

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:	<input type="text" value="(602) 437-1488"/>
E-mail:	<input type="text" value="drsneurocenter@gmail.com"/>
Mailing Address:	<input type="text" value="4202 E. Raymond St. Phoenix, AZ 85040"/>

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

Primary Site Location:	<input type="text" value="Veterinary Neurological Center"/>	Length of Training Program:	<input type="text" value="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.

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.**

Scott Plummer - Neurology
Laura Browand-Stainback - 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

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*
Ashley Kelley	7/17/17	7/10/20	Laura Browand-Stainback
TBD	7/15/19	7/14/22	Laura Browand-Stainback



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:

2 years	Yes	<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
Dr. Alejandro Aguirre, Dr. Melissa Rienche	Internal Medicine	Residents Rotate periodically for rotation in internal medicine participating in daily patient intake, diagnostic plan and follow up, in patient care and client follow up with these internists.
Dr. Mark Acierno, Dr. Todd Carter, Dr. Jason	Internal	Available locally for phone consultation and referral on a daily

Eberhardt, Dr. Daniel Foy, Dr. Thomas Graves, Dr. Angela Mexas, Dr. Coretta Patterson, Dr. Alejandro Aguirre, Dr. Sheryl Babyak, Dr. Melissa Rienche, Dr. Kristi Sluiter, Dr. Jonathan Schnier, Dr. Russell Greene, Dr. Jessica Markovich, Dr. Melissa Moyer	Medicine	basis.
Dr. Clemence Chako, Dr. Margaret Brosnahan, Dr. Laura Waitt Walker, Dr. Edward Voss, Dr. Cheryl Rahal, Dr. Rachiel Liepman	Large Animal Internal Medicine	Available locally for phone consultation
Dr. Erich Boshoven	Radiation Oncology	Residents spend a week rotating on the radiation oncology service and participate in radiation treatment planning and therapy and gain more in depth knowledge regarding this treatment modality for the neuro-oncologic patient
Dr. Lynda Beaver, Dr. Rachel Venable, Dr. Betsy Hershey, Dr. Kim Hillers, Dr. Greta Heidner, Dr. Cecilia Lopez	Oncology	Available locally for phone consultation and referral on a daily basis
Dr. Whit Church, Dr. Matthew Miller, Dr Bruno Boutet, Dr. Christopher Paige	Cardiology	Available locally for phone consultation and referral on a daily basis

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
Dr. Gayle Johnson	ACVP	gross/neuropath	University of Missouri - 2 week rotation completed at the university with in person daily contact with the resident (Dr. Kelley and incoming 1 st year resident)
Dr. Marlyn Whitney	ACVP	clinical	University of Missouri - 2 week rotation completed at the university with in person daily contact with the resident (Dr Kelley)
Dr. Alexandra Brower	ACVP	gross/neuropath	Midwestern University Pathology Service - case consultation and autopsy service with available for resident to physically be present for postmortem exam and follow up
Dr. Tara Piech	ACVP	clinical pathology	Arrangement for resident to spend 2 weeks on the clinical pathology service at Midwestern University
Kathryn Wyciso	ACVP	clinical pathology	Arrangement for resident to spend 2 weeks on the clinical pathology service at Midwestern University

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
Dr. Jimmy Lattimer	ACVR	University of Missouri - 2 week rotation completed at the

		university with in person daily contact with the resident (Dr. Kelley)
Dr. Jaime Sage	ACVR	Rotation of 2 weeks duration has been arranged for the incoming 1 st year resident with Dr Sage at MR Vets. Dr Sage additionally is our primary radiologis for consultation regarding cases to interpret MRI/CT/radiographs by phone and email and has participated in additional CE training in conjunction with our practice (1 st year)

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
Dr. Kelly Moffat	Behavior	Available locally for phone consultation on a daily basis
Dr. Craig Thatcher, Dr. Jessie Markovich	Nutrition	Available locally for phone consultation on a daily basis
Dr. Bradford Nixon, Dr. Jeffrey Steurer, Dr. Mary Quinn, Dr. Megan Schaible, Dr. Michael Jaffe, Dr. MaryAnn Radlinsky, Dr. Christopher Monarski, Dr. Roman Savicky, Dr. Dan Guastella, Dr. Stephanie Shaver, Dr. Stephanie Szabo	Surgery	Available locally for phone consultation and referral on a daily basis
Dr. Paul Barrett, Dr. Lisa Felchle, Dr. Ronald Siegler, Dr. Joanna Norman, Dr. Jennifer Urbanz	Ophthalmology	Available locally for phone consultation and referral on a daily basis
Dr. Patrick McKeever, Dr. Anthea Schick, Dr. Thomas Lewis II, Dr. Rebecca Mount, Dr. Mitchell Song	Dermatology	Available locally for phone consultation and referral on a daily basis
Dr. Brandi Garcia Mattison, Dr. Katherine Smith, Dr Daniel Foy, Dr Alisa Reniker, Dr Katherine Nash, Dr. Jessica Heuss	Emergency and Critical Care	Available locally for phone consultation and referral on a daily basis
Dr. Jordan Nickell, Dr. Erik Hofmeister, Dr. Jana Jones, Dr. Kirsten Wegner-Fowley	Anesthesia	Available daily by phone for consultation

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.

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)			
		7	
	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	41	38	
Neurology/Neurosurgery - Indirect Supervision			44
Internal Medicine	4	2	
Clinical Pathology	2		
Radiology	2		
Neuropathology		2	
Other Rotation (please list the name of each rotation):			
Other: Radiation Oncology			1
Other: ACVIM Brain Camp	1	1 2	1
Research		1	
Independent Study		4	4
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:

The resident reviews in hospital cases with the supervising neurologist each morning prior to initiation of daily receiving to discuss/revise treatment plans as indicated based on updated clinical and diagnostic information received.

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.

A 2 week rotation (80 hours) is arranged for each resident on the service of a board-certified radiologist. Ongoing contact with a radiologist on consultation basis if available for the duration of the residency program available for day to day contact as needed. The resident also attends Brain Camp (once during residency) and the ACVIM conference annually with exposure to lectures on the diagnostic imaging provided.

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

A 2 weeks rotation (80 hours) is arranged for each resident on the service of a board-certified clinical pathologist. Ongoing contact with a clinical pathologist is available by phone contact daily or as needed through Antech diagnostic laboratories. The resident also attends Brain Camp (once during residency) and the ACVIM conference annually with exposure to lectures on the clinical pathology provided.

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.

A 2 weeks rotation (80 hours) is arranged for each resident on the service of a board-certified anatomic neuropathologist. Ongoing contact with a pathologist is available by phone contact as needed to follow up on specimens submitted for evaluation either typically through Antech, the University of Missouri and Midwestern University. The resident also attends Brain Camp (once during residency) and the ACVIM conference annually with exposure to lectures on the pathology provided at these events.

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.

In house electrodiagnostic equipment is available for use on clinical patients as needed and are performed frequently as dictated by the presenting cases. EMG, MNCV and BAER are commonly performed and BAER clinics are regularly held for OFA certification of puppies. EEG is also available on site and is done periodically on in house patients as needed for confirmation of ongoing seizure activity. The hands on clinical experience is supplemented with topic rounds cases that include review of Cuddon's electrophysiology text and completion of the case series included with the text. Selections from Vet Clinics books that include electrodiagnostic testing are also completed. The resident also attends Brain Camp where lectures on electrodiagnostics are provided and attends annual ACVIM conference which include various presentations often relating to 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.

Residents participate in neurosurgical cases from the onset of their residency program under the guidance of 3 board certified neurologists that perform surgery and practice on site. The resident will initially observe procedures and then gradually begin performing parts of the procedure as their skills and comfort level in the operating room develop and as they are deemed ready by their supervising diplomate. We also schedule surgical labs throughout the year on cadavers to help facilitate training of surgical techniques and exposure to more delicate procedures.

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 in the emergency management of cases from the onset of the residency program. Cases are limited to neurological patients (or suspected neurological patients) referred to our facility. Emergency cases are admitted throughout the day Monday-Saturday at the clinic with the available neurologist or resident admitting each case. The resident participates in after-hours emergency call on Sundays to admit patients in need of urgent care/surgical intervention with a designated back up neurologist. The resident participates in after hours rotation of the emergency consultation phone available to local veterinarians 24 hours/day.

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:

Bi-monthly journal club is attended by the resident and all neurologists working in the clinic the day of the scheduled rounds

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 a minimum of every 6 months to discuss the residents strengths and weaknesses. Input for all clinicians involved in the resident's training is collected and a written evaluation is provided to and discussed with the resident.

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.

In the residents first year, we brainstorm a project to be completed by the resident during their program. Projects may be prospective or retrospective. Guidance on project selection, selection of appropriate cases and planning/writing and editing of the paper is provided. Periodic deadlines are given throughout the term to keep the resident on a timeline to allow completion of the project. Ideally, the project is selected in the resident's first 3-6 months. The following year is to allow for case recruitment and data collection. By the end of the second year, a draft of the resident's paper is expected with time for editing and revising the manuscript for submission to a peer reviewed journal.

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; efilm, digital radiography
b) Ultrasonographic equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Off-site referral to multiple hospitals with on staff internal medicine specialists is available to facilitate US. Mobile internist also available to perform on-site ultrasound as needed.
c) Clinical Pathology capabilities:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-site CBC, chemistry, T4, phenobarbital concentration, KBr concentration and CSF analysis capability. Specimens otherwise sent to Antech or Protatek diagnostic laboratory or other appropriate diagnostic lab

(includes CBC, serum chemistries, blood gases,

urinalysis, cytology, parasitology, microbiology, and endocrinology)			
d) Electrocardiography	<input checked="" type="checkbox"/>	<input type="checkbox"/>	on-site
e) Blood Pressure Measurement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	onsite Doppler and Dinemap
f) Radiation Therapy Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Arizona Veterinary Oncology - conventional and stereotactic radiation available with local speciality hospital. Patients are regularly referred for care and we maintain a strong working relationship with this facility.
g) Veterinary Library w/Literature Searching Capabilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	on-site, online access to TAMU library, physical texts and veterinary journals provided in clinic
h) Computerized Medical Records w/Searching Capabilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	on-site - DVMax
i) Medical Library w/Literature Searching Capabilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	on-site, online access to TAMU library, physical texts as required by the speciality in neurology and internal medicine provided along with veterinary journals provided in clinic
j) Electromyography and nerve conduction study testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	on-site, Cadwell Sierra LT
k) Evoked Response Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	on-site, Cadwell Sierra LT
l) Electroencephalography	<input checked="" type="checkbox"/>	<input type="checkbox"/>	on-site, Cadwell Sierra LT
m) Computed Tomography	<input checked="" type="checkbox"/>	<input type="checkbox"/>	on-site, GE 8-slice lightspeed CT
n) Magnetic Resonance Imaging (include field strength)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	on-site, 1.5T GE HDXT

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

Ultrasonography is available through referral to an internist/radiologist in the area either for consultation or solely for imaging purposes along with mobile ultrasound available to come to the clinic for consultation/imaging as needed.

Radiation therapy is available at a local speciality hospital with the radiation oncologist easily accessible by phone to discuss/refer patients. CE with the radiation oncologist has been provided with in-house seminars and residents may physically participate on a rotation with the radiation oncologist.

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.

Weekly rounds are held at the clinic with staff neurologists present including alternating medicine and neurology journal clubs, topic rounds and book review which take place Tuesday mornings. Grand round presentations also are intermittently scheduled. Residents are also encouraged to attend weekly grand rounds at Barrow Neurological Institute which is a human neurospecialty hospital. These rounds take place Friday mornings.

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.

Grand round presentations on site are done annually and residents are also expected to participate in giving presentation when participating in out-rotations. CE lectures are periodically scheduled with the referral community and residents are expected to present a lecture at these events. Presentation of their project at ACVIM is encouraged.

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.

Annual ACVIM conferences will be attended by each resident. The resident will attend Brain Camp once during their program. Topic rounds are to include ACVIM consensus statements and materials specific to the general and specialty exams including book reviews and appropriate literature reviews and take place alternatingly with journal clubs on Tuesday mornings.

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: Annual ACVIM meetings, Brain Camp

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

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

Comments: One, first authored paper is required for completion of the residency program

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

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.