**Application for:** ARegular RTP (RRTP): **YES / NO**

 An Alternate RTP (ARTP): **YES / NO**

**Name of the Candidate** (if known)**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email address of Candidate:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approval of the Candidate by the Credentials Committee attached:** **YES / NO**

**(**if approval by the Credentials Committee has not yet been received then this should be sent to the ERC Chair as soon as possible and **before the start of the RTP**)

**Proposed Start Date of Programme:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Proposed End Date of Programme:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sponsoring Institution:**

**Name:**

**Address:**

Phone:

**Supervising ECVO/ACVO Diplomate(s)**

1. \*\* email

2. email

3. email

4. email

\*\* Please, indicate the principal supervising ECVO Diplomate in 1.

## Residents already in training:

## Names: Start and end dates of RTPs:

1. 1.

2. 2.

**Statement of Purpose and Objectives for this Residency Training Programme.**

**For Alternate RTP (ARTP):** Describe the proposed alternate RTP and include details of why a regular RTP cannot be followed.

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### RESIDENT SELECTION

###  Which of the following are required during the resident selection process?

### Letter of intent: YES / NO

* 1. Curriculum vitae: **YES / NO**
	2. College transcripts: **YES / NO**
	3. Letters of reference: **YES / NO**
	4. Personal interview: **YES / NO**

### CLINICAL TRAINING

Indicate the percentage of the residents' time, for each year of the programme that will be devoted to clinical ophthalmology service:

Year one: Year two: Year three: Year four:

Indicate the proposed percentage of time of direct supervision of the resident: \_\_\_\_\_\_\_\_\_

Direct supervision is defined as that time the Supervisor is physically present at the clinical facility (e.g. examination room, surgery room) during the training experience.

**ATTENDANCE OF THE ACVO VETERINARY BASIC SCIENCE COURSE**

Will the resident attend the ACVO Veterinary Basic Science Course?: **YES / NO**

* + The attendance will occur during the year of residency.

### REQUIREMENTS

**For each NO response, a description of how the experience is to be gained must be provided on a separate sheet of paper.**

**1. Species Case Log**

The ECVO requires the resident to be trained in clinical ophthalmology, to have experience with ophthalmic diseases of a variety of animal species in order to successfully complete the certification examination. For required number of species/year see Information Brochure, RESIDENT SPECIES CASE LOG).

Are the Diplomates capable of providing this level of guidance? **YES / NO**

**2. Clinical facilities**

The ECVO requires the resident gain minimum proficiency with the following pieces of equipment or procedures during the residency training process.

**Which of the following are available at your institution/clinic?**

 Requirement(s) for Resident trainingAvailable at your instituition

Minimum requirement

Binocular Indirect ophthalmoscope **YES/NO**

Direct ophthalmoscope **YES/NO**

Applanation or rebound tonometer **YES/NO**

Slit-lamp biomicroscope **YES/NO**

Goniolenses **YES/NO**

Electroretinography **YES/NO**

Ultrasonography **YES/NO**

Fundus photography **YES/NO**

External photography **YES/NO**

Radiographic installation on site **YES/NO**

CT and/or MRI on site **YES/NO**

Operating microscope **YES/NO**

Microsurgical instrumentation **YES/NO**

Phacoemulsification machine **YES/NO**

Cytology microscope **YES/NO**

Laser or Cryosurgical unit **YES/NO**

Other Equipment available at your institution /clinic:

|  |
| --- |
|  |

**3.** **Surgical Training**

a) Surgical supervision

The ECVO requires the resident to be trained to perform a variety of surgical procedures (see Information Brochure RESIDENT SURGICAL TRAININGS).

Are the Diplomates capable of providing this level of guidance? **YES / NO**

b) Numbers of surgical procedures

The ECVO has established a minimum number and types of surgeries to be performed by the resident(s).

As these are now requirements, do you foresee difficulty in your resident approximating this volume of surgical experience at your institution? **YES / NO**

If the response is YES, indicate below how surgical experience is to be provided.

**4.** **Specialty Training Services**

Each resident needs to be trained in veterinary ophthalmology related anaesthesiology, diagnostic imaging and histopathology at a minimum of 1 hr/month/year.

**Please fill in below**: name, specialty, email address of the supervisor, training location, and describe the proposed training and the period/intervals at which training will be done in the respective field:

a) **Anaesthesiology**

Supervisor:

Specialty (board certified):

Email address:

Institution:

Proposed Training Programme:

Period at which this will be done (if external rotation):

Signature:

b) **Histopathology**

Supervisor:

Specialty (board certified):

Email address:

Institution:

Proposed Training Programme:

Period at which this will be done (if external rotation):

Signature:

c) **Diagnostic imaging**

Supervisor:

Specialty (board certified):

Email address:

Institution:

Proposed Training Programme:

Period at which this will be done (if external rotation):

Signature:

**5. Literature review**: the ECVO requires that the resident be guided in their review of the ophthalmic literature. The Supervisor must provide a minimum of 64 hours of combined book and journal club sessions per 12 month of training.

Are the Diplomates capable of providing this level of guidance? **YES / NO**

**6. Resident Presentation log**

Are the resident(s) required to make presentations at in-house seminars as part of their residency requirements? **YES / NO**

The resident is required to actively participate at ECVO or ACVO annual meetings with a minimum of 1 oral and 1 poster presentation OR with 2 oral presentations during the entire RTP.

Do you see any difficulty for the candidate Resident to collect clinical or experimental data at your clinic/institution for the required presentations at ECVO/ACVO meetings? **YES / NO**

Will financial support be provided for travel expenses? **YES / NO**

**7.** **Access to resource materials / services**

a) Library access

The ECVO requires that the resident(s) have access to a medical library that contains the texts and journal titles listed as source of test material by the ECVO Examination Committee.

Is there a complete **medical library available at your location** that meets these requirements?

###### YES / NO

If the response is **NO**, indicate hereafter how Library access will be provided.

b) Ancillary diagnostic services

Access to professional support services in **clinical pathology, microbiology and virology** is essential for optimum case management particularly as it relates to resident training**. Are these services provided at your institution?**

**YES/ NO**

If the response is **NO**, give hereafter a detailed description of the services available through outside laboratories as well as the frequency of sample collection.

|  |
| --- |
|  |

c) Stenographic services:

The ECVO requires the residents have at their disposal word processing facilities for manuscript preparation. Are word processing facilities **available at your location?**

**YES / NO**

By signing below, the **Diplomate(s)** named above acknowledge that **they have read the Information Brochure: IB\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Please indicate IB year)

**and agree** to honour the residency training standards of the ECVO as defined in the preceding pages.

Additionally, information concerning any **changes in the programme and/or the Supervising Diplomates** must be immediately notified to the chairperson of the Education and Residency Committee.

By signing below, it is acknowledged that if during the duration of this programme a single Diplomate is required to supervise more than two (2) resident(s), all programmes of the institution become conditional upon re-review by the ECVO Education and Residency Committee.

**Name and Signature of Supervising ECVO/ACVO Diplomates**

Name and Signature of Department Head or equivalent, acknowledging the requirements of the Diplomate and sponsoring institution

Date: