**ECVN – Supervisor statement**

**to accompany credential submission of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *[dd.mm.yy]*

A copy of this statement must accompany each ECVN Credential Submission.

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| --- | --- |
| **Resident name** |  |
| **Starting date of the training programme** |  |
| **Date of completion of the training programme** |  |
| Name of Supervisor |  |
| Institution of Supervisor |  |
| Names of other resident(s) supervised by supervisor |  |
| Co-supervisor (if present) |  |
| Names of other resident(s) supervised by co-supervisor |  |

**Progression of the trainee's clinical training and development**

Describe how the resident progressed professionally over the residency (max. 100 words)

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Confirmation of completion of the required training in the basic sciences (Neuroanatomy,
Neurophysiology, Clinical Pathology and Neuropharmacology): No Yes

 If yes please provide details below:

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Are there any reservations about the residents clinical, professional and ethical progress to date in their training programme? No Yes

 If yes please provide details below:

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**Verification of ECVN programme facilities, staff, services and equipment**

I verify that the staff, facilities, service and equipment for the resident’s training programme approved by the ECVN education committee are still available to the Resident and that they, along with the programme itself, are in accordance with current ECVN requirements **and have not changed since the last report**.

I remain active in the practice of veterinary surgery and continue to satisfy the requirements as a Supervisor.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisors’ signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_