ACVNU RESIDENCY PROGRAM APPLICATION

Please refer to the ACVNU Certifying Manual on our website (https://acvnu.org/residency-training-application) for complete details on Residency Training Programs with the American College of Veterinary Nephrology and Urology

Residency Training Program Registration (Part 1)

Application Date:

Application Type: New Program ☐ or Existing Program Annual Renewal ☐

Residency Program Name:

Residency Program Type¹: Diplomate ☐ or Affiliate Status ☐

Residency Program Length²: 2 years ☐ 3 years ☐ 4 years ☐ 5 years ☐

Planned number of residents to be concurrently enrolled:

Residency Program Training Location³: In Person ☐ or Remote ☐

Residency Training Institution

Name:
Address:
Name of institution contact person:
Email address of institution contact:
Phone number of institution contact:

¹ A Residency Program Registration can be for Diplomate or Affiliate status. If a program aims to train both Diplomates and Affiliates, two registrations are required.
² If a program aims to have a variable year residency program, check all that apply. Also include a written justification as to why a variable year program is necessary.
³ Remote training program applications should document the resources available at the residents training institution and not the training site of the Residency Program Director
Signed Letter of Support Included from Hospital Director ☐

Residency Program Director
Name (with credentials):
Sponsoring Institution (if different than training institution):
Address:
Email address:
Phone number:
Signed Letter of Support Included ☐

Resident Advisers (copy and paste to add additional people as necessary)
Name (with credentials):
Institution (if different than training institution):
Address:
Email address:
Phone number:
Signed Letter of Support Included ☐

Alternate Training Site #1 (list all applicable, add extra lines as needed)
Name of Training Supervisor (with credentials):
Institution:
Address:
Email address:
Phone number:
Signed Letter of Support Included ☐

Alternate Training Site #2 (if applicable)
Name of Training Supervisor (with credentials):
Institution:
Address:
Email address:
Phone number:
Signed Letter of Support Included ☐

Alternate Training Site #3 (if applicable)
Name of Training Supervisor (with credentials):
Institution:
Address:
Email address:
Phone number:
Signed Letter of Support Included ☐

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4 Letters of support from alternate training sites must include
a) The length of time scheduled at the site
b) The clinical training requirements that will be completed at the site as described in the Certifying Manual
c) How the resident activities will be supervised: direct, indirect on site, or indirect remote
Residency Training Program Registration (Part 2)

Supporting Specialists
The following specialists must be available to the residency candidate for consultation during their program. If the consulting specialist is at a remote location a letter of support is required.

a) Small Animal Internal Medicine  
   Name of specialist(s) (with credentials):  
   on site ☐  remote ☐

b) Emergency/Critical Care  
   Name of specialist(s) (with credentials):  
   on site ☐  remote ☐

c) Soft Tissue Surgery  
   Name of specialist(s) (with credentials):  
   on site ☐  remote ☐

d) Clinical Pathology  
   Name of specialist(s) (with credentials):  
   on site ☐  remote ☐

e) Anatomic Pathology  
   Name of specialist(s) (with credentials):  
   on site ☐  remote ☐

f) Cardiology  
   Name of specialist(s) (with credentials):  
   on site ☐  remote ☐

g) Oncology  
   Name of specialist(s) (with credentials):  
   on site ☐  remote ☐

h) Neurology  
   Name of specialist(s) (with credentials):  
   on site ☐  remote ☐

i) Radiology  
   Name of specialist(s) (with credentials):  
   on site ☐  remote ☐

j) Nutrition  
   Name of specialist(s) (with credentials):  
   on site ☐  remote ☐

k) Anesthesia  
   Name of specialist(s) (with credentials):  
   on site ☐  remote ☐
**Equipment Availability**

Please indicate whether the following equipment/services are available to the resident for training purposes. Also indicate whether the equipment/service is on or off-site. If the equipment/service is off-site please explain how the candidate will access the equipment.

<table>
<thead>
<tr>
<th>Equipment/Service</th>
<th>Available</th>
<th>Location</th>
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<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Clinical pathology laboratory</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Microbiology laboratory</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Anatomic pathology analyses</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Non-invasive blood pressure measurement</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Electrocardiography</td>
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<td>☐</td>
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<tr>
<td>Ultrasonographic imaging equipment</td>
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<tr>
<td>Computed tomography imaging equipment</td>
<td>☐</td>
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<tr>
<td>Magnetic resonance imaging equipment</td>
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<tr>
<td>Fluoroscopic imaging equipment</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Renal scintigraphy equipment</td>
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<tr>
<td>Flexible urologic endoscopic equipment</td>
<td>☐</td>
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<tr>
<td>Rigid urologic endoscopic equipment</td>
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<tr>
<td>Urethral stenting equipment</td>
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<tr>
<td>Ureteral stenting equipment</td>
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<tr>
<td>Subcutaneous ureteral bypass access</td>
<td>☐</td>
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<tr>
<td>Holmium:YAG laser</td>
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<tr>
<td>Diode laser</td>
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<tr>
<td>Laparoscopic equipment</td>
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<tr>
<td>Urethral bulking agents</td>
<td>☐</td>
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<td>Urethral pressure profile and cystometrography</td>
<td>☐</td>
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<tr>
<td>Computerized medical records with search capability</td>
<td>☐</td>
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<td>Literature database searching capabilities</td>
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<td>List databases:</td>
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<tr>
<td>Computer, internet, and office space access</td>
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<td>24 hour Intensive Care Facility</td>
<td>☐</td>
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<td>Intermittent hemodialysis capability</td>
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<td>Continuous renal replacement capability</td>
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<td>Peritoneal dialysis capability</td>
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<td>Renal transplantation capability</td>
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<td>General anesthesia access</td>
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<tr>
<td>Linear accelerator/TomoTherapy</td>
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<td>Blood bank/transfusion capabilities</td>
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Other Information:
Residency Training Program Registration (Part 3)

Clinical Training Experiences

Residents maintain a case log available for ABVNU review upon request.  Yes ☐
Residents maintain a procedure log available for ABVNU review upon request.  Yes ☐
Residents and training supervisors review the case log a minimum of once during a clinical training week. Yes ☐

Additional Training Experiences

1. Journal Club:

Describe the nephrology/urology focused journal club opportunities that will be available to the residency candidate. Please include the name, location, length of time and regularity of the opportunities.

Residents complete 50 hours of focused Journal Club during the Residency Program. Yes ☐
Residents maintain a journal club log including topic and specialist(s) attending. Yes ☐
List Journal club Opportunities:

2. Didactic Review Sessions:

Will residents complete the ACVNU Resident Core Curriculum?  Yes ☐  *No ☐
Residents maintain a didactic opportunity log available for ABVNU review upon request. Yes ☐

*If a resident will not complete the ACVNU’s Core Curriculum, please describe the didactic review session opportunities that will be available to the residency candidate below. Include the name, location, length of time and regularity said opportunities.

3. Clinical Case Conferences:

Residents are required to attend clinical case conferences (rounds) at least weekly during their training and present at least biannually. One specialist recognized by the American or European Board of Veterinary Specialties must be present. Please describe the clinical case conference opportunities that will be available to the residency candidate below. Please include the name, location, length of time and regularity of the opportunities.

Residents attend weekly Clinical Case Conferences during the Residency Program.
Residents maintain an education log that includes the topic and specialist in attendance.

4. Research and Publication

Research is an essential credentialing requirement that the Resident must be completed before board certification is granted.

Are residents required to:

- Write a grant? Yes ☐ No ☐
- Present at a scientific meeting? Yes ☐ No ☐
- Complete a research project? Yes ☐ No ☐
- Complete graduate coursework? Yes ☐ No ☐
- Complete approved training seminars teaching the critical evaluation and generation of scientific literature Yes ☐ No ☐

Residents complete ONE first author publication Yes ☐

5. Continuing Education

Residents are required to attend ONE major Nephrology/Urology centric annual conference during their program. Opportunities include IRIS Renal Week, ASN Kidney Week, NKF Spring Meeting, and the AUA Annual Meeting, VRIES, UK kidney week, and ERA Congress. Other conferences must be approved by the ABVNU.

Residents will attend at least ONE major conference during the residency program Yes ☐

6. Resident Review

Residents maintain a training log available for ABVNU review biannually. Yes ☐

Residents maintain a 3 person minimum Residency Advisory Committee. Yes ☐

Residents meet with their Residency Advisory Committee biannually to review progress and performance. Yes ☐

A written summary of the biannual evaluation is recorded. Yes ☐

7. Training Timeline

Please provide the training program structure and proposed calendar of progression through the Residency. This should include expected benchmarks for the trainee to complete clinical proficiencies, didactic training, and research projects/publications.
Residency Training Program Registration (Part 4)

**Current Residents:** Please list all current residents within your training program. Include their start date, projected end date and the name of their residency adviser. Note: A residency adviser may only train 3 residents concurrently.

<table>
<thead>
<tr>
<th>Resident Name</th>
<th>Start Date</th>
<th>End Date</th>
<th>Resident Adviser</th>
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**Previous Residents:** Please list all previous residents that have started your program. Include their start date, end date, and whether they achieved board certification.

<table>
<thead>
<tr>
<th>Resident Name</th>
<th>Start Date</th>
<th>End Date</th>
<th>Board Certified (Y/N)</th>
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Please submit the completed application to [info@acvnu.org c/o Attention: Residency Training Program Application]

If you have any questions or need further assistance, please contact: Summer Cota at [summer.cota@acvnu.org].