

RESIDENT TRANSFER FORM

This form must be submitted to the ACVS office within 30 days of the transfer of a resident to a new location. The resident's training is not recognized by ACVS until the Resident Transfer form and 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/CERT 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 Name

Resident Start Date

Resident Email

Program Director

Email

PD Signature

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

Previous Program Name

Resident's final date at previous location

Submit this form using one of the following methods:

Email: certification@acvs.org

Fax: (301) 916-2287

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

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

For ACVS use
Date received: