**EXTERNSHIP REPORT**

Complete this Report form and submit to the to the College as soon as possible after training is complete to examinations@anzcvs.org.au.

|  |  |
| --- | --- |
| Fellowship Candidate Name: |  |

|  |  |
| --- | --- |
| Fellowship Subject: |  |

|  |  |
| --- | --- |
| **Name** of *Primary Training* Institution: |  |

|  |  |
| --- | --- |
| **Address** of *Primary Training* Institution: |  |

|  |  |
| --- | --- |
| Externship Supervisor Name:  |  |

|  |  |
| --- | --- |
| Externship Supervisor Qualifications: |  |

|  |  |
| --- | --- |
| **Name** of *Externship Training* Institution: |  |

|  |  |
| --- | --- |
| **Address** of *Externship Training* Institution: |  |

**This is to certify that the Candidate listed above attended the following Externship Training under my direct supervision.**

|  |  |  |
| --- | --- | --- |
| **Date Range** | **Days and Hours****\***Any deviation to a 5-day week **must** **have prior approval** from the ACE-Training and Credential | **Information and Activities** (with reference to learning outcomes) |
| ***Example 1:****06/01/25-17/01/25* | *Mon-Fri, 8am-5pm,* *40 hours each week* | *Observing the management (including history taking, physical examination, diagnostic work-up, client discussion and treatment) of new cases and review cases presented to the neurology department* |
| ***Example 2:****21/4/25 – 02/05/25* |  *Mon – Fri, 8am-6pm\*25/4/25 Public Holiday* | *Create anesthetic and pain-management plan in small animals and sheep.**Critical care of patients with significant co-morbidities – diabetes.**Monitor anesthesia in small animal patients, respiratory and CV system.**Induction and management of respiratory failure and resuscitation in sheep**Anesthesia of patients undergoing orthopedic and advanced imaging.* |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total Weeks (Days & Hours)** |  |
| ***Example1:******Example 2:*** | *2 weeks (10 days, 80 hours)****\*****2 weeks (9 days, 81 hours)* |

|  |  |
| --- | --- |
| Signed: Supervisor of Externship |  |

Digital Signature Accepted

|  |  |
| --- | --- |
| Date:  |  |