



## 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

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### Residency Training Program Registration (Part 1)

Application Date:

Application Type: New Program  or Existing Program Annual Renewal

Residency Program Name:

Residency Program Type<sup>1</sup>: Diplomate  or Affiliate Status

Residency Program Length<sup>2</sup>: 2 years  3 years  4 years  5 years

Planned number of residents to be concurrently enrolled:

Residency Program Training Location<sup>3</sup>: In Person  or Remote

#### Residency Training Institution

Name:

Address:

Name of institution contact person:

Email address of institution contact:

Phone number of institution contact:

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<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> 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<sup>4</sup>

**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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<sup>4</sup> 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<br>Name of specialist(s) (with credentials): | on site <input type="checkbox"/> | remote <input type="checkbox"/> |
| b) Emergency/Critical Care<br>Name of specialist(s) (with credentials):        | on site <input type="checkbox"/> | remote <input type="checkbox"/> |
| c) Soft Tissue Surgery<br>Name of specialist(s) (with credentials):            | on site <input type="checkbox"/> | remote <input type="checkbox"/> |
| d) Clinical Pathology<br>Name of specialist(s) (with credentials):             | on site <input type="checkbox"/> | remote <input type="checkbox"/> |
| e) Anatomic Pathology<br>Name of specialist(s) (with credentials):             | on site <input type="checkbox"/> | remote <input type="checkbox"/> |
| f) Cardiology<br>Name of specialist(s) (with credentials):                     | on site <input type="checkbox"/> | remote <input type="checkbox"/> |
| g) Oncology<br>Name of specialist(s) (with credentials):                       | on site <input type="checkbox"/> | remote <input type="checkbox"/> |
| h) Neurology<br>Name of specialist(s) (with credentials):                      | on site <input type="checkbox"/> | remote <input type="checkbox"/> |
| i) Radiology<br>Name of specialist(s) (with credentials):                      | on site <input type="checkbox"/> | remote <input type="checkbox"/> |
| j) Nutrition<br>Name of specialist(s) (with credentials):                      | on site <input type="checkbox"/> | remote <input type="checkbox"/> |
| k) Anesthesia<br>Name of specialist(s) (with credentials):                     | on site <input type="checkbox"/> | remote <input type="checkbox"/> |

### 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.

	<u>Available</u>		<u>Location</u>	
	<u>Yes</u>	<u>No</u>	<u>On-site</u>	<u>Off-site</u>
Clinical pathology laboratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microbiology laboratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anatomic pathology analyses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-invasive blood pressure measurement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrocardiography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasonographic imaging equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computed tomography imaging equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magnetic resonance imaging equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluoroscopic imaging equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renal scintigraphy equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexible urologic endoscopic equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rigid urologic endoscopic equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urethral stenting equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ureteral stenting equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subcutaneous ureteral bypass access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holmium:YAG laser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diode laser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laparoscopic equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urethral bulking agents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urethral pressure profile and cystometrography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computerized medical records with search capability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Literature database searching capabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List databases:				
Computer, internet, and office space access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 hour Intensive Care Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermittent hemodialysis capability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuous renal replacement capability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peritoneal dialysis capability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renal transplantation capability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General anesthesia access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Linear accelerator/TomoTherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood bank/transfusion capabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.



Yes

Residents maintain an education log that includes the topic and specialist in attendance.

Yes

#### 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 <input type="checkbox"/> | No <input type="checkbox"/> |
| Present at a scientific meeting?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Complete a research project?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Complete graduate coursework?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Complete approved training seminars teaching the critical evaluation and generation of scientific literature | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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, VIRIES, 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.

<b>Resident Name</b>	<b>Start Date</b>	<b>End Date</b>	<b>Resident Adviser</b>
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- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

**Previous Residents:** Please list all previous residents that have started your program. Include their start date, end date, and whether they achieved board certification.

<b>Resident Name</b>	<b>Start Date</b>	<b>End Date</b>	<b>Board Certified (Y/N)</b>
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- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

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Please submit the completed application to [info@acvnu.org](mailto: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](mailto:summer.cota@acvnu.org).