**Application for approval of an Alternative Training Programme with the ECAWBM (BM)**

1. **Name of Applicant:**

Address:

Phone:

e-mail:

Date of Graduation as Veterinarian:

Number of years spent in General Veterinary Practice:

1. **Length of alternate residency training programme (ARTP):**

Start date:

Finishing date:

What proportion of time will be spent engaged in the ARTP?

Please specify how this time will be organised (e.g. 2 days a week, 2 month blocks)?

1. **Supervising Diplomate (s):**

**Primary Supervisor**  
  
Name:

Address:

Phone: email:

**Second Supervisor**

Name:

Address:

Phone: email:

**Other participating ECAWBM (BM) Diplomate(s):**

Name: Institution:

Name: Institution

Name: Institution

**Other participating veterinary specialists:**

**Name**: Area of speciality:

Board certified: YES / NO  
  
Title (e.g. Dipl. ACVB):

Institution

**Name:** Area of speciality:

Board certified: YES / NO  
  
Title (e.g. Dipl. ACVB):

Institution

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Board certified: YES / NO  
  
Title (e.g. Dipl. ACVB):

Institution

1. **Brief overview of the ARTP (max 300 words)**

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1. **Background information about the institution(s) or practice(s) in which the ARTP will be conducted**

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1. **Courses/ lectures / teaching**

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1. **Clinical training**

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1. **Research**

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1. **Teaching and presentation**

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1. **Other activities**

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

a) Library access

The ECAWBM (BM) requires that resident(s) have access to a academic library that contains the texts and journal titles listed as sources of test material by the ECAWBM (BM) Examination Committee.

Is there an adequate **academic library available during the ARTP** that meets these requirements?

**YES/NO**

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

b) Ancillary diagnostic services

Access to professional support services in e.g. **clinical pathology, microbiology and clinical chemistry** is important for optimum case management particularly as it relates to resident training**. Are these services provided at your location(s)?**

**YES/ NO**

If the response is **NO**, give a detailed description of the services available through outside laboratories as well as the frequency of pick-up of samples.

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c) Other clinical specialities

Are other clinical veterinary specialities based at the institution(s) in which clinical training is conducted to provide the applicant with access to clinicians and cases from related fields, such as neurology, internal medicine, and dermatology?

**YES/ NO**

If the response is **NO**, give hereafter a detailed description of how this facility will be made available to residents at your institution.

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d) IT equipment

The ECAWBM (BM) requires the residents have at their disposal IT equipment with suitable software for word processing, data handling and analysis. Are these facilities **available at your location and is there adequate support and back-up?**

**YES / NO**

1. **Evaluation of progress throughout the ARTP**

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1. **Please attach the applicant’s CV.**

**Name and Signature of Applicant:**

Date:

**Name and signature of the primary Supervising Diplomate:**

Name:

Signature:

Date:

**Names and signatures of other Diplomates involved in ARTP:**

1. Name:   
     
     
   Signature:   
     
     
   Date:
2. Name:   
     
     
     
   Signature:   
     
     
     
   Date:
3. Name:   
     
     
     
   Signature:   
     
     
     
   Date:
4. Name:   
     
     
     
   Signature:   
     
     
     
   Date: