

PROGRAM DIRECTOR'S STATEMENT

This form must be submitted to the ACVS office within 30 days of the start of the residency or transfer of a resident to a new location. The resident's training is not recognized by ACVS until the Program Director's Statement, Statement of Compliance, and the matriculation fee/transfer fee have been received by the ACVS office. The Program Director should give a copy of this completed form to the resident, which should be retained by the resident. The Program Director must notify the ACVS office within 30 days of a resident discontinuing a residency program at his/her institution.

To be completed by the Program Director:

I attest the program has a valid registration with ACVS and is in compliance with current ACVS Residency Training Standards and Requirements. I understand as Program Director I am responsible for renewing the program's registration annually with ACVS while residents are actively training.

I understand my responsibilities in training this resident, including ensuring that the resident not only meets the minimum requirements as outlined in the *Standards*, but also meets the criteria for acceptance into the College: has a satisfactory moral and ethical standing in the veterinary profession and a commitment to the constitutional objectives of the ACVS. I understand that it is my responsibility to ensure, to the best of my ability, that the information presented by the resident in the web-based Resident Training Log documentation system is complete and accurate.

I verify that this resident has fulfilled the prerequisite requirements for admission to the program and has initiated a residency as indicated.

Name of Registered Residency Training Program _____

Type of Residency ☐ Large Animal – Equine Emphasis ☐ Large Animal – General ☐ Small Animal

Resident's Name _____ Resident's Start Date _____

Email _____

Veterinary School _____ Year Graduated _____

Internship Site _____ Year Completed _____

What is the anticipated duration of this residency?

Program Director _____ Email _____

PD Signature _____

List the names of Supervising ACVS Diplomates involved in resident training at this program.

Check if applicable ☐ This form indicates a transfer of the resident to a new residency program.

Previous Program Name _____ Resident's final date at previous location _____

Submit this form using one of the following methods:

Email: residency@acvs.org or Fax: 301-916-2287

Mail: ACVS, 19785 Crystal Rock Drive, Suite 305, Germantown, MD 20874

For assistance, contact jmelia@acvs.org or 301-916-0200 ext. 102

Please notify ACVS of any major changes in the residency that would alter the answers given above.

For ACVS use

Date received: