**ECVAA oral presentation for credentials**

*To be completed by the Residency Supervisor*

**Resident name:**

**Presentation title:**

**Presentation date:**

**Duration of presentation:**

**Audience:**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | **Subject** | Yes | No |
|  | Veterinary anaesthesia, analgesia or anaesthesia-related intensive care |  |  |
|  |  |  |  |
| 2. | **Audience**  | Y | N |
|  | Delivered to an audience wider than the Resident’s immediate team |  |  |
|  | If CPD talk or undergraduate lecture, the Supervisor or other ECVAA Diplomate attended |  |  |
|  |  |  |  |
| 3. | **Presentation type**  | Y | N |
|  | Conference abstract  |  |  |
|  | Poster presentation  |  |  |
|  | Undergraduate lecture  |  |  |
|  | CPD lecture  |  |  |
|  | Webinar  |  |  |
|  | Other, details:  |  |  |
|  |  |  |  |
| 4. | **Feedback** | Y | N |
|  | I have discussed the presentation with the Resident |  |  |

|  |
| --- |
| **Feedback given *(please complete this section):*** |
| **With my signature I attest that the presentation has been delivered satisfactorily, and that it meets the requirements set by the European College of Veterinary Anaesthesia and Analgesia.** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Supervisor’s Name:**  |  | **Signature:**  |  | **Date:**  |  |

***Resident:*** *Please save this form as* ***Surname\_Firstname\_OralPres\_Year*** *and submit it with your credentials as instructed on the credentials checklist on the website.*