***\*\*\*Please complete this application and remove or replace all the blue, italic instructions.\*\*\****

**Application to the AKC Canine Health Foundation  
for the AKC/AKC CHF Canine Sports Medicine & Rehabilitation Residency Program**

Residency Coordinator / Mentor:

|  |
| --- |
| *Name (primary contact person)*  *Organization*  *Address*  *Email*  *Phone Number* |

Residency Duration: *XX* Months (e.g. 36 months)

Residency Application Summary:

*Please summarize the canine sports medicine and rehabilitation residency statement of purpose; must include specific components of training, supervision, didactic education, and clinical experience of an accredited training program to achieve ACVSMR board-certification upon completion of training.*

**RESIDENCY APPLICATION**

1. **Status of Current Canine Sports Medicine & Rehabilitation Residency Program**

*Please provide details about the current residency program and facilities, including any internships offered. Specifically, include the number of ACVSMR diplomates on staff, program research focus (if any), duration and number of weeks required on clinics, combined degree offerings, average annual canine caseload for the prior six years, and names of prior residents (if applicable) along with their training years and ACVSMR board-certification year.*

1. **Goals and Objectives for Residents**

*Please describe the goals and objectives for residents, including educational and clinical training opportunities, service and on-call duties, inter-departmental collaboration, and research; include both clinical and/or research components.*

1. **Additional Residency Requirements**

*Please describe any additional requirements of residents, including specific coursework requirements, teaching responsibilities, publications and theses, national meeting attendance, and community and veterinary outreach.*

1. **Budget Justification**

*Please describe how the funds will be distributed/allocated to support the resident. Budget maximum $300,000 (includes maximum 8% indirect costs allowed).*

# ONGOING/PENDING/PREVIOUS CHF RESEARCH SUPPORT

1. *Include any previous or current CHF funding including grant number and title.*
2. *Provide a brief description of other related ongoing or pending research support by project title, funding source and amount approved or requested.*
3. *If a manufacturer of a drug or device may benefit financially from the results of related studies, indicate their contribution to the study.*

**LETTERS OF SUPPORT**

*Must include letters of support from the Dean and/or Dean/Associate Dean for Research. May include letters of support from Breed/Agility/Kennel Clubs and/or collaborators, if applicable. Include CV/Biosketch of primary mentor and other principal faculty. Note: A resident does not need to be selected prior to the submission of this application; however, once selected, CHF will require submission of the candidate’s resume, focused area(s) of interest in canine theriogenology, and career goals. The resident will be expected to start the residency training program in July of the year following this application.*