**ANNUAL UPDATE FORM**

**of a STANDARD TRACK Residency Programme in Veterinary Diagnostic Imaging**

Name and Address of Institution:

Title of Programme:

**Programme Director:**

Contact details:

**1) Resident Supervisors:** Please state any changes to supervisors or state NO CHANGE

**2) Residents:** Please list residents in training as of 1st January and stage of training (e.g. year 1, 2 ,3)

**3) Non-Imaging Resident Advisors:** Please confirm that all required specialties remain met (YES/NO). If change of named advisor please state the new named advisor here.

**4). Facilities and Equipment :** Please state any changes to equipment. If no changes state NONE

**5. Clinical resources –** Please state if any significant change to case load e.g. addition of modality, increase/decrease in case load. If no significant change state NO CHANGE

**6. Training content –** Any change to original content? If no significant change state NO CHANGE

**7. Outcomes: Please state the outcomes of theoretical or practical exam attempts (including past residents) in the last 12 months. Where not already listed please also state residents finishing the programme in the last 12 months.**

**8. Abbreviated CV of any new resident supervisors (if no change leave blank)**

***Please note that significant changes may trigger a full reaccreditation***