RESIDENCY TRAINING PROGRAM REGISTRATION
2018-2019
NEUROLOGY

Part One

New applications for ACVIM Residency Training Programs must be received by the Residency Training Committee (RTC) 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 current version of the CM is available on the ACVIM website at www.ACVIM.org.

Prior to making significant changes in a Residency Training Program, approval of the ACVIM and Neurology RTC must be obtained. The Candidate and/or Program Director 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 the following: 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: The data collected in this form is necessary both for the ACVIM to maintain its accreditation as a Registered Veterinary Specialty Organization and also is required for renewal of the residency training program. Some of the data collected is required of every specialty and some is specific to the specialty of Neurology.

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, will be addressed by the Program Director in Part Two.

Program Director Name :	Luc Van Ham

Must be a Diplomate of ACVIM in the Specialty of Neurology or an approved Diplomate of the European College of Veterinary Neurology (ECVN) for at least 5 years with 3 years' experience training residents

Program Director Contact Information:

Work Phone:	(329) 264-7700
E-mail:	luc.vanham@ugent.be
Mailing Address:	Salisburylaan 133 Belgium B-9820 B-9820 Merelbeke Belgium

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

Primary Site Location:	Length of Training Program:
Ghent University	3 and 4 year

2. Resident Advisor(s): Must be a Diplomate of ACVIM in the Specialty of Neurology or a Diplomate of the ECVN and boarded for at least one year. Each RA advises and supervises no more than two residents at one time.

Luc Van Ham

3. Supervising Diplomates: Must be a Diplomate of ACVIM in the Specialty of Neurology or a Diplomate of the ECVN. The supervising diplomate must be active in the practice of the specialty and must maintain clinical competency in the field. **The sponsoring institution must provide resident with onsite presence of any combination of at least two ACVIM or ECVN Neurology Diplomates with full-time clinical responsibilities.**

Luc Van Ham - ECVN Valentine Martle - ECVN

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

Name and Specialty	Comments

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	Start date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Resident Advisor Name*
Marios Charalambous	10/1/16	9/30/2019	Luc Van Ham

RESIDENCY TRAINING PROGRAM REGISTRATION
2019-2020
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:	02/08/19
Program Director Name:	Prof Luc Van Ham, DVM, PhD, DECVN Head of the Small Animal Department, Head of the Neurology & Neurosurgery Department
Program Director Email Address:	luc.vanham@ugent.be

Must be a Diplomate of ACVIM in the Specialty of Neurology or an approved Diplomate of the European College of Veterinary Neurology (ECVN) for at least 5 years with 3 years' experience training residents

Name of Sponsoring Institution (Primary Site):	Ghent University

1. Length of Training Program:

	Yes
2 years	☐
3 years	☒
Other -provide details	With an optional 4th year

2. Advanced Degree:

	Yes	No	Optional
Masters:	☐	☒	☐
PhD:	☐	☒	☐

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

Not applicable

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

Name of Diplomate(s)	Specialty Certifying Body	Comments
None off-site		None off-site

4. 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)	Specialty Certifying Body (ACVP or ECVP)	Clinical or Gross	Comments
Leen Van Brantegem	ECVP	Gross	
Richard Ducatelle	ECVP	Gross	PhD, Prof.
Koen Chiers	ECVP	Clinical	PhD, Prof.

5. 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)	Specialty Certifying Body (ACVR or ECVDI)	Comments
Jimmy Saunders	ECVDI	PhD, Prof, EBVS President
Henri van Bree	ECVDI	PhD, Prof
Kathelijne Paremans	ECVDI	PhD, Prof
Elke Van DerVekens	ECVDI	

6. 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 Certifying Body	Comments
Sylvie Daminet	ACVIM, ECVIM	PhD, Prof; Internal Medicine
Dominique Paepe	ECVIM	PhD, Prof; Internal Medicine
Isabel Van De Maele	ECVIM	Internal Medicine
Pascale Smets	ECVIM	PhD, Prof; Cardiology
Hilde De Rooster	ECVS	PhD, Prof; Surgery
Geert Verhoeven	ECVS	PhD, Prof; Surgery
Bart Van Goethem	ECVS	Surgery
Sophie Vandenabeele	ACVD, ECVD	Dermatology
Leen Verhaert	EVDC	Dentistry/Stomatology
Tiny De Keuster	ECVBM	Behavior
Frank Gasthuys	ECVAA	PhD, Prof; Anesthesia
Stijn Schauvliege	ECVAA	PhD; Anesthesia
Eline Wydooghe	ECAR	PhD; Animal Reproduction/Theriogenology
Ann Van Soom	ECAR	PhD, Prof; Animal Reproduction/Theriogenology
Myriam Hesta	ECVCN	PhD, Prof; Clinical Nutrition
Wendy Wambacq	ECVCN	Clinical Nutrition
Mathias Devreese	ECVPT	PhD, Prof; Clinical Pharmacology and Toxicology

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.

7. 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	☐
Non-traditional	☒

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. The resident must complete the residency in blocks of time no less than four weeks in length and attend a minimum of 20 weeks of training per year. The training period may not exceed a total of five years.

Not applicable

8. 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	28	32	10
Neurology/Neurosurgery - Indirect Supervision			26
Internal Medicine	2	1	
Clinical Pathology	1	1	
Radiology	2		
Neuropathology		2	
Other Rotation (please list the name of each rotation):			
Other: Anesthesia/ICU	3		
Other: Elective (e.g. BrainCamp, Neuropathology & Neurology/Neurosurgery courses, out-rotations)	2	2	2
Research	5	5	5
Independent Study	5	5	5
Vacation	4	4	4
Total **	52	52	52

* 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.

**The totals should add up to 52 weeks.

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

-During the week: Case rounds are conducted twice daily, and are attended by supervising diplomates, interns and students on clinical rotation. All the residents are in attendance when on duty. All the hospitalized cases and night emergencies are discussed in detail in the morning at 8:30 (clinical examination findings, neurolocalization, differential diagnoses, diagnostic plan and findings, initial stabilization or treatment plan and patient's current status). A summary of all the hospitalized cases (updated clinical findings, patient's clinical status, diagnostic findings and treatment plan) and cases consulted for that day are discussed at the end of the day.

-During the weekend: The resident on-call (emergency duty) discusses the hospitalized and emergency cases with the neurologist; the latter is available for consultations throughout the weekend as needed.

10. The neurology specialty requires that the resident spend at least 50 hours during the residency in the following rotations: Imaging, Clinical Pathology, Neuropathology, Electrodiagnostics and Neurosurgery as well as participate in emergency duties on a rotational basis. A training hour (see CM 7.C.7) will be defined as a minimum of one (1) continuous hour of direct contact time with a supervising specialist in the other field. 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 (imaging, clinical pathology, neuropathology, electrodiagnostices and neurosurgery) in rotations other than neurology. One 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.

Imaging: 50 hours with a Board-certified radiologist interpreting images, learning and evaluating the results of special imaging techniques and attending imaging rounds or seminars.

- Clinical rotation: The residency includes a 2 week rotation in diagnostic imaging where the resident works under the supervision of / in collabortion with a Board-certified radiologist and several radiology residents. Neuroimaging procedures include palin radiography, myelography, CT, MRI, ultrasound and scintigraphy. Also, during the neurology residency, there is a considerable amount of time spent in diagnostic imaging interpretating all the neuro-imaging techniques and findings with both Board-certified radiologists and neurologists.
- In-hospital seminars: The neurology resident attends at least 144 general seminars (every Friday, 1 hour) designed for all the residents in the hospital and topics include diagnostic imaging and neuroimaging. In addition, residents should also attend the diagnostic imaging (neuroimaging) rounds.
- External courses: Neuroimaging course (e.g. BrainCamp)

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

- Rotation: The resident is actively involved in all clinical pathology procedures and interpretation of clinical pathology findings of those neurology cases of which he/she has primary responsibility during the clinical neurology rotation (CSF analysis, hematology, biochemistry, urinalysis, fine needle aspiration biopsy, bone marrow aspiration biopsy, etc.) under the supervision of a Board-certified neurologist and pathologist. Also the resident will participate in relevant rotations and attend sessions (1 afternoon x 4 times a year x 3 years: >50 hours) supervised by one Board-certified pathologist and one Board-certified neurologist. Also the candidate can spend a week on clinical pathology rotation in other departments during an elective week.
- In-hospital seminars: The neurology resident attends at least 144 general seminars (every Friday, 1 hour) designed for all the residents in the hospital and topics include clinical pathology (e.g. CSF analysis).
- Book reading: One or more chapters are critically revised and prepared every month by the resident and discussed with the supervisors (Board-certified neurologist and Board-certified pathologist) including a mock exam. Topics include clinical pathology.
-External courses: BrainCamp

Neuropathology: 50 hours with a board-certified anatomic pathologist devoted to review of veterinary neuropathology. This time may be spent in lecture series, seminars, or a formal training program approved by the Residency Training Committee.

Neuropathology training is achieved through:
- 12 (neuro)pathology trainig sessions (1 afternoon x 4 times a year x 3 years: > 50 hours) supervised by one Board-certified pathologist and one Board-certified neurologist. Specifically for neuropathology, the sessions include: 1. book reading ("Veterinary neuropathology. Essentials of theory and practice" by Vandevelde et al.): one or more chapters are critically revised and prepared by the resident and discussed with the supervisors including a mock exam; 2. gross pathology and histopathology training via lectures and practicals; 3. wetlab; 4. comparison of major lesion patterns on gross and histological preparations of CNS tissue to corresponding MR images.
- Attending autopsies and histopathology examinations of those neurology cases of which the resident had primary

responsibility and discussing these cases with the supervising Board-certified pathologist.
- External courses: 1. Participation in the biannual advanced course in veterinary Neuroscience, Neuroimaging and Neurosurgery (BrainCamp); 2. Particiaption in the veterinary Neuropathology course (by M. Vandevelde and/or K. Matiasek and/or M. Pumarola).

Electrodiagnostics: 50 hours devoted to reviewing, evaluating, and interpreting different aspects of electrodiagnostics; including but not limited to, electroencephalography, electromyography, motor and sensory nerve conduction study and evoked potentials. 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 electrodiagnostic experience.

- Clinical rotation: During the residency, the resident will be actively involved and trained in all the electrodiagnostic procedures of those neurology cases of which he/she has primary responsibility during clinical neurology rotation. The resident will be able to perform part of the electrodiagnostic examinations, initially under the supervision of a Board-certified neurologist, and later, as experience is gained, alone. Electrodiagnostic procedures include electromyography, nerve conduction velocity studies, repetitive nerve stimulation (decremental response) and sensory, motor and brainstem auditory evokded potentials studies.
- Book reading:
In-hospital seminars: The neurology resident attends at least 144 general seminars (every Friday, 1 hour) designed for all the residents in the hospital and topics include neurophysiology.
- External course: Biannual advanced course in veterinary neuroscience and clinical neurology (BrainCamp) (7 hours of neurophysiology).
- Book reading: One or more chapters are critically revised and prepared every month by the resident and discussed with the supervisors (Board-certified neurologist and Board-certified pathologist) including a mock exam. Topics include neurophysiology and electrodiagnostics.

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/ECVN]. 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.

- Clinical rotation: During the residency, the resident is actively involved in all the neurosurgery procedures of those neurology cases of which he/she has primary responsibility. On a year basis, a variety of neurosurgical procedures are performed (including mostly spinal but also brain and peripheral nerve surgery). Specifically, the main surgeries are hemilaminectomies, ventral slots, atlantoaxial stabilisation (pins and PMMA or screws), cervical dorsolateral approaches of the cervical spine (asymmetric disc herniation/root signature) and stabilization of spinal fractures/luxations (SOP plates, pins/PMMA); less frequent surgeries are dorsal approaches (dorsal laminectomy) of the spine (esp. for arachnoid diverticula), placement of a ventriculo-peritoneal shunt and surgical management of meningioma. Initially, the resident assists in the neurosurgical procedures at least in the cases of which he/she has primary responsibility. As the resident's experience and confidence on performing neurosurgical procedures increases over time, he/she can perform the procedures as the primary surgeon under the supervions of a Board-certified neurologist and/or surgeon. Usually, by the end of the first year or beginning of second year the residents at Ghent University are able to perform at least basic neurosurgical procedures (e.g. hemilaminectomies) and, by the end of the residency, they are self-sufficient for a variety of neurosurgical procedures. They also gain experience in brain and peripheral nerve surgery. We have also good connections with the human neurosurgical hospital and our residents might have the oportunity to attend advanced brain surgery performed by a human neurosurgeon. The resident is also involved in the neurology/neurosurgery emergency service during the week, weekend and holidays. Neurosurgery emergency duty is organized as a rotation scheme with other members of the staff, including neurology and surgery residents.
-In-hospital seminars: Part of the general and neurology seminars (every Friday) include topics of neurosurgery. In addition, the resident has access to cadavers for neurosurgical practice (wetlab) supervised by Broad-certified neurologist and/or surgeon.

Emergency Duty: Participation in emergency service on a rotational basis; cases seen may be limited to neurology. Please provide a specific description of the type of participation.

The resident participates on the out-of-hours emergency duty for neurological and neurosurgical cases on rotational basis (i.e. approximately three days during the weekdays/nights from Monday to Friday and one weekend every four).

11. The neurology specialty 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 with at least one board-certified neurologist in attendance at each journal club meeting. Please explain how this requirement is met:

Journal clubs: The residents will attend, critically revise and present on journal clubs (weekly, every Thursday, 2 hours: >90 hours/year) under the supervision of the whole team of the Board-certified neurologists. Topics include clinical neurology, neurosurgery, neuroimaging, electrophysiology, clinical pathology, etc.

12. 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. The advisor must provide written documentation of the review that will be signed by both advisor and resident. Please explain how this is accomplished:

Reviews are conducted by the supervisor every 6 months to assess the resident's performance on the program and schedule of activities and to make sure that the requirements of the residency and College are being met. In addition, informal meetings between the resident and the supervisor are regularily held to assess resident's progress and deal with any concerns or issues.

13. The neurology specialty requires that the resident must complete a basic science or clinical research project that follows the scientific method approach and receives approval by the resident advisor (review CM section 7.E.5.c). 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.

We expect the residents to complete at least one research project during their residency and present the results of this project to the ACVIM Forum or ECVN/ESVN Symposium. The residents are involved in one of the on-going research projects of our neurology group (epilepsy / electrophysiology / neuromyotonia, etc.). The residents choose as primary investigators a major project at the beginning of the first year and the plan is to complete and submit the final manuscript to a peer-reviwed journal no later than the beginning of the third year. In additon, the residents are encouraged to participate in further projects either as primary or co-investigators.

14. 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? Yes	Available? No	Location of equipment? (On-site or list site name)
a) Standard radiological equipment	☒	☐	On-site
b) Ultrasonographic equipment	☒	☐	On-site
c) Clinical Pathology capabilities: (includes CBC, serum chemistries, blood gases, urinalysis, cytology, parasitology, microbiology, and endocrinology)	☒	☐	On-site
d) Electrocardiography	☒	☐	On-site
e) Blood Pressure Measurement	☒	☐	On-site
f) Radiation Therapy Facility	☒	☐	Off-site, Utrecht University
g) Veterinary Library w/Literature Searching Capabilities	☒	☐	On-site
h) Computerized Medical Records w/Searching Capabilities	☒	☐	On-site
i) Medical Library w/Literature Searching Capabilities	☒	☐	On-site
j) Electromyography and nerve conduction study testing	☒	☐	On-site
k) Evoked Response Equipment	☒	☐	On-site

l) Electroencephalography	☒	☐	On-site
m) Computed Tomography	☒	☐	On-site
n) Magnetic Resonance Imaging (include field strength)	☒	☐	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, *especially with respect to the use of imaging and electrodiagnostic equipment:*

Radiation Therapy Facility: patients are referred to University of Utecht and/or Zurich and our residents are always welcomed to discuss with or visit the relevant departments regarding case management, studying and research.

15. Residents must attend formal teaching conferences, resident seminars, grand rounds sessions, medicine journal clubs, neurobiology classes, etc. Residents must participate in these activities an average of four times per month, regardless of their duty status. Please describe the formal conferences, such as clinicopathologic conferences, journal clubs, or seminars that are held on a regular basis.

- Neurology rounds: The whole neurology/neurosurgery team (residents and Board-certified neurologists) hold rounds (weekly, every Wednesday, 1 hour: >45 hours) during which residents present challeging and/or interesting neurological cases and critically discuss these with the supervisors.
- Journal clubs: The residents will attend, critically revise and present on journal clubs (weekly, every Thursday, 2 hours: >90 hours/year) under the supervision of the whole team of the Board-certified neurologists. Topics include clinical neurology, neurosurgery, neuroimaging, electrophysiology, clinical pathology, etc.
- In-hospital seminars: The neurology residents attend at least 144 general seminars (weekly, every Friday, 1 hour: >45 hours) designed for all the residents in the hospital and topics include neurology, neurosurgery, soft tissue surgery, orthopedic surgery, imaging (including neuroimaging), internal medicine, anesthesia, critical care and clinical pathology. The resident will be required to give at least one formal presentation/lecture per year during the hospital seminars.
- Book reading: One or more chapters are critically revised and prepared every month by the resident and discussed with the supervisors (Board-certified neurologist and Board-certified pathologist) including a mock exam. Topics include neurology, neurosurgery, neuroimaging, clinical pathology, neurophysiology and electrodiagnostics, etc

16. The resident must give a presentation at a formal conference at least once per year. 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. Documentation of these presentations must be included in the neurology credentials packet of the resident.

The resident is required to build experience in teaching the specialty by:
- Participating in the daily clinical instruction and assessment of final year students on clinical rotation.
- Providing formal seminars and presentations for students, interns and other veterinary professionals during the in-hospital seminars (at least one presentation per year).
- Presenting a topic or his/her research findings in at least one international specialty meeting (i.e. ACVIM Forum and/or ESVN/ECVN Symposium).

17. A Neurology Residency Training Program must provide at least 40 hours per year of intensive formal review sessions for residents on topics covered in the General and Specialty Examinations. The requirement could be met in part by attending an ACVIM Advanced Continuing Education (ACE) course, the ACVIM Neuroscience Course (Brain Camp) or an ACVIM Forum. Please describe how these opportunities will be made available to the resident.

The resident will participate at the full BrainCamp course (Neuroimaging, Neuroscience, Neurosurgery), Neuropathology/Neuroanatomy course in Barcelona and the ACVIM forum and the ECVN symposium.

18. 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

☐	☐	☐	☒

Comments: - Participation in international veterinary Neurology meetings (i.e. ESVN/ECVN Annual Symposium and ACVIM Annual Forum) during the 1st and the 3rd year of the residency (as minimum).
- Participation in the biannual advanced course in veterinary Neuroscience, Neuroimaging and Neurosurgery (BrainCamp).
-Particiaption in the veterinary Neuropathology course (by M. Vandevelde and/or K. Matiasek and/or M. Pumarola)

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

Yes	No	Number
☐	☐	>2

Comments: The resident is required to publish at least 2 publications and be involved in one of the on-going research projects of our neurology group (epilepsy, electrophysiology, etc.). Our resident, Dr Marios Charalambous, has already fulfiled this minimum requirement.

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

The Neurology/Neurosurgery residency at the Ghent University in Belgium is a traditional ECVN approved training program and has succesfully produced many Board-certified neurologists up to date. It has also registered and approved by the ACVIM since 2016. Our program fulfills the minimum, at least, criteria for registration to both ACVIM and ECVN

Please note: The Program Director must report substantive changes within a Neurology RTP affecting compliance with Specialty of Neurology requirements to the Neurology RTC Chair within 14 days. This must be done in writing through the ACVIM office before the changes are made to ensure they are acceptable to the Neurology RTC.

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.