# Applicant’s Curriculum Vitae Form

## PART 1: TO BE COMPLETED BY THE APPLICANT

(Sections expand automatically to fit the text)

|  |  |
| --- | --- |
| Full Name |  |

|  |  |
| --- | --- |
| Date of Birth |  |

|  |  |
| --- | --- |
| Gender (Male/Female) |  |

|  |  |
| --- | --- |
| Contact Address |  |

|  |  |
| --- | --- |
| Phone |  |
| Email |  |

|  |  |
| --- | --- |
| Current Post |  |

|  |  |
| --- | --- |
| Qualifications |  |

|  |  |
| --- | --- |
| Veterinary Degree (University) |  |
| Date Awarded |  |

|  |  |
| --- | --- |
| Is this University a EAEVE-approved? |  |

|  |  |
| --- | --- |
| Have you completed an Internship? |  |

|  |  |
| --- | --- |
| If yes: host institution |  |

|  |  |
| --- | --- |
| If no: Do you have broad-based canine and feline clinical experience of at least two-year duration (please detail, including host institution? |  |

|  |  |
| --- | --- |
| Applicant’s signature: |  |

|  |  |
| --- | --- |
| Date (dd/mm/yy) |  |

## PART 2: TO BE COMPLETED BY PROGRAMME SUPERVISOR

|  |  |
| --- | --- |
| Supervisor’s name |  |
| Residency Programme Host Institution |  |

|  |  |
| --- | --- |
| Does the applicant’s training fulfil the ECVN requirements for entry into a Residency programme (yes or no)? |  |

|  |  |
| --- | --- |
| Will this applicant receive a monthly payment for the clinical activity during the course of the residency? |  |

|  |  |
| --- | --- |
| Supervisor’s signature: |  |

|  |  |
| --- | --- |
| Date (dd/mm/yy) |  |

# ECVN Residency Training Programme Registration Form

## PART 1 – DETAILS OF THE RESIDENCY TRAINING PROGRAMME HOST INSTITUTION

|  |  |
| --- | --- |
| Application Date (**this should be dated prior to the residency start date**) (dd/mm/yy) |  |

|  |  |
| --- | --- |
| Residency Start Date (dd/mm/yy) |  |

|  |  |
| --- | --- |
| Residency Programme Supervisor: |  |

|  |  |
| --- | --- |
| Supervisor’s current post and qualifications |  |

Residency Programme Supervisor’s Contact Information:

|  |  |
| --- | --- |
| Work Phone |  |
| Email |  |
| Mailing Address |  |

The ECVN requires that the resident receives in-clinic supervision by an ECVN/ACVIM-neuro Diplomate for at least 4 days out of a 5 working day week. Please, provide details of the ECVN/ACVIM-Neuro Diplomate employed in your institution and involved in resident training as well as working days/hours.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Qualifications | Part-time/full-time | Days/week |
|  |  |  |  |
|  |  |  |  |

1. Location of Residency Training Programme: Primary Site:

|  |
| --- |
|  |

Secondary Site (If applicable):

|  |
| --- |
|  |

Other Sites (Off-site, if applicable):

|  |
| --- |
|  |

1. Length of Residency Training Programme:

|  |
| --- |
|  |

Is this Residency Training Programme Standard or Alternative based on ECVN Residency Guidelines?

|  |  |  |
| --- | --- | --- |
|  | Standard | Alternative |
| Residency Training Programme |  |  |

Is this Residency Training Programme taken consecutively or part-time basis?

|  |  |  |
| --- | --- | --- |
|  | Full Time | Part Time |
| Time – Residency Training Programme |  |  |

1. Is the Resident studying towards an advanced degree during the period of the Residency Training Programme:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes | No | Optional |  |  |
| Masters |  |  |  |  |  |
| PhD |  |  |  |  |  |
| Other Diploma |  |  |  |  |  |
| Comments |  | | | | |

1. Please list all **Diplomates of European or American Colleges** or specialists (experienced persons) directly associated with residency training (e.g. internal medicine, diagnostic imaging, pathology, clinical pathology, surgery, ophthalmology, anaesthesiology and emergency/critical care). If off-site, please explain the situation, and the method of providing direct contact with the resident. If not Diplomates, please specify degree of experience and expertise in the field.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Specialty | Qualifications and Comments | On-site |
|  |  |  |  |
|  |  |  |  |

1. Does the resident participate in clinical rounds on a daily basis while on clinical rotations? Is a supervising Diplomate available for the majority of rounds? If no, please describe how rounds are attended and supervised.

|  |  |  |
| --- | --- | --- |
| YES | NO |  |
|  |  |  |
| Comments | |  |

1. Are formal conferences, journal clubs or seminars held on a regular basis? If yes, specify frequency

|  |  |  |
| --- | --- | --- |
| YES | NO |  |
|  |  |  |
| Comments | |  |

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

|  |  |  |
| --- | --- | --- |
| YES | NO |  |
|  |  |  |
| Comments | |  |

1. How many major veterinary medical or medical meetings is each resident able to, or expected to, attend during his/her Residency Training Programme?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| None | One | Two | >Two |  |
|  |  |  |  |  |
| Comments | |  | | |

1. Does the training program require a research project? Please indicate the number of research projects that are planned. If available, describe the topic of the research project and tentative schedule.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| YES | NO | Optional | Number |  |
|  |  |  |  |  |
| Comments | |  | | |

1. 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.

|  |  |  |  |
| --- | --- | --- | --- |
| FACILITY/EQUIPMENT | Available (Yes) | Available (No) | Location (on-site or list the name) |
| Standard radiological equipment |  |  |  |
| Ultrasonographic equipment |  |  |  |
| Color flow/Doppler equipment |  |  |  |
| Endoscopy equipment |  |  |  |
| Clinical Pathology capabilities:  (includes CBC, serum chemistries, blood gases, urinalysis, cytology, parasitology, microbiology, and endocrinology) |  |  |  |
| Serum osmolality measurement |  |  |  |
| Colloid oncotic pressure measurement |  |  |  |
| Electrocardiography |  |  |  |
| Blood Pressure Measurement |  |  |  |
| Electromyography/Nerve conduction/Evoked potentials |  |  |  |
| Electromyography/Nerve conduction/Evoked potentials |  |  |  |
| Brainstem Auditory Evoked Response Equipment |  |  |  |
| Electroencephalography |  |  |  |
| Nuclear Medicine |  |  |  |
| Computed Tomography |  |  |  |
| Magnetic Resonance Imaging |  |  |  |
| Radiation Therapy Facility |  |  |  |
| Veterinary Library with Literature Searching Capabilities |  |  |  |
| Computerized Searchable Medical Records |  |  |  |
| Medical Library with Literature Searching Capabilities |  |  |  |
| Intensive Care Facility – 24 hours |  |  |  |
| Rehabilitation facilities |  |  |  |
| Post-mortem examination facilities/Pathology Lab |  |  |  |
| Advanced ophthalmology equipment (ERG or slit lamp) |  |  |  |

If any of the above equipment or facilities are available off-site, please explain how the resident can access them for case management, research or study.

|  |
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|  |

1. Please list the residents who have completed an ECVN-approved Residency Training Programme at your host institution within the last five years, including the year that each individual’s training program ended. Indicate whether the individual has completed the ECVN certification process.

|  |  |  |
| --- | --- | --- |
| Name | Programme End Date (dd/mm/yy) | Diplomate (Yes or Not) |
|  |  |  |

## PART 2 – DETAILS OF THE RESIDENCY TRAINING PROGRAMME

1. Please list neurology Residents currently enrolled in a Residency Training Programme at your host institution or under your supervision at a different host institution.

|  |  |  |
| --- | --- | --- |
| Resident Name | Programme Start Date (dd/mm/yy) | ECVN Supervisor |
|  |  |  |

**\*\*Please note, any resident that significantly changes or alters their Residency Training Programme before completion must notify in writing and receive approval from the ECVN Education Committee before the changes are made, to ensure that the proposed changes are approved. Significant changes could include, but are not limited to, transferring from one programme to another, alterations in programme duration or enrolling in an institutional graduate programme.**

1. Length of training program at your institution.

|  |  |  |
| --- | --- | --- |
| 3 years | 4 years | > 4 years |
|  |  |  |

Comments:

1. Approximate annual neurology case load:

|  |
| --- |
|  |

1. The ECVN requires that the Resident be assigned to a clinical neurology service and be supervised by the Diplomate neurologist for not less than 75 weeks. The 75 weeks should include at least 50 weeks of direct supervision (see definition below) and up to 25 weeks of indirect supervision (see definition below).

Direct supervision: The Residency Programme Supervisor must be physically readily available to supervise cases under the care of the Resident. The Residency Programme Supervisor retains primary responsibility for the clinic.

Indirect supervision: The Residency Programme Supervisor must be physically readily available to contribute and give advice to the Resident on the management of clinical cases on at least 4 days per week, should the Resident request.

Does your programme fulfil these requirements for resident supervision?

|  |  |  |
| --- | --- | --- |
| YES | NO |  |
|  |  |  |
| If NO, please explain | |  |

1. The ECVN requires that the Resident spend at least 70 hours (2 weeks) during the Residency Training Programme with each of the following (please describe how each phase of the required training is completed):

Diagnostic Imaging specialist (ECVDI) (interpreting radiographs, attending seminars and participating in and evaluating the results of special radiographic procedures). Please specify type of procedures and imaging modalities performed.

|  |
| --- |
|  |

Internal Medicine specialist (ECVIM-CA) (acquiring knowledge about general internal medicine and neurology-related problems in internal medicine through clinical rotations under an internal medicine specialist supervision, rounds, seminars, attendance to journal clubs).

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|  |

Anaesthesia/Critical Care training (specific description of the type of participation [i.e. observation, performance of anaesthetic procedures], and credentials of those providing the training [i.e. ECVA, ACVECC).

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1. The ECVN requires that the Resident spend at least 35 hours (1 week) during the Residency Training Programme in each of the following (please describe how each phase of the training is completed):

General pathology training (specific experience in gross pathology and histopathology relating to veterinary disorders, in particular of the nervous system). This time may be spent in lecture series, seminars or a formal training programme recognised and approved by the College.

|  |
| --- |
|  |

Ophthalmology training (acquiring knowledge about diseases with neurologic and ocular manifestations, and learning how to perform specific ophthalmologic procedures [e.g. funduscopic examination, ERG]).

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1. The ECVN requires that the Resident spend at least 10 hours during the Residency Training Programme with each of the following (please describe how each phase of the training is completed):

Board-certified (ECVP or ECVCP) or Full University Professor in Pathology or Clinical Pathology (evaluating clinical pathologic findings, attending clinicopathologic conferences and examining surgical sections and CSF cytological preparations).

|  |
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Neurophysiology training (which may include experience in performing and interpreting EMG, NCV studies, F waves, motor and somatosensory evoked potentials, auditory evoked potentials, electroretinograms, visual evoked potentials and electroencephalograms).

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| --- |
|  |

Neuroanatomy training (In depth knowledge of structural and functional domestic animal neuroanatomy).

|  |
| --- |
|  |

Neuropharmacology training (knowledge of mechanisms of action and main pharmacological properties of drugs commonly used in veterinary neurology [i.e. anticonvulsants, anti-inflammatory drugs, analgesic-anaesthetic drugs, others], as well as of drugs or substances potentially toxic to the nervous system)

|  |
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|  |

1. The ECVN requires that training in Large Animal Neurology is achieved through clinical rotations or exposure to large animal neurology clinical cases. How will this be accomplished? Please specify the length of rotation, site and supervising specialist (ECVN or ECEIM).

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1. The ECVN requires that training in Neurosurgery is achieved through clinical cases or exposure to neurosurgical cases as an assistant surgeon. How will this be accomplished?

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1. The ECVN requires that the Resident be able to critically review the scientific literature. Please explain the way by which this will be accomplished.

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|  |

1. The ECVN recommends that the advisor meet with the Resident at the end of each six months so his/her progress may be reviewed, critiqued, and planned. Will this be done?

|  |  |  |
| --- | --- | --- |
| YES | NO |  |
|  |  |  |
| If NO, please explain | |  |

1. The ECVN requires that the Resident complete a significant research or clinical investigative project. Will this be done?

|  |  |  |
| --- | --- | --- |
| YES | NO |  |
|  |  |  |
| If NO, please explain | |  |

1. The ECVN requires that the Resident initiates a record of their individual Residency Training Programme immediately after starting of the programme. The record will include a case log. Will this be done?

|  |  |  |
| --- | --- | --- |
| YES | NO |  |
|  |  |  |
| If NO, please explain | |  |

**Supervisor:**

|  |
| --- |
|  |
|  |
|  |

Signature:

Date (dd/mm/yy)