

AO VET North America Resident Preceptorship Application

Personal Information

First Name: _____ Last Name: _____

Date of Birth (mm/dd/yyyy): ___/___/___ Nationality: _____

Home Address: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

Phone Number: (____) _____ E-mail Address: _____

Cell Number: (____) _____

Veterinary School attended

Name(s) of School(s):

Year of Graduation (yyyy): _____

Place of Current Residency Training

Residency Level: 1st year 2nd year 3rd year 4th year

Name of Current Practice / Hospital: _____

Address: _____

City: _____ State / Province: _____

Postal Code: _____ Country: _____

Phone number: (____) _____

Residency Advisor Information

Name of your Residency Advisor: _____

Email: _____

Phone Number: (____) _____

Mailing Address: (if different from above) _____

Are you an AO VET member in good standing?

Yes Membership Level: _____

No

When did you attend the principles or advanced AO course(s): (attach course certificate)

Location: _____ Date (mm/dd/yyyy): __/__/____

Location: _____ Date (mm/dd/yyyy): __/__/____

In which fields are you particularly interested?

Small Animals

Large Animals/Equine

Trauma

General Orthopaedics

Limb Deformities

Sports Medicine

Minimally Invasive

Other

(Specify) _____

What is your preferred duration for your preceptorship?

2 weeks

3 weeks

4 Weeks

In which AO VET NA center* would you like to go?

*a clinic directed by an AO VET member

Name and Address of AO VET North America center: (must be located in North America):

Contact at the receiving AO VET North America center:

Name of the Contact at the Center?: _____

Email Address of Contact: _____

Phone Number of Contact: _____

Dates of Preceptorship

Please indicate the dates agreed upon with your AO VET North America contact:

From: _____ (mm/dd/yyyy) to: _____ (mm/dd/yyyy)

Disclaimer:

I understand that the AO NA cannot guarantee that the preceptorship will be approved by the ACVS as an “external rotation” and that it will count towards the resident’s credentials. It is the responsibility of the resident and his/her advisor to ensure that all criteria required by the ACVS to qualify as an external rotation will be met prior to the start of the preceptorship. The AO VET North America will not file any document with the ACVS nor will it intervene in case of dispute with the ACVS. It is the responsibility of the resident/advisor to file all required documents on time with the ACVS.

Resident Signature: _____ Name: _____

Advisor Signature: _____ Name: _____

Confirmation

By inserting the date and submitting this form, I confirm that I have read the AO VET North America preceptorship program guidelines and hereby accept all conditions

Name: _____ Date (mm/dd/yyyy): _/___/_____.

Please enclose the following documents with your application and submit to aovetna@aona.org.

- Curriculum vitae
- Proof of enrollment in an ACVS residency program
- Copy of AO Basic or advanced Course certificate
- One current photograph (electronic format)