

ECVS

ACTIVITY LOG to accompany report July 31st 20____

Residents name: _____

Date of rotation (start and finish)	Number of weeks	Category *	Specify type of rotation **	Supervising Diplomat	Diplomat's signature
7.6.2010 to 30.6.2010	3	C	Orthopaedic clinics	John/Jane Doe DECVS	
1-03.7.2010	1	CE	ECVS Annual Scientific Meeting	John/Jane Doe DECVS	

EXAMPLE

***Categories:**

C: Supervised surgical rotation

O: Other required rotations i.e. diagnostic imaging, anaesthesia, pathology, internal medicine

OC: Time off clinics for academic activities, research, manuscript preparation

CE: Continuing education (Specialist meetings or speciality training)

X: External rotations i.e. to a different institution

H: Holiday

**** Type of rotation: Indicate the type of activity e.g. Lameness clinics, surgery, externship, anaesthesia, specific courses meetings etc**

Resident's/ Trainee Signature: _____

Supervisor's Signature: _____ DATE: _____

(Signatures certify that information is true and accurate)