



RESIDENCY TRAINING PROGRAM REGISTRATION  
2018-2019  
SMALL ANIMAL INTERNAL MEDICINE

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 Small Animal Internal Medicine (SAIM) 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](http://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 SAIM 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 any advisors, transferring from one program to another, alterations in program duration, 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 which 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 Small Animal Internal Medicine)

Program Director's Contact Information:

Work Phone:	<a href="tel:(865)755-8224">(865) 755-8224</a>
E-mail:	<a href="mailto:jstokes4@utk.edu">jstokes4@utk.edu</a>
Mailing Address:	<a href="#">SA Clinical Sciences, CVM</a> <a href="#">C247-VTH</a> <a href="#">Knoxville, TN 37996-4544</a>

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

Primary Site:

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

2. Resident Advisor(s): (Must be Diplomate(s) in SAIM. Each Resident Advisor must be familiar with current Residency Training Program requirements as outlined in the CM and **each Resident Advisor may supervise no more than 3 residents at a time.**)

Jennifer Stokes  
 Jacqueline Whittemore  
 Katie Tolbert

3. Supervising Diplomates on-site: (Two on-site Diplomates in SAIM are required - **2 ACVIM, or 1 ACVIM & 1 ECVIM.**)

Dianne Mawby - SAIM  
 Jennifer Stokes - SAIM  
 Jacqueline Whittemore - SAIM  
 Elizabeth Lennon - SAIM  
 Katie Tolbert - SAIM  
 Shelly Olin - SAIM

4. Please list all **Diplomates** of ACVIM responsible for supervision of clinical training who are specialists in areas other than SAIM. If off-site, please explain the situation, and the method of providing direct contact with the resident.

Name and Specialty	Comments
Rebecca Gompf - Cardiology William Thomas - Neurology Olya Smrkovski - Oncology Kimberly Anderson - Neurology Aude Castel - Neurology	

5. 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	Start date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Resident Advisor Name*
Sarah Schmid	7.15.15	7.14.18	(Jacqui Whittemore)
Phillip Ryan	10.15.17	10.14.2020	(Jennifer Stokes)
Elizabeth Golly	7.15.17	7.14.2020	(Katie Tolbert)

\* Each Resident Advisor may supervise no more than 3 residents at a time.

Please note, any 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 Small Animal Internal Medicine Residency Training 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.**

The SAIM Residency Training Committee may require supporting evidence for any statements made below. Per the Certification Manual (CM) section 9.C.2, at the time of annual program renewal, Program Directors may be asked to verify resident activities, including satisfactory clinical training, interaction with consultants, documentation of training in radiology and clinical pathology, documentation of off-site training, and documentation of study and education participation.

Current Date:

Program Director Name:

(Must be a Diplomate of ACVIM in the Specialty of Small Animal Internal Medicine)

Name of Sponsoring Institution (Residency Training Program):

1. 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). All requirements for both direct and indirect supervision must be met, as well as requirements for rounds and conferences. Refer to Section 9.C.1.e of the CM for definitions of secondary site and off-site experiences.

**a) Secondary Site for multi-site program (if applicable):**

(Please attach specific information regarding the number of weeks scheduled at each site and which rotation requirements shall be met at each site).

**b) Outside Rotations/Other Sites for specialty training (if applicable):**

All rotations performed at a location other than that of the resident's program must be documented with a signed Letter of Support from the specialist providing the outside rotation. The RTC recommends that each program have standard/default sites for out rotations identified. **Letters of Support from the specialist(s) must be included with the program renewal form.** Once a resident begins their training program, they can opt to use standard/default site or another off-site location/specialist as long as their Program Director and the RTC approve of their choice and a new Letter of Support is provided by the off-site location.

**(Please attach signed Letters of Support from all individuals providing off-site training of SAIM residents to this registration form.)** Each Letter of Support should contain specific information regarding a) the percentage of time scheduled at each site, b) which rotation requirement(s) shall be met at each site, and c) indicate that the resident(s) at the site will be directly supervised by the individual(s) signing the letter. **Letters of Support must be submitted annually WITH program renewal forms and WITH each new program request. This program application is not complete without Letters of Support for outside rotations.** Letters that do not contain all of this information will be returned for revision. **If off-site rotations are added after**

**program renewal, please submit necessary letters of support a minimum of 30 days before the resident departs for that off-site training.**

N/A

2. Length of Training Program/Advanced degree:

**Option 1: 3 Year Program:**

X

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"/>

If advanced degree is required or optional, please briefly describe how the graduate training is incorporated into the residency training program:

**Option 2: Exceeds 3 Years:**

# of Years:

\_\_\_\_\_

Advanced Degree:

	Yes	No	Optional
Masters:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PhD:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If advanced degree is required or optional, please briefly describe how the graduate training is incorporated into the residency training program:

3. Please list all of the Diplomates of Veterinary Pathology in the areas of clinical pathology or gross/histopathology approved by the American Board of Veterinary Specialties or European Board of Veterinary Specialties associated with residency training. If off-site, please explain the situation, and the method of providing direct contact with the resident (**please attach signed Letters of Support from all individuals providing off-site training of SAIM residents to this registration form**).

Name of Diplomate(s)	Clinical or Gross	Board Certification (e.g. ACVP, ECVCP)	Comments
Linden Craig	Gross	ACVP	
Kim Newkirk	Gross	ACVP	
Mee-Ja Sula	Gross	ACVP	
Shelley Newman	Gross	ACVP	
Bob Donnell	Gross	ACVP	
Bente Flatland	Clinical	ACVP	
Mike Fry	Clinical	ACVP	
Deanna Schaefer	Clinical	ACVP	

4. Please list all of the Diplomates of Radiology approved by the American Board of Veterinary Specialties or European Board of Veterinary Specialties associated with residency training. If off-site, please explain the situation, and the arrangements for direct contact with the resident (**please attach signed Letters of Support from all individuals providing off-site training of SAIM residents to this registration form**).

Name of Diplomate(s)	Include Board certification (e.g. ACVR, ECVDI)	Comments
Silke Hecht	ACVR	

Federica Morandi	ACVR	
Adrien Hespel	ACVR	
Marie DeSwarte	ACVR	
Connie Fazio	ACVR	

5. Please list the Diplomates available for consultation in the areas of dermatology, surgery, ophthalmology, anesthesiology, emergency/critical care, clinical nutrition, clinical pharmacology, and/or theriogenology. If off-site, please explain the situation and the arrangements provided for contact with the resident (**please attach signed Letters of Support from all individuals providing off-site training of SAIM residents to this registration form**).

Name of Diplomate(s)	Specialty	Board Certification	Comments
Linda Frank	Dermatology	ACVD	
Elizabeth May	“	ACVD	
Karen Tobias	Surgery	ACVS	
Cassie Lux	“	ACVS	
Kyle Snowden	“	ACVS	
Joe Wiegel	“	ACVS	
Dan Ward	Ophthalmology	ACVO	
Diane Hendrix	“	ACVO	
Thomas Chen	“	ACVO	
Ralph Harvey	Anesthesia	ACVA	Through June 2018
Chris Egger	“	ACVA	
Reza Seddighi	“	ACVA	
Desola Odunayo	ECC	ECC	
Julie Schidlt	“	ECC	
Kristen Morrison	“	ECC	
Maryann Murphy	Nutrition	ACVN	
Angie Witzel	“	ACVN	
Tomas Martin-Jimenez	Clinical pharmacology	ACVCP	

6. 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. If at all possible, please indicate whether the individual has completed the board certification process.

Name(s)	Program End Date (mm/dd/yyyy)	Diplomate (Yes or No)
Michael Lane	07/14/17	No
Lauren Adelman	07/14/17	Yes
Samantha Parkinson	07/14/16	Yes
Rory Applegate	07/15/15	No
Shelly Olin	07/14/14	Yes
Sarah Hyink	07/15/13	Yes
Bethany Sabatino	10/14/13	Yes

7. 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. Each Resident Advisor may supervise no more than 3 residents at a time.

Resident Name (first/last)	Length of Program (in years)	Program Start Date (mm/dd/yyyy)	Program End Date (mm/dd/yyyy)	Resident Advisor Name (first/last)
Phillip Ryan	0.3	10/15/2017	10/14/2020	Jennifer Stokes
Elizabeth Golly	0.5	07/15/17	07/14/2020	Katie Tolbert
Sarah Schmid	2.5	07/15/17	07/14/18	Jacqui Whittemore

8. Does your training program consist of a minimum of **36 months**?

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

Comments:

**NOTE:** Direct supervision is required during clinical training. Direct supervision in SAIM 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 in the same facility (on site). 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.

9. Does each resident in your program spend a minimum of 68 weeks on clinical rotations under the direct supervision of at least 2 ACVIM SAIM Diplomates (or at least 1 ACVIM SAIM Diplomate and at least 1 ECVIM Companion Animal Diplomate)? *Two Boarded Diplomates (as above) are required at the same site for training to fulfill the 68 weeks. For programs with more than two Supervising Diplomates, please list the diplomates responsible for the majority of directly supervised SAIM training here (item 9), and list other SAIM diplomates in item 10. If the resident will utilize any directly supervised SAIM time to fulfill the CM requirement in item 10 (an additional 16 weeks under direct supervision of one or more supervising Diplomates, not listed in this item (item 9)), then at least one SAIM diplomate must be listed in item 10.*

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

Supervising Diplomate Name(s)	Specialty	Board Certification (e.g. ACVIM, ECVIM)	Comments
Jennifer Stokes	SAIM	ACVIM	
Shelly Olin	SAIM	ACVIM	
Katie Tolbert	SAIM	ACVCIM	

10. Does each resident in your program spend an additional 16 weeks on clinical rotation under the **direct supervision** of one or more supervising Diplomate(s) in the Specialty of Small Animal Internal Medicine (other than the Diplomates providing supervision of the 68 weeks listed above), Neurology, Oncology, or Cardiology? These Diplomates can be ACVIM, ECVIM or have been granted associate status by the ACVIM.

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

Supervising Diplomate Name(s)	Specialty	Board Certification (e.g. ACVIM, ECVIM)	Comments
Jacqui Whittemore	SAIM	ACVIM	
Liz Lennon	SAIM	“	
Billy Thomas	Neuro	“	
Aude Castel	Neuro	“	
Kim Anderson	Neuro	“	
Olya Martin	Onco	“	
Becky Gompf	Cardio	“	

11. Does each resident in your training program spend an additional 36 weeks in training, not necessarily under direct supervision, in either internal medicine or related areas, or in writing, studying, teaching, or obtaining experience with a radiologist, clinical pathologist, or other specialist? (Note that vacation time and time to attend professional meetings is included in this period.)

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

Comments:

12. Does each resident in your training program spend a minimum of 8 hours per month in training with at least two other board-certified specialists (not ACVIM)? These may be specialists in dermatology, theriogenology, surgery, anesthesiology, ophthalmology, emergency/critical care, or clinical pharmacology. The training must be direct consultation, not telephone or E-mail consultation.

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

Comments:

13. Does each resident in your training program have a minimum of **80 hours** of direct contact with a board certified veterinary radiologist? Are **40 hours** comprised of interpreting radiographs, learning and evaluating the results of special imaging techniques, and attending radiology rounds or conferences? Are an additional minimum of **40 hours** spent training in ultrasonography under the supervision of a Board-certified radiologist?

This training should emphasize abdominal ultrasonography and must include hands-on performance of abdominal ultrasonography, observation of ultrasound procedures on the resident's own patients, and theoretical training in the principals and application of ultrasonography.

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

Comments:

14. Does each resident in your training program attend weekly conferences?

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

Comments:

15. Does each resident have **40 hours** of review sessions per year?

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

Comments:

16. Does each resident in your training program have a minimum of **40 hours** direct contact with a board certified veterinary clinical or anatomic pathologist evaluating clinical pathologic findings, reviewing cytologies and biopsies, and attending clinical pathologic conferences or seminars?

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

Comments:

17.. a) Does each resident in your program participate in patient management, including patient receiving, diagnostics, case management and decision making, client communication, case follow-up, and communication with referral veterinarians?

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

Comments:

b) Is case management directly supervised and reviewed by a Diplomate of the ACVIM?

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



Comments:

18.. Is a complete medical record using the problem oriented veterinary medical record system maintained for each individual patient? (Medical records must be retrievable.)

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

Comments:

19. . a) Does the resident participate in clinical rounds on a daily basis while on clinical rotations?

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

Comments:

b) Is a supervising Diplomate available for the majority of the daily rounds reported in question 17?

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

Comments:

c) If a supervising Diplomate is not available for the majority of rounds, describe how rounds are attended and supervised.

Comments:

20.. Please indicate the availability of the following facilities or equipment to be used in resident training. 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, availability, and how the facilities or equipment are used for resident training in the space at the end of this section.

	Available?		Location of equipment?
	Yes	No	(On-site or list site name)
Standard radiological equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site
Ultrasonographic equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site
Color flow/Doppler equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site
Cardiac catheterization capability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site
Endoscopy equipment			
GI equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site
Bronchoscopy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site
Cystoscopy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site
Rhinoscopy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site
Laparoscopy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site
Thoracoscopy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site
Clinical Pathology capabilities: (includes CBC, serum chemistries, blood gases, urinalysis, cytology, parasitology, microbiology, and endocrinology)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site
Serum osmolality measurement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Colloid oncotic pressure measurement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Electrocardiography	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site
Blood Pressure Measurement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site
Electromyography	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On site

Nuclear Medicine	X <input type="checkbox"/>	<input type="checkbox"/>	On site
Computed Tomography	X <input type="checkbox"/>	<input type="checkbox"/>	On site
Magnetic Resonance Imaging	X <input type="checkbox"/>	<input type="checkbox"/>	On site
Radiation Therapy Facility	X <input type="checkbox"/>	<input type="checkbox"/>	On site
Computerized Medical Records w/Searching Capabilities	X <input type="checkbox"/>	<input type="checkbox"/>	On site
Veterinary Library w/Literature Searching Capabilities	X <input type="checkbox"/>	<input type="checkbox"/>	On site
Medical Library w/Literature Searching Capabilities	X <input type="checkbox"/>	<input type="checkbox"/>	off
Intensive Care Facility – 24 hours	X <input type="checkbox"/>	<input type="checkbox"/>	On site
Urethral pressure profile & cystometrography	<input type="checkbox"/>	X <input type="checkbox"/>	
Hemodialysis capability	<input type="checkbox"/>	X <input type="checkbox"/>	
Total parenteral nutrition capability	X <input type="checkbox"/>	<input type="checkbox"/>	On site

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.

Medical library located near veterinary college; residents have electronic access to their articles via digital resources or library loan.

21.. Are formal conferences, such as clinicopathologic conferences, journal clubs, or seminars held on a weekly basis?

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

Comments:

22. Please provide a description of the conferences, etc., that are provided and the typical schedule. **NOTE:** Per Section D.2.d.1 of the CM, a minimum of 80 hours over three years in journal club is required for each resident.

1) IMJC 3 times monthly 2) tumor or medicine boards 1 X monthly

23. Is the resident required to give one or more formal presentations at a conference or in an educational setting on a yearly basis?

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

Comments:

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

Program length	None	One	Two	> Two
Option 1:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Option 2:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

25. Does the training program require a research project? Please indicate the number of research projects required.

Program length	Yes	No	Optional	Number
Option 1:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
Option 2:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments:

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

Program length	Yes	No	Number
Option 1:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1
Option 2:	<input type="checkbox"/>	<input type="checkbox"/>	

Comments:

27. Does each resident in your program meet at least twice yearly with their Resident Advisor to evaluate the resident's performance, review their progress in the program, and assess whether or not their training program is proceeding as described in this document?

Yes      No  
  

Comments:

Is a dated written summary of this evaluation recorded?

Yes      No  
  

Comments:

28. Is this training program part of a combined program designed to provide training in Small Animal Internal Medicine as well as in another ACVIM Specialty or non-ACVIM specialty college?

Yes      No  
  

If yes, please list the second specialty and describe in detail how the requirements of the Small Animal Internal Medicine Specialty are met separately from those of the second specialty. This should include a breakdown (by week) of training time to be counted toward each specialty.

Second specialty:   
 Description

29. Please provide the structure of the training program to include (but not limited to): the length and number of clinical rotations per year; distribution of time allocated for research, writing, exam preparation, other scholarly activity, and vacation; and distribution of time allocated to out-rotations if this is a multi-site program.

Please refer to the CM (Section 9.F) for specific details. The following table is provided as an example. NOTE: a detailed description defining the individual time requirements would be acceptable in addition to the table.

Example:

	<i>Year 1</i> <i># Weeks</i>	<i>Year 2</i> <i># Weeks</i>	<i>Year 3</i> <i># Weeks</i>	<i>Total #</i> <i>Weeks</i>	<i>Training On</i> <i>Site or Off</i> <i>Site</i>
<b>Internal Medicine, Direct Diplomate Supervised (Diplomates listed in number 9), Minimum of 68 weeks</b>					
Directly Supervised	23	23	23	69	On site
<b>Additional Diplomate Supervised Rotations (Diplomates listed in number 10), Minimum of 16 weeks</b>					
Internal Medicine	3	4	1	8	On site
Cardiology	2		2	4	On site
Neurology	2	2		4	On site
Oncology	2		2	4	On site
<b>Additional Direct or Indirectly Supervised Rotations</b>					
Internal Medicine, Indirectly Supervised	8	8	8	24	On site

Additional Clinical Rotations: Please specify in comment section	2	2	2	6	On site
Electives*	1	1	1	3	Off site
<b>Diagnostic Imaging</b>					
Radiology		1		1	On site
Ultrasound	1			1	On site
<b>Pathology</b>					
Clinical Pathology		1		1	Off site
Anatomical Pathology					
<b>Additional Rotations</b>					
Project/Studying/Writing	5	7	10	22	On site
Meeting	1	1	1	3	On/Off site
Vacation	2	2	2	6	Off site
<b>Total</b>	<b>52</b>	<b>52</b>	<b>52</b>	<b>156</b>	
<i>* Electives can be 0-3 weeks. If unavailable, will default to directly supervised internal medicine</i>					

Please note that this table is for recording the number of weeks and/or hours that the resident will spend on the rotations/services for each year that will satisfy the CM requirements. The number for each year should add up to 52 weeks. It is understood that each resident's program will differ with regard to which year a given rotation is completed; the table should summarize the rotations in which residents in your program will participate. The CM specifies that the program outlined in this program renewal form becomes the requirements that a resident must fulfill to complete the training program. Please see CM section 4.F.2 "Once a program has been approved, even if its requirements exceed the minimum requirements as published in the CM, the requirements specified in the program description have become the official requirements for completion of the residency. Neither a candidate nor a Program Director may retroactively petition for successful completion of a residency that has met the minimum requirements of the CM if they have left the program but have not completed all requirements of the previously approved program."

**PLEASE CHECK YOUR MATH**

	<i>Year 1</i> <i># Weeks</i>	<i>Year 2</i> <i># Weeks</i>	<i>Year 3</i> <i># Weeks</i>	<i>Total #</i> <i>Weeks</i>	<i>Training On</i> <i>Site or Off</i> <i>Site</i>
Directly Supervised	28	23	22	73	on
<b>Additional Diplomate Supervised Rotations (Diplomates listed in number 10), Minimum of 16 weeks</b>					
Internal Medicine					
Cardiology	2	0	2	4	On
Neurology	0	6	0	6	On
Oncology	2	2	2	6	on
<b>Additional Direct or Indirectly Supervised Rotations</b>					
Internal Medicine, Indirectly Supervised			6	6	on
Additional Clinical Rotations: Please specify in comment section	4	2	4	10	on
Electives*					
<b>Diagnostic Imaging</b>					
Radiology	2	0	0	2	On
Ultrasound	2	2	2	6	on
<b>Pathology</b>					
Clinical Pathology	0	1	0	1	On
Anatomical Pathology	0	0	0	0	

Additional Rotations					
Project/Studying/Writing	9	12	10	31	
Meeting	0	1	1	2	off
Vacation	3	3	3	9	off
<b>Total</b>	52	52	52	156	
<i>* Electives can be 0-3 weeks. If unavailable, will default to directly supervised internal medicine</i>					

NOTE: a detailed description defining the individual time requirements would be acceptable here in addition to the table:

Comments:

1st y: orientation, endoscopy course each 1 week; Ophthalmology 2 weeks; 2nd y Consults/ER 2 weeks; 3rd y Consults/ER 4 weeks

30. Is there any additional pertinent information that the Residency Training Committee should consider in its evaluation of this Training Program?

Yes No

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Comments:

**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

**X As Program Director, I verify that the above information is an accurate reflection of this Residency Training Program.**

Per the Certification Manual, each year, the Program Director 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.

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