

APPENDIX 2

AMERICAN COLLEGE OF VETERINARY SPORTS MEDICINE AND REHABILITATION

PRACTICE EXPERIENCE RESIDENCY REGISTRATION FORM

This form should be **typed** in order to be processed in the college office. You are encouraged to register immediately; however, **registrations must be received by the college secretary within 30 days of beginning your residency program. Failure to register, or registration after the 30-day deadline, may jeopardize your certification process, as some of your residency may not be recognized or accepted.** The resident should give a copy of the form to their Resident Supervisor.

Resident's name/title(s): _____

I hereby register my residency with the American College of Veterinary Sports Medicine and Rehabilitation in accordance with its rules and guidelines, as published in the college's Constitution and Bylaws and Practice Experience Guidelines.

I have read the current *Practice Experience Guidelines* as adopted by the American College of Veterinary Sports Medicine and Rehabilitation. I understand that any false information that I provide or other evidence of fraud on my part will adversely affect my program training and/or acceptance of my Credentials Application and may be reason for termination of my residency and/or permanent disqualification of my application.

I further covenant and agree:

- (i) to indemnify and hold harmless the American College of Veterinary Sports Medicine and Rehabilitation and each and all of its members, regents, officers, examiners and agents from and against any liability whatsoever in respect of any act or omission in connection with this registration, applications, credentials, examinations, the grades on such examinations and/or the granting or issuance of or failure to grant or issue a certificate to me, and
- (ii) that any certificate, which may be granted and issued to me shall be and remain the property of the American College of Veterinary Sports Medicine and Rehabilitation.

Practice Experience Resident Signature

Date

PROGRAM INFORMATION AND SUPERVISOR VERIFICATION

1. Resident's name: _____

Last Name

First Name

Middle Name/Initial

2. Your mailing address, telephone number, fax number and e-mail address:

Department

Hospital/University

Address

City, State/Province, Zip, Country

Work Phone

Work Fax

E-mail

3. American College of Veterinary Sports Medicine and Rehabilitation Practice Experience
Residency location and dates:

Hospital/University

Address

City, State/Province, Zip, Country

From:

To:

Starting date (month/date/year)

Anticipated ending date (month/date/year)

4. Indicate the Specialty in which you wish to become Board-certified:

Canine Sports Medicine and Rehabilitation

Equine Sports Medicine and Rehabilitation

5. Name and contact information of your American College of Veterinary Sports Medicine and Rehabilitation Supervisor for your residency:

Name of Program Supervisor

Department

Hospital/University

Address

City, State/Province, Zip, COUNTRY

Work Phone

Work Fax

E-mail

Program Supervisor's Verification:

I hereby certify that I am personally supervising the Practice Experience Residency of the above resident and that this residency meets the standards established by the American College of Veterinary Sports Medicine and Rehabilitation.

Signature of Program Supervisor

Date

Submit this completed and signed Registration Form (five pages) in PDF form to:
secretary@vsmr.org

RETAIN A COPY OF THIS REGISTRATION FORM FOR YOUR RECORDS.

You should receive notification from the college within 8 weeks acknowledging receipt of your registration and your acceptance into the American College of Veterinary Sports Medicine and Rehabilitation resident program.

****Please note, any resident that significantly changes or alters their residency before completion must notify the college, in writing, before the changes are made to ensure that the proposed changes are approved. Significant changes could include, but are not limited to, transferring from one program to another, alterations in program duration, switching to a 'dual board' program, or enrolling in an institutional graduate program, etc.****

Questions?

E-mail: secretary@vsmr.org

Website: www.vsmr.org