***\*\*\*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/TF Small Animal Theriogenology Residency**

Residency Coordinator / Mentor:

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

Residency Duration: *XX* Months (choose 24 or 36 months)

Residency Application Summary:

*Please summarize the small animal theriogenology residency statement of purpose; must include specific components in small animal clinical genetics, client genetics counseling and breeder outreach plans.*

**RESIDENCY APPLICATION**

1. **Status of Current Theriogenology Residency Program**

*Please describe the current theriogenology residency program (if present) and facilities. All applicants should include details such as (not limited to): number of ACT diplomates on staff, program research focus (if any), duration and number of weeks required on clinics, combined degree offerings, average annual small animal, and specifically canine, case load for the prior six years and names of prior residents (if applicable), years trained and year they became ACT board-certified.*

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 theriogenology and companion animal genetics (clinical and/or research) components, and must include description of opportunities to gain experience in genetic counseling for clients/breeders.*

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, breeder, and veterinary outreach.*

1. **Budget Justification**

*Please describe how the funds will be distributed/allocated to support the theriogenology resident. Budget maximum $100,000 (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 technology 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 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.*