



Form CRED 500 ARS
Anesthesia, Radiology,
Surgery
Training Record

- Read the **Anesthesia, Radiology, Surgery Training Hours Requirement Information** web site document under Resident Resources.
- Use a separate copy of the form to report hours for each specialty.
- Submit the completed form for Pre-Approval by the Credentials Committee only when the 40 required hours of training have been acquired in that specialty.
- Submit the form as part of your Training Program Annual Report for TSC review, only if a Pre-Approval certificate has not yet been issued.

Resident Name	Signature	Date 40 Hours Completed

Specialty (circle one)	Anesthesia	Radiology	Surgery
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The **resident** is responsible for ensuring that the supervising specialist is a specialist recognized for this purpose by AVDC. By signing the right hand column in the table below, the **supervising specialist** affirms that s/he has directly supervised the trainee for the stated number of hours of training, and that s/he is a specialist recognized for this purpose by AVDC.

Start/End Dates	# of Hours	Location*	Format**	Printed Name of Diplomate	College#	Diplomate's signature
Total hours						

- * E.g. Diplomates's practice, resident's practice
- ** E.g. Clinical experience, Pre-approved course, Case discussions, Cadaver laboratory.
Pre-Approved Courses: Write VDF, ACVS or Other in the Diplomate Signature column, foot-note the course in the Special Circumstances block below, and attach the attendance certificate(s).
- # The following are acceptable as supervising specialists:
ACVA = American College Vet Anesthesiologists ECVDI = European College Vet. Diagnostic Imaging
ECVAA = European Coll. Vet Anaesthesia & Analgesia ACVS = American College of Veterinary Surgeons
ACVR = American College of Veterinary Radiology ECVS = European College of Veterinary Surgeons
HDR = Human dental radiologist (*briefly describe qualifications*):

Special circumstances or other comments (attach separate page if necessary):

Submission: The completed and signed form is to be scanned or photographed for submission to AVDC as a .jpg image or Acrobat .pdf file. Name the file **YourLASTNAME,FirstName Spec Anes orRad orSurg**. Include scanned or photographed images of certificates of attendance at pre-approved courses.