

STATEMENT OF COMPLIANCE TO ACVS RESIDENCY TRAINING STANDARDS AND REQUIREMENTS

*This form must be submitted by the resident to the ACVS office within 30 days after the start of the residency. 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 resident should give a copy of the Statement of Compliance to the Program Director. **Keep a copy of the form for your records. This form will need to be included with the Credentials Application at the end of the residency.***

To be completed by the resident:

I have read the current ACVS *Residency Training Standards and Requirements*. I understand that any false information that I provide or other evidence of fraud on my part will adversely affect my residency training and/or acceptance of my Credentials Application and may be reason for termination of my residency and/or permanent disqualification of my application.

I understand and agree to comply with the "Terminology to be Used in Professional Advertising/Identification" as described in the Standards.

First Name _____ Middle Name _____ Last Name _____

Suffix (e.g. Jr, III) _____ Degree(s) _____

Signature _____

Name of Registered Residency Training Program _____

Please indicated your preferred contact information. ACVS's primary contact with residents will be by email. An email address must be provided.

Address ☐ Home ☐ Work

Phone ☐ Home ☐ Work ☐ Mobile _____

Email ☐ Home ☐ Work _____

Submit this form using one of the following methods:

Email: residency@acvs.org

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

For ACVS use
Date received: