

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 ACVS *Residency Program Guidelines* as adopted by the American College of Veterinary Surgeons. 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 *Guidelines*, 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.

Effective _____ (mm/dd/yyyy), I have begun supervising _____
(resident's name) at _____ (institution/practice).

Resident Advisor:

Signature: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Resident:

Address: _____

Phone: _____ Email: _____

Check if applicable:

- ☐ This form indicates a change in Resident Advisor at the same location.
☐ This form indicates a transfer of the resident to a new residency program location.

Previous Resident Advisor: _____

Date change becomes effective: _____