

CHANGE IN PROGRAM DIRECTOR

This form must be filed in advance of a planned change in Program Director at a registered residency training program. In the event of an unplanned change, this form must be submitted to ACVS within 15 days of the change.

To be completed by the incoming Program Director:

I have read the current ACVS *Residency Training Standards and Requirements*, including the description of a Veterinary Surgery Residency, and attest that the residency training program can provide access to all required facilities, equipment, and allied specialists for the remainder of the training for all residents noted below. This training program employs a minimum of two Supervising (full-time) ACVS Diplomates who are clinically active and possess appropriate species expertise for this resident, and the ratio of residents to full-time ACVS Diplomates is compliant with the current policy.

I understand my responsibilities in training these residents, including ensuring that each 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.

Name of Registered Residency Training Program _____

Type of Residency ☐ Large Animal – Equine Emphasis ☐ Large Animal–General ☐ Small Animal

Program Director _____ **Signature** _____

Address _____

Phone _____ Email _____

List the names of all residents currently in training at this program.

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

To be completed by the outgoing Program Director:

I understand that I am required to facilitate completion of the residents' log through the final date for which I serve as Program Director. This requires that the current residents log all items through my final date as Program Director; that the Resident Advisors review all training items and complete an additional Semi-Annual Review to end as of the date listed below as the final date as Program Director; and that I approve the Semi-Annual Review for each resident.

Name of outgoing Program Director _____

Final Date as Program Director _____ Signature _____

☐ I am still employed at the program, and serve as a: ☐ Supervising ACVS Diplomate ☐ Supporting ACVS Diplomate

☐ I am no longer employed at the program. Please update your information at www.acvs.org/my-account

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: