ANNEX IV

Institution Re-evaluation Submission Form

Re-Certification of an Institution for offering a Standard Residency Programme

(To be downloaded also on the website of the ECBHM - [www.ecbhm.org](http://www.ecbhm.org) )

**Name of the Institution:**

Address:

Programme Director:

Any changes concerning:

* **Facilities** (Facilities for examination, treatment, anaesthesia, and surgery of cattle and sterilization of instruments; portable computers, herd analysis software, and permanent internet access)

□ No

□ Yes, specify changes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Diagnostic imaging** (Appropriate facilities for diagnostic imaging, radiography, endoscopy and ultrasonography)

□ No

□ Yes, specify changes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Clinical and Anatomical Pathology** (Clinical pathology laboratory for haematology, clinical chemistry, microbiology, parasitology, and cytologic diagnosis, facilities for necropsy and histopathologic examination)

□ No

□ Yes, specify changes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Medical library** (Ready access to a library containing recent textbooks and current journals relating to Bovine Health Management and its supporting disciplines)

□ No

□ Yes, specify changes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cooperation(s) with partner organizations** such as large first opinion practices:

□ No

□ Yes, Cooperation partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Case load per year:**

Number of bovine herd health cases1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of individual clinical cases: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of diagnostic work-ups of herd problems: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1Number of farms and average number of cows per farm with routine herd health management visits

The Institution belongs to an **EAEVE-approved veterinary school**:

□ Yes

□ No

By signing this application form I herewith confirm that all the statements mentioned above are correct. Any changes relevant to the outline of the programme will be reported to the

Education and Residency Committee.

Site and date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Programme Director of the applying institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_