

REGISTRATION OF RESIDENT ADVISOR

This form must be submitted to the ACVS office within the first calendar quarter of the initiation of the program and of the date that a change of Resident Advisor becomes effective. The Resident Advisor should give a copy of this completed form to the Resident, which should be retained by the Resident.

To be completed by the Resident Advisor:

I have read the current description of a Veterinary Surgery Residency Program as adopted by the American College of Veterinary Surgeons. Effective _____ (date: month/day/year), I have begun supervising _____ (Resident's name) at _____ (institution/practice).

Diplomate (print): _____

Signature: _____

Date: _____ / _____ / _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

Resident (print): _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

(Check if applicable) _____ This form indicates a change in Resident Advisor.

Previous Resident Advisor (Print Name): _____

Date change becomes effective: _____