	2	2	2

Total *	52	52	52

*The totals should add up to 52 weeks.

12. Describe how daily clinical case rounds are conducted and supervised:

Weekdays at MU, rounds are conducted daily for at least one hour with students, residents, and senior faculty. On weekends, the attending faculty clinician may or may not participate depending on case complexity and need. At VSS, morning rounds are conducted weekdays with Dr. Winger and the resident. Once a week, all the faculty and residents with VSS via videoconference meet for an hour for “resident rounds”. These rounds can be morbidity and mortality rounds, difficult or interesting case discussions or topic reviews.

13. The neurology specialty requires that the resident spend at least 50 hours during the residency in the following rotations: Radiology, Clinical Pathology, Neuropathology and Neurosurgery. A Training Agreement Form must be completed and signed by the Diplomate supervising the required training, regardless of whether the training occurs on site or off-site. **Please use the standardized “Training Agreement Form” found on the ACVIM website (www.ACVIM.org) to document proof of supervision for all required contact hours (clinical pathology, radiology, neuropathology surgery, etc.) in rotations other than neurology.** 1 Training Agreement form is required per rotation per resident at the beginning of the residency. Forms do not need to be resubmitted each year as long as a valid Training Agreement Form is on file.

In addition, please provide a brief description of how each phase of this required training is accomplished.

Radiology: 50 hours with a Board-certified radiologist interpreting radiographs, attending seminars and participating in and evaluating the results of special radiographic procedures.

Radiologists provide daily consultation on spinal radiographs, myelograms, CT, PET, MRI and radiation therapy. Residents will spend a one week rotation in radiology at MU or VSS learning to operate the MRI. One hour neuroradiology rounds are conducted every other week with neurology and radiology residents and neurology and radiology faculty

Clinical Pathology: 50 hours with a Board-certified pathologist or clinical pathologist evaluating clinical pathologic findings, attending clinicopathologic conferences, and examining surgical sections.

Clinical pathologists provide daily consultation on cases as well as weekly CPC conferences. Residents rotate through for one week during their non-neurology rotations. The every other week neuropathology conference includes cytology and biopsies.

Neuropathology: 50 hours devoted to review of veterinary neuropathology. This time may be spent in lecture series, seminars, or a formal training program recognized and approved by the college.

Dr. Gayle Johnson lectures on neuropath in the neurology graduate course and participates in the weekly neurology journal club as well as providing consultation on cases. Every other week, she reviews slides on the multi-headed scope in the neuropathology conference. The residents also do a 2 week rotation in neuropathology.

Neurosurgery: 50 hours participating in veterinary neurosurgical procedures. Please provide a specific description of the type of participation [i.e. observation, performance of neurosurgery], and credentials of those providing the training [i.e. ACVS vs. ACVIM Neurology]. A Training Agreement Form must be completed if this training is provided by individuals other than the ACVIM (Neurology) or ECVN supervising Diplomate for the residency training program.

Neurosurgeries are supervised by Drs. Coates and Winger both DACVIM with certification in neurosurgery as well as Dr. Mauler ECVN with certification in neurosurgery. When they are not available or when surgery requires additional expertise such as in spinal stabilization, supervision could be provided by one of the ACVS diplomates. The residents also attend the AO Principles in Fracture Fixation course. Initially the residents observe surgery, then as their level of competency dictates, they perform the surgery with, and then without supervision.

14. The neurology specialty requires that the resident be able to perform and interpret current electrodiagnostic procedures. Briefly state how the concepts of electrodiagnostics (including EEG) and their clinical application will be taught to residents during the training program. Specifically state whether or not the resident will have hands-on electrodiagnostics experience:

The resident receive 2 hours of lecture on electrodiagnostics during the neurology graduate course. They will also have an intensive 2 day workshop on electrodiagnostics by Colette Williams. They will perform electrodiagnostic tests including EEG on cases as needed and receive supervised training from the attending neurologist.

15. The college requires that the resident spend a minimum of 80 hours involved in routine and regular participation in a critical review of the literature (e.g. journal club) during the residency training program. Please explain how this requirement is met:

Weekly Neurology Journal Club is held with neurology and visiting residents (internal medicine, emergency critical care and oncology), the neurology faculty and Gayle Johnson (neuropathology). When the neurology residents are rotating at VSS, they join the MU Neurology Journal Club via video conference. Two current articles from the primary literature are selected and reviewed in depth. Two weeks a month, video-conference journal club is held with neurology residents and faculty from Mississippi State University, University of Tennessee and Virginia Tech.

16. The neurology specialty requires that the advisor meet with the resident at 6 month intervals to assess, review and critique the resident's progress and weekly schedule of activities. Please explain how this is accomplished:

All neurology diplomates at the MU / VSS program meet with the residents formally every fall and spring to review the resident's progress.

17. The neurology specialty requires that the resident complete a significant research or clinical investigative project. Please describe how you plan for the resident to undertake, monitor, and complete a project. Include a timeline that the resident and mentor will use as a guide for completion of the project. Note that publication of this research project is not a requirement.

For the residents who elect an MS or PhD degree program, that process serves as the framework for the research project. Otherwise, the resident project idea is determined by the second resident review meeting. The resident leads in the design and planning of the project to be completed during the second and third year. Ideally, completed in time to submit as an abstract for ACVIM in their third year. At the latest, the project is to be completed before the resident goes off clinics to study for their certification examination.

18. Please indicate the availability of the following facilities or equipment. Indicate if these are available at the primary training site, or at a different location. (In the Location column, indicate on-site for primary location or the name of the facility where the equipment is located if off-site.) For facilities that are not on-site, please describe the situation and availability in the space at the end of this section. Please also provide the manufacturer and model of the unit for electrodiagnostic and imaging equipment.

	Available?		Location of equipment?
	Yes	No	(On-site or list site name)
a) Standard radiological equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site
b) Ultrasonographic equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site
c) Clinical Pathology capabilities: (includes CBC, serum chemistries, blood gases, urinalysis, cytology, parasitology, microbiology, and endocrinology)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site
d) Electrocardiography	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site
e) Blood Pressure Measurement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site
f) Radiation Therapy Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site
g) Veterinary Library w/Literature Searching Capabilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site
h) Computerized Medical Records w/Searching Capabilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site
i) Medical Library w/Literature Searching Capabilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site
j) Electromyography and nerve conduction velocity testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site, Cadwell Sierra Summit
k) Evoked Response Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site, Cadwell Sierra Summit
l) Electroencephalography	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site, Cadwell Arc Alterna Ambulatory EEG 32 CH and Bioradio telemetry
m) Computed Tomography	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site, Toshiba Helical-64 slice
n) Magnetic Resonance Imaging (include field strength)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site; 3.0 Tesla, Titan, Toshiba

If any of the above equipment or facilities is available off-site, please explain how the resident can access them for case management, research, or study, *especially with respect to the use of imaging equipment*:

Cases are referred to Wentzville for radiation therapy if client is from that area of the state. The 1.5 T magnet (Siemens) is available for use at VSS

19. Describe the formal conferences, such as clinicopathologic conferences, journal clubs, or seminars that are held on a regular basis. Please provide a description and the typical schedule for these:

Monday: Internal Medicine CPC (case discussions with clinical pathologists and ACVIM-affiliated faculty)

Tuesday: Neurology journal club (critical review of the current literature). Video-conferenced every other week with 3 other veterinary schools and on other week with resident/faculty at VSS

Wednesday: Neurology/Neurosurgery grand rounds at school of medicine when topics are pertinent. Otherwise cytology/pathology conference on medicine/oncology cases

Thursday: resident rounds videoconference with resident/faculty at VSS (case/topic discussion with all neurology faculty and residents)

Friday: Resident/intern seminary (formal presentation by residents and interns to the faculty, other house officers and students. Neuropathology case reviews every other week: the neuropathologist reviews cases on a multi-headed

scope. Neuroradiology rounds every other week: the radiology and neurology faculty and residents review images from the prior 2 weeks.

In addition, formal courses are offered in different disciplines on a 3 year rotating basis. This includes an advanced neurology course focusing on the pathophysiology of neurologic diseases.

20. Detail the teaching responsibilities expected of the resident during the training program. This may include lectures in departmental courses for veterinary students, grand rounds presentations, presentation of papers or seminars at conferences, or participation in continuing education programs.

All residents give a formal seminar once a year. They present cases weekly in neurology resident rounds and every other week in neuropathology rounds. They conduct rounds with the students when senior faculty are not available. They teach one hour didactic "topic rounds" with students about once a week when on clinics. They are encouraged to present research abstracts at the MU CVM Phi Zeta Research Day and national meetings. The residents are permitted to assist in didactic lectures/labs for pre-clinical students if interested.

21. How many major veterinary medical or medical meetings are each resident able to or expected to attend during his/her training program?

None	One	Two	> Two
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments: The resident attends the AO-Vet Principles of Fracture Fixation in their first year. The resident attends ACVIM twice and 'Brain Camp'

22. Are one or more publications required as part of the training program?

Yes	No	Number
<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Comments: Research project is required but publication is not

23. Please describe any additional pertinent information that the Residency Training Program should consider in its evaluation of this Training Program.

The combined MU and VSS neurology practices have a strong relationship to facilitate a residency program, which allow this program to function very well. The two programs videoconference twice a week. Dr. Winger travels to MU for the resident reviews every 6 months. Thus there is very open communication between the two sites.

Please note, any Program Director or Candidate that significantly changes or alters this Residency Training Program before completion must notify ACVIM, in writing, before the changes are made to ensure that the proposed changes are approved.

Significant changes could include, but are not limited to:

- transferring from one program to another
- alterations in program duration
- switching to a 'dual board' program

- enrolling in an institutional graduate program
- change of Program Director or Resident Advisor

I verify that the above information is an accurate reflection of this Residency Training Program.

Per the Certification Manual, each year, the Program Director (PD) must certify to the RTC/ RTCC and ACVIM, in writing, that they have read the ACVIM Certification Manual and understands their role in residency training.

Checking this box is an indication I have read the ACVIM Certification Manual and understand my role in the Residency Training Program.