

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 :

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: | (919) 513-6231 |
| E-mail: | Karen_Munana@ncsu.edu |
| Mailing Address: | Clinical Sciences, CVM 1052 William Moore Drive Raleigh, NC 27607 |

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

| | | | |
|------------------------|---|-----------------------------|------------------------|
| Primary Site Location: | North Carolina State University | Length of Training Program: | 3 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.

| |
|--|
| Peter Early Christopher Mariani Karen Munana Natasha Olby |
|--|

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.**

Peter Early - Neurology
 Christopher Mariani - Neurology
 Karen Munana - Neurology
 Natasha Olby - Neurology

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

| Name and Specialty | Comments |
|---|----------|
| Teresa DeFrancesco - Cardiology Bruce Keene - Cardiology Joanne Intile - Oncology Michael Mastomauro - Oncology Steven Suter - Oncology Adam Birkenheuer - SAIM Edward Breitschwerdt - SAIM Jody Gookin - SAIM Bernie Hansen - SAIM Karyn Harrell - SAIM Eleanor Hawkins - SAIM Katharine Lunn - SAIM Karen Tefft - SAIM Shelly Vaden - SAIM Paul Hess - Oncology and SAIM Sandy Tou - Cardiology and SAIM | |

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

| Resident Name | Start date (mm/dd/yyyy) | End Date (mm/dd/yyyy) | Resident Advisor Name* |
|-------------------|----------------------------|--------------------------|------------------------|
| Lauren Green | 7/15/17 | 7/14/20 | Christopher Mariani |
| Natalie Zidan | 7/15/17 | 7/14/20 | Natasha Olby |
| Shelby Mancini | 7/15/18 | 7/14/21 | Peter Early |
| Jordan Schachar | 7/15/19 | 7/14/22 | |
| Christian Woelfel | 7/15/19 | 7/14/22 | |



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:

Program Director Name:

Program Director Email Address:

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):

1. Length of Training Program:

| | | |
|------------------------|-------------------------------------|--|
| | Yes | |
| 2 years | <input type="checkbox"/> | |
| 3 years | <input checked="" type="checkbox"/> | |
| Other -provide details | | |

2. 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:

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 |
|----------------------|---------------------------|----------|
| N/A | | |
| | | |
| | | |
| | | |

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 Diplomat(e)s | Specialty Certifying Body (ACVP or ECVF) | Clinical or Gross | Comments |
|----------------------|--|-------------------|----------|
| Jennifer Neel | ACVP | Clinical | |
| Devorah Stowe | ACVP | Clinical | |
| Erika Gruber | ACVP | Clinical | |
| Keith Linder | ACVP | Gross | |
| Debra Tokarz | ACVP | Gross | |
| Mac Law | ACVP | Gross | |
| Luke Borst | ACVP | Gross | |
| Jennifer Luff | ACVP | Gross | |
| Heather Shive | ACVP | Gross | |

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 Diplomat(e)s | Specialty Certifying Body (ACVR or ECVFI) | Comments |
|----------------------|---|----------|
| Ian Roberson | ACVR | |
| Nate Nelson | ACVR | |
| Gabriela Seiler | ECVFI | |
| Erin Keenihan | ECVFI | |
| Eli Cohen | ACVR | |

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 Diplomat(e)s | Specialty Certifying Body | Comments |
|--|--|------------------------------|
| Thierry Olivry Marcy Murphy Petra Bizikova | Dermatology Dermatology Dermatology | |
| Kyle Mathews Simon Roe Duncan Lascelles Valery Scharf Daniel Duffy Marine Traverson | Surgery Surgery Surgery Surgery Surgery Surgery | |
| Brian Gilger Mike Davidson Hans Westermeyer Freya Mowat | Ophthalmology Ophthalmology Ophthalmology Ophthalmology | |
| Lysa Posner Kate Bailey Kristen Messenger Mark Papich | Anesthesiology Anesthesiology Anesthesiology Pharmacology | Also boarded in Pharmacology |

| | | |
|--|---|----------------------------|
| Bernie Hansen Sarah Musulin Alex Lynch Terri DeFrancesco Korinn Saker Scott Bailey Sarah Lyle Margaret Gruen Sarah Bennett | ECC ECC ECC ECC Nutrition Therigenology Therigenology Behavior Behavior | Also boarded in Cardiology |
|--|---|----------------------------|

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 | <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. 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.

| |
|-----|
| N/A |
|-----|

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 - | | | 34 |

| | | | |
|---|-----------|-----------|-----------|
| Indirect Supervision | | | |
| 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 | 38 | 34 | |
| Neurology/Neurosurgery - Indirect Supervision | | | 33 |
| Internal Medicine | 4 | 2 | |
| Clinical Pathology | | 2 | |
| Radiology | 2 | | |
| Neuropathology | 2 | | |
| Other Rotation (please list the name of each rotation): | | | 2 |
| Other: Electrophysiology | | 2 | |
| Other: Orthopedics | | | 2 |
| Research | 4 | 4 | 5 |
| Independent Study | | 6 | 8 |
| Vacation | 2 | 2 | 2 |
| 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:

Clinical rounds are conducted each weekday morning, and are attended by supervising diplomates, house officers, students and service technicians. In these rounds, hospitalized cases are discussed in detail (examination findings, neurolocalization, differential diagnoses, diagnostic plan, diagnostic findings, treatment plan and patient status).

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, electrodiagnostics 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.

The resident is scheduled for a two-week rotation on Radiology during the training program. In addition, Neuroradiology rounds are held every month and are attended by members of Radiology and Neurology. During these rounds, MR images from clinical cases are reviewed and specific topics related to neuroimaging are discussed. The resident also has the opportunity to review neurodiagnostic studies one-on-one with the Radiologist on clinic duty.

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

The resident is scheduled for a two-week rotation on Clinical Pathology during the training program. In addition, the resident will periodically review CSF cytology from clinical cases with the Clinical Pathologist on duty.

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.

The resident is scheduled for a two-week rotation on Anatomic Pathology. During the rotation, the resident performs necropsies on cases with neurologic disease under the supervision of a faculty pathologist. The resident participates in removing the brain or spinal cord, describing gross lesion(s), and assessment of histologic changes. In addition, Neuropathology rounds are held every month, where a board certified anatomic pathologist will review clinical cases or lead a discussion on a neuropathology topic for neurology residents.

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.

The resident will have hands on electrodiagnostics experience. The Neurology service routinely performs electrodiagnostic tests, including BAER, EMG and NCV on clinic patients when there is an indication to do so. EEGs are performed on clinical patients by one of the faculty (Mariani), and residents are involved in these studies. In addition, EEG techniques and interpretation are covered in the neurology resident review rounds.

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.

All neurosurgical procedures are performed by the neurology service (ACVIM Neurology diplomates) at our institution. The neurology diplomates all received focused neurosurgical training during their residency program. The neurology residents at NC State perform neurosurgical procedures, and are expected to be proficient in these procedures upon completion of their training program.

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.

NC State Veterinary Hospital operates a 24 hour emergency service that is staffed by Emergency/Critical Care faculty and house officers. The neurology residents provide after hours consultation on neurology and neurosurgery cases, and performs after hours diagnostics and surgery on these cases as needed. The supervising diplomate on clinic duty oversees the neurology resident in his or her management of afterhours cases. On average, the neurology resident will perform 40 weeks of emergency duty during the residency program.

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 club is held once a week, during which current literature is critically reviewed. Journal club is attended by Neurology residents and faculty.

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:

The resident meets with the Neurology faculty twice a year to review his or her progress in the training program and to assure that requirements are being met. Semiannual evaluation of the resident's progress is required of all house officer programs at our institution.

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.

The resident meets with his or her advisor shortly after beginning the program to discuss ideas for research projects. The resident has scheduled time devoted to research during each of the three years of the residency program. Progress on the research project is discussed at the semiannual resident evaluations. It is expected that the resident will present the results of the research project at the ACVIM forum in the second or third year of the training program. Completion of a research project is a requirement of the program, and failure to do so could result in withholding of the residency certificate

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? | | Location of equipment? |
|------------------------------------|-------------------------------------|--------------------------|-----------------------------|
| | Yes | No | (On-site or list site name) |
| a) Standard radiological equipment | <input checked="" type="checkbox"/> | <input type="checkbox"/> | On-site |
| b) Ultrasonographic equipment | <input checked="" type="checkbox"/> | <input type="checkbox"/> | On-site |

- c) Clinical Pathology capabilities:
(includes CBC, serum chemistries, blood gases, urinalysis, cytology, parasitology, microbiology, and endocrinology)
- 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 study 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 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | On-site |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | On-site |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | On-site |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | On-site |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Off site |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | On-site; Nicolet Viking Quest, Cadwell Sierra II |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | On-site; Nicolet Viking Quest |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | On-site: xltek EEG 32U |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | On-site: Siemens Somatom Sensation 64 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | On-site: Siemens Magnetom Skyra 3.0T |

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:*

Resident has access to medical libraries at Duke and UNC; articles can be ordered from these libraries and sent electronically.

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 journal club – weekly; journal articles are reviewed and critically discussed
 Internal Medicine house officer rounds – weekly for first and second year residents; for first year residents, a clinical case is discussed in detail, focusing on pathophysiology and current literature pertaining to the problem or disease process; for second year residents, a topic is discussed as preparation for the ACVIM general examination
 House officer seminars – weekly; formal presentation by a resident or intern, which typically is a review of a topic of interest and summary of research findings when applicable
 Cardiology/Critical Care rounds – weekly for first and second year residents; covers ECG interpretation, as well as emergency management of different conditions
 Neuroradiology rounds –monthly; MRs from clinical cases are reviewed and specific topics related to neuroimaging are discussed
 Neuropathology rounds –monthly; gross and histologic findings from clinical cases are reviewed and discussed, or a topic related to Neuropathology is covered.
 Neurology resident review – three times every 4 weeks: topics such as neuroanatomy, neurophysiology and electrodiagnostics are discussed in detail

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 give two in-house formal presentations in the House Officer Seminar Series during the 3-year training program; these occur in the second and third year. In addition, the resident is scheduled to give a presentation as part of Internal Medicine house officer rounds in the second and third year of their program..

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 is scheduled to attend the ACVIM Neuroscience course in addition to 2 ACVIM forums during the 3 year residency training program.

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 |
|--------------------------|--------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Comments: The resident is expected to attend the ACVIM forum during the 2nd and 3rd year of the training program, as well as the Neuroscience course.

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

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

Comments: Residents are strongly encouraged to publish results of a research project, but this is not a requirement of the program.

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

N/A

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.