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**□ Standard Training Program (36 Months/within 5 years)**

**□ Alternative Training Program (48 Months/within 5 Years)**

**Please Note: A training period will only be recognized officially if the training application has been given prior definitive approval by the Education Committee.**

**Instructions: Please submit only properly formatted, edited, spell-checked applications. Appendices should be included in one PDF format submission. Only complete applications will be forwarded to the Education Committee for review.**

**Please submit to:** [**secretariat@ecvcp.org**](mailto:secretariat@ecvcp.org)

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| Institution | | | | | | | | |
| Full Name | | |  | | | | | |
| Address | | |  | | | | | |
| Country | | |  | | | | | |
| 1. Supervisor | | | | | | | | |
| Full Name | | |  | | | | | |
| Address | | |  | | | | | |
| Country | | |  | | | | | |
| E-Mail | | |  | | | | | |
| Phone | | |  | | | | | |
| Date and Signature: | | | | | | | | |
| Diplomate Status of Supervisor (Please Specify) | | | | | | | | |
| Diplomate ECVCP | | |  | | | | | |
| Date of certification | | |  | | | | | |
| Charter  De facto  Exam | | |  | | | | | |
| Diplomate ACVP | | |  | | | | | |
| Date of certification | | |  | | | | | |
| Other Staff with Supervisor Function (Please list) | | | | | | | | |
| Name/Function | | |  | | | | | |
| Name/Function | | |  | | | | | |
| Name/Function | | |  | | | | | |
| Program | | | | | | | | |
| Training Areas Please Always list Place and Name of Responsible Diplomat**e** | | | | | | | | |
| Core Disciplines (Please Describe) | | | | | | | | |
| * + - 1. General Clinical Pathology (Pathophysiology, incl. immunology and laboratory management): | | | | | | Place:  Supervisor: | | |
| * + - 1. Clinical Biochemistry (incl. Endocrinology and Molecular Diagnostics): | | | | | | Place:  Supervisor:  Case Load/Species: No / % | | |
| * + - 1. Hematology: | | | | | | Place:  Supervisor:  Case Load/Species: No / % | | |
| * + - 1. Cytology: | | | | | | Place:  Supervisor:  Case Load/Species: No / % | | |
| Secondary Disciplines – Diplomates/Specialists of other Disciplines in Training Environment (Please Describe) | | | | | | | | |
| * + - 1. Internal medicine | | | | | | Place:  Supervisor: | | |
| * + - 1. Equine and Large Animal Medicine | | | | | | Place:  Supervisor | | |
| * + - 1. Laboratory, Exotic and Wildlife Animal Medicine | | | | | | Place:  Supervisor: | | |
| * + - 1. Macro- and Microscopic Pathology (Surgical Pathology) | | | | | | Place:  Supervisor: | | |
| * + - 1. Other | | | | | |  | | |
| Learning Environment (Regular Events) | | | | | | | | |
| Type | | | | Frequency | Describe | | | |
| Rounds | | | |  |  | | | |
| Journal Clubs | | | |  |  | | | |
| Courses | | | |  |  | | | |
| [Group and Independent Study](#_Toc317079398) | | | |  |  | | | |
| Other | | | |  |  | | | |
| **Important Note: Each resident is required to maintain an Activity and a Case Log. The Activity Log must accompany the application for the board exam. Both, activity and case log can be required for review by the Education Committee at any time throughout the residency training period. Templates with examples can be found on the Website (www.ecvcp.org).** | | | | | | | | |
| Clinical Pathology Facilities | | | | | | | | |
| Date of Approval by Laboratory Standards Committee | | | | | | |  | |
| Reference Materials (Please Describe) | | | | | | | | |
| Library | |  | | | | | | |
| Computer facilities | |  | | | | | | |
| Journal Access | |  | | | | | | |
| Case collections | |  | | | | | | |
| Training Schedule Please describe in percentage how much time the resident will spend for certain activities throughout a normal week or month during year one, two and three. | | | | | | | | |
| Activity | | | | | | | | % |
|  | | | | | | | |  |
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| Training Methods Submit detailed information about how the resident is trained in each area. | | | | | | | | |
|  | | | | | | | | |
| Assessment Methods Describe assessment methods to provide constructive feedback to the resident regarding his/her progress | | | | | | | | |
|  | | | | | | | | |
| Continuing Education National and International Continuing Education Programs | | | | | | | | |
| Meetings | Describe | | | | | | | |
| Courses | Describe | | | | | | | |
| Conferences | Describe | | | | | | | |
| Teaching Obligations of Resident (Please Describe) Submit information about candidate’s involvement in teaching of veterinary clinical pathology to undergraduates, in continuous education for practitioners, etc. | | | | | | | | |
| Describe format and time | | | | | | | | |
| Research Activities (Please Describe) For each of the primary individuals involved in resident training, indicate current areas of research activities and scientific publications for the last 4 years. | | | | | | | | |
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| Planned Externships (List All) Externships should give the resident new experiences and complement weak areas in the primary training laboratory.  Give examples below of possible or recommended externships for a resident in your program. The externships should be described in more detail for a particular resident in their resident registration form.  **Please note: Supervisor’s signed statements of responsibility are required for planned externships in alternative training programs.** | | |
| Place: | Supervisor (please add signed statement in alternative programs): | Duration (weeks) |
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|  |  |  |
|  |  |  |
| **Total** | |  |

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| --- |
| Appendices |
| 1. Example of a case logbook that will be or is used by residents in your program. |