

(Signatures certify that information is true and accurate)

ACTIVITY LOG for the past year of training

to accompany report July 31st 20<u>19</u>

FOF OF VETERIN	Resident's / T	rainee r	name:	Jane Roe	
Date of rotation (start and finish)	Number of weeks (0.2 per day)	Category *	Specify type of rotation **	Supervising Diplomate (1 per rotation)	Supervising Diplomate's signature
06.05	2	0	DI rotation	John Doe,	
17.05.2019				DECYDI	
20.05	1	H	-010		
26.05.2019			n		
27.05	2	7 C			
07.06.2019					
03.07	0.8	CE	ECVS Annual		
06.07.2019			Meeting		
O: Oth OC: Ti CE: Co X: Ext H: Hol ** Type of rotatio medic	ime off clinics for a continuing educatio ernal rotations i.e. liday on: indicate the typ ine, pathology, dia	ons i.e. d academic on (Speci to a diffe oe of acta gnostic	c activities, resea ialist meetings or erent institution ivity i.e. clinics, e imaging) specific	g, anaesthesia, pathor rch, manuscript prepa specialty training) xternship, rotations (a courses meetings et	anaesthesia, internal c
Supervisor's Signature:				DATE:	