**European College of Veterinary Anaesthesia and Analgesia**



**Mandatory Rotation Form for ECVAA Residents**

1. **Resident name** (block capital letters):
2. **Resident email address** (*this should correspond with the address you use on the ECVAA website)* :
3. **Main ECVAA Supervisor name:**
4. **Rotation completed** – please tick only one

Veterinary intensive care (at least 2 weeks) [ ]

Veterinary cardiology (at least 1 week) [ ]

Veterinary diagnostic imaging (at least 1 week) [ ]

1. **Name of Centre** where rotation was completed:
2. **Name of rotation Supervisor with qualifications:**
3. **Dates of rotation** (if intermittent days, please include all dates):
4. I,(Name, in block capital letters), **hereby certify** that the above ECVAA Resident has completed the rotation detailed in Section 4 for the minimum required time.

Signature (rotation Supervisor): Date:

*By signing this document, you agree to your information being used as per the ECVAA Privacy Policy, which is available at* [*www.ecvaa.org*](http://www.ecvaa.org)*. If you do not agree with this Privacy Policy, please contact the ECVAA Secretary:* *ecvaa.secretary@gmail.com**.*