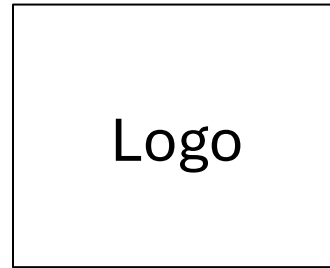


Institution or Practice Name



Department, Service, or Program

Dr. Resident Name

*Has satisfactorily completed a program in
[Recognized Veterinary Specialty]*

Start (mm/yyyy) – Completion (mm/yyyy)

Resident Advisor Handwritten Signature

Name, Resident Advisor

Program Director or Department Chair Handwritten Signature

Name, Director/Chair (if applicable)

Dean or Other Handwritten Signature

Name, Dean or other relevant signatory
(if applicable)