

APPENDIX 1

**AMERICAN COLLEGE OF VETERINARY SPORTS MEDICINE AND REHABILITATION
CHANGE OF RESIDENT SUPERVISOR FORM**

This form must be submitted to the ACVSMR office within 30 days of the date that a change of Resident Supervisor becomes effective. The new Resident Supervisor should give a copy of this completed form to the resident, which should be retained by the resident.

To be completed by the new Resident Supervisor:

I have read the current ACVSMR Residency Program Guidelines as adopted by the American College of Veterinary Sports Medicine and Rehabilitation. I understand my role and agree to perform and oversee the training, resident logs, and evaluation of the resident, including ensuring that the resident not only meets the minimum requirements as outlined in the Guidelines, 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 ACVSMR. 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.

Effective _____(mm/dd/yyyy), I have begun supervising _____

(Resident's name) at _____ (institution/practice).

Diplomate (Print): _____

Signature: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Resident (Print): _____

Address: _____

Phone: _____ Email: _____

Previous Resident Advisor (Print Name): _____

Date change becomes effective: _____