**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](mailto:examinations@anzcvs.org.au).

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| Fellowship Candidate Name: |  |

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

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

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

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| Externship Supervisor Name: |  |

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

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

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

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

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| **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.* |
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| **Total Weeks (Days & Hours)** |  | |
| ***Example1:***  ***Example 2:*** | *2 weeks (10 days, 80 hours)*  ***\*****2 weeks (9 days, 81 hours)* | |

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| Signed:  Supervisor of Externship |  |

Digital Signature Accepted

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| Date: |  |