

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](http://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="(425) 697-6106"/>                                   |
| E-mail:          | <input type="text" value="karen.kline@vscofseattle.com"/>                     |
| Mailing Address: | <input type="text" value="20115 44th Ave West&lt;br/&gt;Lynnwood, WA 98036"/> |

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

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

|   |
|---|
| <input type="text" value="Karen Kline&lt;br/&gt;Alix Partnow"/> |
|---|

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.**

|  |
|--|
| <input type="text" value="Karen Kline - Neurology"/> |
|--|

Alix Partnow - 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 |
|--|----------|
| Heidi Maclean - Cardiology<br>Polly Peterson - SAIM<br>Sarah Schmid - 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<br>(mm/dd/yyyy) | End Date<br>(mm/dd/yyyy) | Resident Advisor Name* |
|---------------|----------------------------|--------------------------|------------------------|
| Julie Egnor   | 7/1/19                     | 7/1/22                   | Karen Kline            |
|               |                            |                          |                        |
|               |                            |                          |                        |
|               |                            |                          |                        |



**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 ECVP) | Clinical or Gross | Comments                                       |
|-------------------------|--|-------------------|--|
| Gayle Johnson, DVM, PhD | ACVP                                     | Gross             | Neuropathologist at University of Missouri CVM |
| To be determined        | ACVP                                     | Clin Path         | Doctor not specified yet                       |
|                         |  |                   |  |
|                         |  |                   |  |

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 ECVDI) | Comments |
|-------------------------------|---|----------|
| Tori McKlveen, DVM, MS, DACVR | 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 |
|----------------------|---------------------------|----------|
| Yuki Tse             | ECC                       |          |
| Anya Gambino         | ECC                       |          |
| Raffaela Corsi       | ECC                       |          |
| Mark Garneau         | ACVS                      |          |
| Marina Manashirova   | ACVS                      |          |

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 Diplomat and resident are participating in a clinical practice in which both the Diplomat and the resident are on duty and interactively and concurrently managing cases. The Diplomat 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<br>Direct Supervision              | 36        | 36        |           |
| Neurology/Neurosurgery -<br>Indirect Supervision          |           |           | 34        |
| Internal Medicine   | 4         | 2         | 2         |
| Clinical Pathology  | 2         |           |           |
| Radiology   | 2         |           |           |
| Neuropathology  |           | 2         | 2         |
| Other Rotation (please list the name of<br>each rotation) |           |           |           |
|   |           | 1         |           |
|   | 2         | 4         | 4         |
| Research  | 4         | 5         | 8         |
| Independent Study   |           |           |           |
| Vacation  | 2         | 2         | 2         |
| <b>Total</b>  | <b>52</b> | <b>52</b> | <b>52</b> |

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 | 42     | 33      | 34       |

|   |           |           |           |
|---|-----------|-----------|-----------|
| Neurology/Neurosurgery - Indirect Supervision           | 0         | 1         | 1         |
| Internal Medicine                                       | 2         | 2         | 0         |
| Clinical Pathology                                      | 0         | 2         | 0         |
| Radiology   | 0         | 2         | 0         |
| Neuropathology  | 0         | 0         | 2         |
| Other Rotation (please list the name of each rotation): |           |           |           |
| Other: Surgery  | 3         | 2         | 0         |
| Other:  |           |           |           |
| Research  | 1         | 2         | 3         |
| Independent Study                                       | 3         | 7         | 11        |
| Vacation  | 1         | 1         | 1         |
| <b>Total **</b>   | <b>52</b> | <b>52</b> | <b>52</b> |

\* 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:

Cage side rounds are conducted daily in the morning with the hospital specialists as well as the interns, ECC residents and the overnight ER doctor. After these rounds, specific neurologic cases are discussed with the supervising Neuro Diplomate(s) and a plan is made for further diagnostics and case management. At the end of the day, within the neurology department, cases are reviewed and a treatment plan is implemented for the evening. In the evening, the overnight ER doctor is rounded by the resident on in-house neurologic patients and a treatment plan is discussed.

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](http://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 will have daily interactions with the on-site radiologist and the radiology department and interact with the radiologist regularly through case discussions, interpretation of radiographs, performance and interpretation of MRI, CT and

myelographic images as well as other radiographic procedures to include CT and fluoroscopic guided biopsies and aspirates. Every other week MRI rounds will be conducted and will supplement the training of the resident. Additional rotations with the radiologist one on one will supplement the resident's training.

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

50 hours of clinical pathology training will be provided through an out rotation(s) at with board certified clinical pathologist (to be determined). The resident will have face to face contact with the Diplomate and will review clinical cases, slides and discuss disease processes.

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 will attend seminars, rounds and have face to face discussion of neuropathology cases with Dr. Gayle Johnson, DACVP, at the University of Missouri CVM. Dr. Johnson has successfully trained numerous neurology residents in neuropathology (her specialty) and has done so through case discussions, microscopic discussion of cases as well as discussion of gross specimens.

Attendance at the ACVIM Neuroscience course (Neurology Brain Camp) will help to augment neuropathology training. Attendance at rounds and conferences at the University of Washington Medical School campus in Seattle will augment neuropathology training

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 practice has a Cadwell Electrodiagnostic unit that is capable of performing EMG, NCV and evoked potentials such as BAER. Hands-on performance of the above procedures as well as didactic presentations on electrodiagnostics will be offered to augment training in the above areas as well as EEG. Out rotations at other institutions will also be used to supplement the training as well as instruction at Brain Camp.

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.

The resident will work directly under the supervision of Dr. Karen Kline, Dr. Alix Partnow (ACVIM Diplomate, Neurology), Dr. Mark Garneau, DACVS on select neurosurgical procedures. The training of the resident will involve supervised (direct and indirect) performance of neurosurgical procedures to include hemilaminectomies, ventral slots, dorsal laminectomies (lumbosacral and cervical), spinal fracture/luxation repair and craniotomies alone or with direct supervision of the Board certified neurologist or surgeon. Dr. Kline has performed numerous neurosurgical procedures and achieved her certificate in Neurosurgery through ACVIM. Dr. Partnow is Board certified in Neurology (ACVIM) and has performed numerous neurosurgical procedures and also will be assisting in training the resident. Dr. Garneau will be assisting the resident in the use of surgical implants for spinal fractures, luxations, lumbosacral stabilizations and atlantoaxial malformation surgeries as well as selected brain surgeries.

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 will be expected to be on call (night time) when they are on with their senior neurologist. Also, there is an expectation to see emergent neurology ER cases that come in and the resident is available to see them directly.

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:

Neurology Text review/Journal Club held every other week for an hour each time as well as weekly selected text and literature reviews held on Wednesdays which are presented by the staff specialists, interns and residents. Neurology Morbidity and Mortality Rounds held once a month will also be held to help augment learning.

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:

Hospital wide evaluations of the resident will be conducted on an every 6 month basis and a formal review will be conducted every 6 months by the supervising neurology diplomates in charge of the resident's training. The resident will keep a log of the medical and surgical neurology cases that they have seen as well as the procedures that they have performed as a guide for further training and improvement.

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.

A research project will be decided upon within the first 12 months of the start of the residency. From that point, data will be accumulated and the resident directors will check in with the resident on a monthly basis to assess progress on the project. It is expected that the research project be completed within 2 years of the inception of the project start.

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:<br><br>(includes CBC, serum chemistries, blood gases, urinalysis, cytology, parasitology, microbiology, and endocrinology) | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | On site<br>Antech Diagnostics (off site), in-house Abaxis, EPOCI (blood gas), Heska Element HT5 Veterinary Hematology Analyzer, in-house microbiology incubator, fecals, urinalysis and cytology |
| d) Electrocardiography   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | On site  |
| e) Blood Pressure Measurement  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | On site  |
| f) Radiation Therapy Facility  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Off site   |
| g) Veterinary Library w/Literature Searching Capabilities  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | On site  |
| h) Computerized Medical Records w/Searching Capabilities   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | On site EZY VET  |
| i) Medical Library w/Literature Searching Capabilities   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | University of Washington Medical School  |
| j) Electromyography and nerve conduction study testing   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | On site  |



- 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 type="checkbox"/>            | <input checked="" type="checkbox"/> | Off site – Brain Camp   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | On site GE single slice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | GE 1.5 Tesla            |

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*:

Library at the University of Washington Medical School in Seattle would be accessible for study, research.  
 24 hour computer access to various veterinary publications on-line as well as VIN and PubMed available at VCA VSC (our hospital)  
 EEG and other specialized electrodiagnostic procedures will be available via on out-rotation basis where it is available such as at Washington State University, and at Brain Camp (didactic lectures on theory and application).  
 Radiation therapy available through radiation therapy facility at Washington State University CVM.

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.

The resident will be involved in once weekly alternating neurology journal club/text review as well as monthly morbidity and mortality rounds and didactic rounds (discussion of topics in neurology and neurosurgery) that would be held every other Wednesday morning. Once weekly clinician presented seminars and intern/resident journal/text review offered through the neurology, medicine and surgical services is also attended by the resident. The resident will be expected to teach the rotating interns as they rotate through the neurology service. The resident will also be responsible for presenting lectures to the interns, visiting preceptors and guests. They will also be expected to present lectures for our annual continuing education conference held in the fall as well as continuing education presentations at local practices and at a national meeting such as ACVIM (presentation of research abstract or poster).

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 VSC resident will participate in Intern rounds as scheduled (case discussion or lecture) to our rotating interns, they will also be responsible for participating in Wednesday morning presentations to the doctor team on a rotating basis. There also is an expectation of participation in off site CE presentations to the veterinary and nursing community as scheduled. There is an opportunity for abstract or poster presentations at ACVIM as well.

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 be sent to Brain Camp at the end of their second year, and they will also have the opportunity to attend ACVIM and participate in ACE courses to help fulfill their requirement and insure they get this didactic training.

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: \_\_\_\_\_

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

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

Comments:

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.