



**RESIDENCY TRAINING PROGRAM REGISTRATION
2018-2019
NEUROLOGY**

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="(425) 697-6106"/>
E-mail:	<input type="text" value="drsneurocenter@gmail.com"/>
Mailing Address:	<input type="text" value="4202 E. Raymond St. AZ 85040"/>

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.

Laura Browand-Stainback

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

[Kim Knowles - Neurology](#)

[Donald Levesque - Neurology](#)

[Scott Plummer - Neurology](#)

[Laura Browand-Stainback - Neurology](#)

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

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)
Erich Spoor 7.6.15 - 7.6.18 (Laura Browand-Stainback)
Ashley Kelley 7.17.2017 - 7.10.2020 (Laura Browand-Stainback)

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



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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: 01/22/18

Program Director Name: Dr. Laura Browand-Stainback, DVM, 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): Veterinary Neurological Center, Phoenix, AZ

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.

Neuropathology, Gayle Johnson, ACVP, University of Missouri (80 hours) - both Dr Spoor and Dr Kelley
Clinical Pathology, Stephan Gaunt, ACVP, Louisiana State University (50+ hours) for Dr Spoor
Clinical Pathology, Marlyn Whitney, ACVP, University of Missouri (50+ hours) for Dr Kelley
Radiology, Nathalie Rademacher, ACVR, Louisiana State University (50+ hours) for Dr Spoor
Radiology, Jimmy Lattimer, ACVR, University of Missouri (50+ hours) for Dr Kelley

2. Length of Training Program:

2 years Yes []
3 years X []
Other -provide details []

3. Advanced Degree:

Yes No Optional

Masters:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PhD:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

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
Stacey Hoffman, DVM ACVIM (SAIM)	VetCare Internal Medicine, Scottsdale AZ– Rotation in internal medicine w/local specialty hospital
Ale Aguirre, DVM, DACVIM (SAIM)	Salt River Veterinary Specialists, Scottsdale, AZ – Rotation in internal medicine w/local specialty hospital

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, DVM, ACVP	Neuropathology	University of Missouri (On site rotations, Dr. Spoor and Dr Kelley)
Stephen Gaunt, DVM, ACVP	Clinical Pathology	Louisiana State University (On site rotation for Dr Spoor)
Marlyn Whitney, DVM, ACVP	Clinical Pathology	University of Missouri (On site rotation for Dr. Kelley)

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
Nathalie Rademacher, DVM, ACVR Jimmy Lattimer, DVM, MS, ACVR	Louisiana State University (On site rotation, Dr. Spoor) University of Missouri (On site rotation, Dr. Kelley)

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
Dr. Reuben Merideth, Dr. Ronald Sigler, Dr. Lisa Flechle, Dr. Jennifer Urbanz,	DACVO DACVO DACVO DACVO	Specialists at other local specialty hospitals Consultations with a variety of board certified diplomates in various disciplines are available.

Dr. Mitch Song, Dr. Brad Dixon, Dr. Tara Enwiller, Dr. Jeffrey Steurer Dr. Kathy Rowe-Guthrie, Dr. Rachel Seibert Dr. Stephanie Foote, Dr. MaryAnn Radlinsky Dr. Suzane Walman, Dr. Betsy Hershey Dr. Lynda Beaver Dr. Rachel Venable Dr. Whit Church, Dr. Matthew Miller Dr. Ale Aguirre Dr. Jennifer Ginn Dr. Jonathan Schnier Dr. Kristi Sluiter, Dr. Melissa Rienche Dr. Reagan Wells Dr. Jana Jones Dr. Amy Tidwell Dr. Diane Shelton	DACVD DACVS DACVS DACVS DACVS DACVS DACVS DACVS DACVIM-Oncology DACVIM-Oncology DACVIM-Oncology DACVIM-Oncology DACVIM-Cardiology DACVIM-Cardiology DACVIM-Medicine DACVIM-Medicine DACVIM-Medicine DACVIM-Medicine DACVIM-Medicine DVECC DACVA/DVECC DACVR DACVIM	There are open lines of communication regarding case consultation and case management between the multiple specialties Dr. Tidwell (out of state) is an additional radiologist we use for case consultation and has periodically come to our hospital to give residents seminars in neuroradiology
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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)
Susan Hollman	July 2012	Yes
Chris Levine	July 2013	Yes
Melissa Jennings	July 2013	Yes
Phil Schissler	July 2014	Yes
Hillary Greatting	July 2015	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)
Erich Spoor	3	07/06/2015	07/06/2018	Dr. Laura Browand-Stainback
Ashley Kelley	3	07/17/2017	07/10/2020	Dr. Laura Browand-Stainback

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.

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:

	<i>Year I</i>	<i>Year II</i>	<i>Year III</i>
<i>Medical Neurology *</i>			
<i>Neurosurgery</i>			
<i>Neurology/Neurosurgery Direct Supervision</i>	36	36	
<i>Neurology/Neurosurgery - Indirect Supervision</i>			34
<i>Internal Medicine</i>	4	2	2
<i>Clinical Pathology</i>	2		
<i>Radiology</i>	2		
<i>Neuropathology</i>		2	2
<i>Other Rotation (please list the name of each rotation)</i>			
		1	
	2	4	4
<i>Research</i>	4	5	8
<i>Independent Study</i>			
<i>Vacation</i>	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 *	43	43	41
Neurosurgery			
Neurology/Neurosurgery - Direct Supervision	43	43	
Neurology/Neurosurgery - Indirect Supervision			41
Internal Medicine	2	2	2
Clinical Pathology	2		
Radiology	2		
Neuropathology			2
Other Rotation (please list the name of each rotation):			
Other: ACVIM Forum	1	1	1
Other: Brain Camp		2	
Research			
Independent Study		2	4
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:

All patients at the VNC are directly examined by a board-certified neurologist in the first 2 years of the program with the resident concurrently participating in exam, client communication and work ups with decreasing degrees of supervision. In the third year, the resident sees cases as the primary clinician with a back up neurologist available for consultation. All cases are overseen by a board-certified neurologist. Each case presented to the VNC is discussed with the supervising neurologist including history, physical and neurological examination findings, neuroanatomical localization, differential diagnoses, diagnostic and treatment plan as well as prognosis with and without testing. Rounds discussing every hospitalized patient are done both at the beginning and end of the work day.

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.

Each resident will complete a rotation of at least 2 weeks under the supervision of a Board Certified Radiologist during the course of their residency training. Each resident chooses the site of this training, usually at the same university of their internship though other arrangements may be needed. Dr. Spoor's training was completed at LSU and we have made arrangements for Dr. Kelley to complete her rotation on site at the University of Missouri in April of 2018.

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

Each resident will complete a rotation of at least 2 weeks under the supervision of a Board Certified pathologist (clinical pathology) during the course of their residency training. Each resident chooses the site of this training, usually at the same university of their internship though other arrangements may be needed. Dr. Spoor's training was completed at LSU and Dr. Kelley's will complete her rotation on site at the University of Missouri in March of 2018

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.

Each resident will complete a rotation of at least 2 weeks under the supervision of a Board Certified Pathologist specifically for neuropathology during the course of their residency training. Currently, residents will rotate to the University of Missouri under the supervision of Gayle Johnson, DVM, Diplomate ACVP. Previous discussions with Dr. Johnson for training have included notes and didactic lectures on neuropathology, access to the AFIP slides, rotations on the necropsy floor for select neurological cases and a final exam.

Additionally, numerous weekly seminars focus specifically on neuropathology to add to the didactic learning of 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.

The VNC in Phoenix performs all manner of neurosurgery ranging from spinal surgery, craniotomy, ventriculoperitoneal shunt placement and nerve and muscle biopsy. Multiple surgeries, primarily hemilaminectomies and ventral slots, are done each week. Residents assigned to the neurosurgical case have increasing participation in the surgery over the course of their program starting with observation, skin and soft tissue closure, surgical approach and eventually to completion of the entire surgery with only supervision of the boarded neurologist/neurosurgeon. The neurosurgeons at the VNC are listed below:

Scott Plummer, DVM, Diplomate, ACVIM-Neurology

Laura Stainback, DVM, Diplomate ACVIM-Neurology

Trevor Moore, DVM, Diplomate ACVIM-Neurology (joining practice in summer of 2018)

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:

Standard electrodiagnostic equipment (Cadwell Sierra Lt.) for routine electrophysiology studies (electromyography, nerve conduction velocity, BAER, etc) is on-site and frequently used by the neurologists and residents as warranted in case work ups. BAER (hearing) clinics are held about once per month and are attended by the residents. EEG is also available on site (Nicolet Alliance DigVid).

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:

While at the primary training site the resident will participate in a two hour conference with one or more of the supervising neurologists from 7 until 9 am at least once weekly. Once to twice montly discussions focus on recent journal articles. The resident will formally present the weekly topic in depth from information derived from readings in texts and scientific articles. The texts and journals will include: Neurology, neurophysiology and neuroanatomy texts, Current Veterinary Therapy, JVIM, JAVMA, J Vet Surg, J Vet Rad & Ultrasound, J Vet Path, Veterinary Emergency and Critical Care and NEJM. A discussion of the topic will ensue. The journals listed above are available both in hard-copy form and online. The resident also attend weekly rounds at a local human neurology specialty hospital (Barrow Neurological Institute)

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:

Residents are reviewed by their respective advisors every 3 months and by the Program Director every 6 months. Input to each review is also provided by the other neurologists at the VNC.

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.

Each resident is required to complete a clinical research project and complete 2 first-author publications to a peer-reviewed veterinary journal. The results of the clinical research project may serve as one of the required publications. A final draft of the first paper is required to be turned into the resident's advisor in the proper form for the specific journal on July 1st of the second year of the program. The final draft of the second paper is to be turned in on May 1st of the third year of the program. Failure to turn in a paper on-time may result in suspension from the program or probation. Failure to complete the research requirements within the required time frame will delay receipt of the residency certificate and may even result in termination from the residency program.

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
- b) Ultrasonographic equipment
- c) Clinical Pathology capabilities:
(includes CBC, serum chemistries, blood gases, urinalysis, cytology, parasitology, microbiology, and endocrinology)
- d) Electrocardiography
- e) Blood Pressure Measurement
- f) Radiation Therapy Facility
- g) Veterinary Library w/Literature Searching Capabilities
- h) Computerized Medical Records w/Searching Capabilities
- i) Medical Library w/Literature Searching Capabilities
- j) Electromyography and nerve conduction velocity testing
- k) Evoked Response Equipment
- l) Electroencephalography
- m) Computed Tomography
- n) Magnetic Resonance Imaging (include field strength)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	on site; efilm, digital
<input checked="" type="checkbox"/>	<input type="checkbox"/>	multiple ACVIM/ACVR in town
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Antech, Idexx, Prototek
<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site
<input checked="" type="checkbox"/>	<input type="checkbox"/>	on site; doppler/Dinemap
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Radiation facility in town
<input checked="" type="checkbox"/>	<input type="checkbox"/>	on site/on line
<input checked="" type="checkbox"/>	<input type="checkbox"/>	on site; DVMax
<input checked="" type="checkbox"/>	<input type="checkbox"/>	on site, local, online
<input checked="" type="checkbox"/>	<input type="checkbox"/>	on site; Cadwell Sierra LT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	on site; Cadwell Sierra LT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	on site; Cadwell Sierra LT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	on site; GE 8-slice lightspeed CT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	on site; GE 1.5T HDXT

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*:

Ultrasound (b), Radiation therapy (f) are available at one or more specialty hospitals (and associated specialists) located in the local metropolitan area. The majority of clinical pathology capabilities are done through commercial laboratories such as ANTECH or IDEXX but CSF analysis are completed in house with the resident interpreting samples with backup of neurologist

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:

While at the primary training site the resident will participate in a two hour conference with one of the supervising neurologists from 7 until 9 am at least once weekly. The resident will formally present the weekly topic in depth from information derived from readings in texts and scientific articles primarily covering the topics of Neurology, neurophysiology, neuroanatomy and neuropathology. Once a month the discussion focuses on recent journal articles in neurology: Current Veterinary Therapy, JVIM, JAVMA, J Vet Surg, J Vet Rad & Ultrasound, J Vet Path, Veterinary Emergency and Critical Care and NEJM and an additional monthly journal club on general medicine also is held. The journals listed above are available both in hard-copy form and online. Residents also attend a monthly journal club held at another specialty hospital. Additionally, VNC residents attend the weekly grand round presentations from the residents and staff at the nearby Barrow Neurological Institute, a human neurology hospital.

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.

Residents are encouraged to present the results of their clinical research in the form of an oral abstract or poster presentation at the annual ACVIM Forum. The residents also participate in a semiannual CE seminar given for local veterinarians. Students periodically rotate through out clinic which the residents are expected to actively participate in their didactic training

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: ACVIM attended in full annually for all years of the residency, brain camp attended once/residency, attendance at other neurology specific conferences also encouraged, ie, resident attended 2016 neuromuscular conference in Las Vegas

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

Yes	No	Number
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2

Comments:

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

We will be adding a fourth full time neurologist/neurosurgeon to the practice summer of 2018 adding to the varied training opportunities to residents in the practice

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.