Extracorporeal Fellowship Training Program Application

Please refer to the ACVNU website (www.acvnu.org) for complete details on Fellowships in Extracorporeal Therapies within the American College of Veterinary Nephrology and Urology

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SECTION 1
GENERAL INFORMATION

Application Date:

Application Type: New ☐ Annual Renewal ☐

ECT Fellowship Program Name:_____

ECT Fellowship Program Length: 1 year ☐ 2 years ☐ 3 years ☐

ECT Fellowship Training Program Type: In Person ☐ Remote*☐

*Remote training program applications should document the resources available at the fellow candidate's training institution and not the training site of the Fellowship Program Director

ECT Fellowship Institution

Name:
Address:
Signed Letter of Support Included from Institution's Hospital Director ☐

ECT Fellowship Program Director

Name (with credentials):
Sponsoring institution (if different than training institution):
Email address:
Address:
Phone number:
Signed Letter of Support Included ☐

ECT Fellowship Supervising Mentors (add additional people as necessary)

Name (with credentials):
Sponsoring institution (if different than training institution):
Address:
Email address:
Phone number:
Signed Letter of Support Included ☐

Alternate Fellowship Training Site/s
-List all applicable, adding extra lines as needed.
-For any ECT fellowship, this includes planned rotations or learning opportunities at other institutions.
-For remote training programs this includes the fellow candidate's home institution.

Training Supervisor Name (with credentials):
Sponsoring institution (if different than training institution):
Address:
Email address:
Phone number:
Signed Letter of Support* Included ☐
*Letters of Support from all Alternate Training Sites must include:

A. The length of time scheduled at the site
B. The clinical training requirements that will be completed at the site
C. How the fellowship activities will be supervised: direct, indirect on site, or indirect remote

SECTION 2
EQUIPMENT AVAILABILITY and TRAINING PROGRAM EXPERIENCES

Describe major equipment available at **your institution** to support the following modalities. If not available or not used at your institution, indicate N/A.

Intermittent hemodialysis:

Water purification:

Continuous renal replacement therapy:

Carbon or synthetic polymer hemoperfusion:

Plasma adsorption:

Other adsorptive therapies:

Therapeutic plasma exchange:

Cytapheresis:

Other therapies:

Training Institution's Approximate Annual Caseload		
	# of Patients	**# of Treatments**
Kidney Therapies		
Toxicities		
Apheresis		

Describe major equipment available at all **Ancillary Sites** to support the following modalities.

Site Name: _____

Intermittent hemodialysis:

Water purification:

Continuous renal replacement therapy:

Carbon hemoperfusion:

Plasma adsorption:

Other adsorptive therapies:

Therapeutic plasma exchange:

Cytapheresis:

Other therapies:

Ancillary Site's Approximate Annual Caseload		
	# of Patients	**# of Treatments**
Kidney Therapies		
Toxicities		
Apheresis		

Clinical Training Experiences
Fellow candidates maintain a case log available for review upon request
Yes ☐ No ☐

Fellow candidates maintain a procedure log available for review upon request
Yes ☐ No ☐

Fellow candidates attend weekly rounds
Yes ☐ No ☐
If no, at what interval? _____

Mastery of benchmarks logged by rubric
Yes ☐ No ☐

Hemodialysis Academy
Is Hemodialysis Academy participation mandatory in your program?
Yes ☐ No ☐
If no, explain alternate didactic training module.

Additional Training Experiences
Describe experiences that are routinely available and indicate if your program requires participation.

Journal Club:

Didactic Review Sessions:

Clinical Case Conferences:

Research and Publication:

Continuing Education:

Fellow Candidate Review

Fellow candidates meet with their Primary Mentor biannually to review progress and performance.
Yes ☐ No ☐
If no, describe your review process.

A written summary of the biannual evaluation is recorded.
Yes ☐ No ☐

Training Timeline
Please provide the training program structure and proposed calendar of progression through the fellowship. This should include expected benchmarks for the trainee to complete clinical proficiencies, didactic training, and research projects/publications.

SECTION 3
ECT FELLOWSHIP CANDIDATE INFORMATION

Current Fellow Candidates:

Please list all current fellow candidates within your training program. Include their start date, projected end date and the name of their primary mentor.
Note: A primary mentor may only train 2 fellow candidates concurrently.

Candidate Name	Start Date	End Date	Primary Mentor
1.			
2.			
3.			
4.			

Previous Fellow Candidates:

Please list all previous fellow candidates that have started your program. Include their start date, end date, and whether they successfully completed the program.

Candidate Name	Start Date	End Date	Successful Y/N
1.			
2.			
3.			
4.			

Please submit the completed application to info@acvnu.org c/o Attention: ECT Fellowship Training Program Application

If you have any questions or need further assistance, please contact: Summer Cota at summer.cota@acvnu.org.