



**Application to Establish a Fellowship Training Center for
ACVS Surgical Oncology Fellowship Program**

Institution / Practice: _____
Institution / Practice Address: _____

List the contact information for the Founding Fellow or Fellow who is submitting this application for an ACVS Fellowship Program in Veterinary Surgical Oncology and is affiliated with the Institution/Practice listed above.

Name of the individual submitting this application: _____
Phone: _____
Email _____
Date: _____

Please complete the following questionnaire. It will be reviewed by the Surgical Oncology Fellowship Oversight Committee (FOC). You will receive a response as soon as possible.

If you have questions about this application, contact the Chair of the Surgical Oncology Fellowship Oversight Committee.

Personnel

1. How many ACVS Founding Fellows or ACVS Fellows, Surgical Oncology are present at your institution/practice?

2. Please list the names and credentials of the supervising mentors (ACVS fellowship-trained surgeons that will be involved with mentorship) along with the anticipated percentage oversight based on clinical weeks. (Note: ACVS fellowship trained ECVS Diplomates can supervise fellowship training up to, but no more than, 30% of the required training weeks for any fellow candidate in training.)

Supervising Mentors

Percent Supervision

3. A. Are the support personnel, facilities, and equipment available in accordance with the Minimum Training Standards for an ACVS Fellowship Training Program in Veterinary Surgical Oncology?

Yes No

B. If supervising mentorship percent supervision is less than 100%, what is your plan to meet the Minimum Training Standards and provide training in surgical oncology?

4. A. Is there at least one supporting faculty member (DACVIM (Oncology) or DECVIM (Oncology)) to provide medical oncology training and are the support personnel, facilities and equipment available in accordance with the Minimum Training Standards for an ACVS Fellowship Training Program in Veterinary Surgical Oncology?

Yes No

B. If so, please list the medical oncology supporting faculty and their credentials below.

C. If not, what is your plan to meet the Minimum Training Standards and provide training in medical oncology?

5. A. Is there at least one supporting faculty member (DACVR, Radiation Oncology) to provide radiation oncology training and are the support personnel, facilities and equipment available in accordance with the Minimum Training Standards for an ACVS Fellowship Training Program in Veterinary Surgical Oncology?

Yes No

B. If so, please list the radiation oncology supporting faculty and their credentials below.

C. If not, what is your plan to meet the Minimum Training Standards and provide training in radiation oncology?

Institutional Requirements

6. Approximately how many trackable surgical oncology surgeries are performed weekly and annually?

Weekly: _____

Annually: _____

7. Which of the following imaging technologies are available at your institution/practice?

- Digital radiography
- Fluoroscopy
- Ultrasound
- Computed Tomography
- MRI
- Planar scintigraphy
- PET/CT

8. Please answer the following to indicate the level of board-certified radiologist (DACVR/DECVDI) support.

Radiologist on site Yes No

Radiologist off site Yes No

Availability (hours per week): _____

9. A. Does the institution have an ICU with 24-hour staffing?

- Yes No

B. Does the institution have on-site critical care support?

- Yes No

C. If not, what is your plan to provide critical care management for patients?

10. Please answer the following to indicate the level of board-certified anesthesiologist (DACVAA/DECVAA) support.

Anesthesiologist on site Yes No

Anesthesiologist off site Yes No

Availability (hours per week): _____

11. A. Is a physical rehabilitation section available in your institution or practice?

- Yes No

B. If not, is a facility available locally?

12. A. Please answer the following to indicate the level of board-certified clinical pathologist (DACVP/DECVP)

support.

Clinical pathologist on site Yes No

Clinical pathologist off site Yes No

B. If off site, please briefly detail anticipated communication.

13. A. Please answer the following to indicate the level of board-certified anatomic pathologist (DACVP/DECVP) support.

Anatomic pathologist on site Yes No

Anatomic pathologist off site Yes No

B. If off site, please briefly detail anticipated communication.

I hereby declare that I have read and will fully comply with all terms in the Minimum Training Standards for an ACVS Fellowship Training Program in Veterinary Surgical Oncology. I understand that the status of “ACVS Fellow, Surgical Oncology” will not be granted until after all requirements have been completed and are approved and accepted by the ACVS Surgical Oncology Fellowship Oversight Committee, the ACVS Fellowship Committee, and the ACVS Board of Regents.

Primary Mentor (Print name) Date

Signature

Program Director (Print name) Date

Signature