*Template*

****

**AUSTRALIAN AND NEW ZEALAND COLLEGE OF VETERINARY SCIENTISTS**

**Externship Proposal**

Name of proposed supervisor: .........................................................................................

Qualifications of proposed supervisor: ...........................................................................

Name of proposed externship training institution: .........................................................

Address of proposed externship training institution: .......................................................

..........................................................................................................................................

Today’s date: ………………………………………………….

To: The Training and Credentials Committee,

**Re: Externship Supervision**

I agree to act as an externship supervisor for primary discipline training for:

Name of Fellowship candidate: …..…………………………………………………….

Fellowship Subject of Fellowship candidate: ……………………………….………….

Anticipated Dates of Externship training: ………………………………………………

I hereby attest that the candidate will train full time (at least 38 hours per week) under my direct supervision and maintain an appropriately formatted activity log of cases seen on externship.

I currently work at least 25 hours per week practicing in the candidates’ primary specialist discipline and the candidate will have access to me at least 25 hours per week whilst training.

**Signed ..................................................................................**

**Dated .....................................................................................**

*Template*

****

**AUSTRALIAN AND NEW ZEALAND COLLEGE OF VETERINARY SCIENTISTS**

Externship Report

Candidate's Name:

Fellowship Subject:

Supervisor’s name and qualification: .........................................................................................

Supervisor's Position:

Qualifications of proposed supervisor:

Name of training institution externship completed at:

This is to certify that the candidate listed above attended the following externship training under my direct supervision.

|  |  |
| --- | --- |
| **Date Range** | **Activity** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total Weeks** |  |

Signed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor of Externship**

**Date:**