

## REGISTRATION OF RESIDENT ADVISOR

*This form must be submitted to the ACVS office within the first calendar quarter of the initiation of the residency or of a change of Resident Advisor. The Resident Advisor should give a copy of this completed form to the resident, which should be retained by the resident. If a change in Resident Advisor occurs, this form must be submitted to ACVS in advance of a planned change or within 15 days of an unplanned change.*

*A Resident Advisor can be assigned to no more than two residents.*

### To be completed by the Resident Advisor:

I have read the current ACVS *Residency Training Standards and Requirements*. I understand my role and agree to perform and oversee the training, resident logs, and evaluation of the 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.

**Resident:** \_\_\_\_\_ Effective date of supervision of resident: \_\_\_\_\_

Name of Registered Residency Training Program: \_\_\_\_\_

**Resident Advisor:** \_\_\_\_\_ Signature: \_\_\_\_\_  
 Email: \_\_\_\_\_

### Complete this section if this form represents a change in Resident Advisor:

Previous Resident Advisor: \_\_\_\_\_

Final date as Resident Advisor: \_\_\_\_\_

- ☐ This form indicates a change in Resident Advisor at the same program.
- ☐ The outgoing Resident Advisor is still employed at the program, as a (select one):
- ☐ Supervising ACVS Diplomate      ☐ Supporting ACVS Diplomate
- ☐ The outgoing Resident Advisor is no longer employed at the program.
- ☐ This form indicates a transfer of the resident to another residency training program.

Submit form using one of the following methods:

Email: [residency@acvs.org](mailto:residency@acvs.org)

Fax: 301-916-2287

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

For assistance, contact [jmelia@acvs.org](mailto:jmelia@acvs.org) or 301-916-0200 ext. 102

*For ACVS use*  
*Date received:*