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*\*\*\* Please complete this progress report for Interim and Final reporting and remove or replace all the blue, italic instructions. \*\*\**

**AKC Canine Health Foundation**

**Canine Sports Medicine and Rehabilitation Residency Progress Report**

|  |  |
| --- | --- |
| **CHF Grant Number** |  |
| **Project Title** |  |
| **Institution** |  |
| **Resident** |  |
| **Mentor(s)** |  |
| **Residency Start Date** |  |
| **Report Number** | *Ex: Mid Year 1, End Year 1, Mid Year 2, End Year 2, Final, etc., Final Report* |
| **Current Date** |  |

**It is the policy of AKC Canine Health Foundation (CHF) not to disclose information from progress reports of sponsored studies to any individual, club, organization, CHF grant committee member, peer reviewer or company if the information contains data that, in the opinion of the CHF or the investigator, represents a conflict of interest.**

**CHF sponsors research studies and contractually requires all investigators to provide periodic progress reports. The Foundation makes grant payments based on satisfactory progress of the study. Research progress is evaluated based on reviewing information provided by the researcher including the initial schedule of work to be performed and progress reports. These reports relate to the research methodology without drawing conclusions regarding research results.**

**CHF shares the non-confidential section of progress reports with donors who contribute to CHF a significant percentage of the cost of the study. This sharing by CHF is intended to nurture the interest of the donor in both the sponsored study and canine health research in general. Sponsors may also be in a position to assist the research in the identification of any additional dogs for the study. The policy is also designed to assure the donor that his/her money is being well spent and the CHF is closely monitoring the study.**

**\*Study Objectives**

*Restate residency objectives.*

*For each objective, please estimate a percent completion on the progress including estimated percentage time spent: seeing companion animal cases, research projects (describe), coursework, teaching, and other. If there are differences compared to the original timeline, please explain and describe how the project plan is adjusted to compensate for the differences.*

**\*Residency Report (Confidential):**

**A detailed update must be provided and all relevant data must be included.**

1. *Residency activities: Coursework, presentations, clinic time, service and on-call duties, inter-departmental collaboration, and research. Both clinical and/or research components should be described.*
2. *For research projects: Data should include results of tests or experiments, analyses (e.g. statistical) of samples, tests, experimental results, and interpretation of analyzed results. Also, include the plans for the next steps.*
3. *For teaching responsibilities: Should include courses or laboratories taught or assisted in teaching, describe interactions and outreach with veterinary students, clients, and others, publications and theses, national meeting attendance, and community and veterinary outreach.*

**\*Non-confidential, Lay language Progress Summary**

*Please provide a non-confidential, lay language progress report summary which will be distributed to grant sponsors.*

**\*Caseload Data:**

*Please provide an estimate of the number of companion sports medicine or rehabilitation cases residents are seeing monthly; must include the estimated number of canine cases, specifically.*

**\*Outcomes:**

*As a reminder, CHF must be acknowledged per the fully executed grant agreement.*

* *For Manuscripts resulting from this* *Canine Sports Medicine and Rehabilitation residency: This work was funded by the AKC/AKCCHF Canine Sports Medicine and Rehabilitation Residency Program (resident’s initials or name and grant number-E)*
* *For Conferences, Oral and Poster Presentations: In the text of the funding section on the Acknowledgements slide/conference materials: AKC Canine Health Foundation or AKC/AKCCHF Canine Sports Medicine and Rehabilitation, as appropriate.*
* *Use of Logo for Conferences, Oral and Poster Presentations:*

* *

1. **Publications:**

*List publication citations that are a result of the study. Please include papers in preparation, submitted, under review, or pre-print. Please attach copies of any publications to this report. If there are no publications, please write “None at this time.”*

1. **Technologies or Techniques:**

*Please list any inventions, patent applications, licenses, new methodologies, or new techniques that resulted from this work. Please note; patents and licenses must be disclosed per the Copyrights and Patents section of the fully executed grant agreement. If there are no technologies, please write “None at this time.”*

1. **Presentations:**

*Please list presentations given as a result of this program. Please attach any posters, abstracts or conference proceedings resulting from this work. If there are no presentations, please write “None at this time.”*

1. **Theses and Dissertations:**

*Please list any theses, dissertations, capstones, or related articles that resulted from this program. Please attach any articles to this report. If there are no theses or dissertations, please write “None at this time.”*

**Requests for CHF Assistance:**

*Please indicate if CHF could help the progress of the residency in any way.*