Monday, January 31, 2022

# ACVR Diagnostic Imaging Residency Training Program Application

This application is required for institutions desiring ACVR accreditation of a new residency training program and for institutions requesting re-accreditation of an existing program.
Before beginning the application process, all applicants should review the most recent version of the ACVR Residency Program Essential Training Standards and Requirements(RPE) document (accessed from the Essentials Homepage) in detail. Use the RPE as a reference when completing the application form, as the contents you provide herein will be evaluated by the Residency Standards and Evaluation Committee (RSEC) against the published RPE standards. This application form follows the headings of the RPE. All terms used in this application have same definitions as those in the RPE, and no information provided in the application form itself will supersede that published in the RPE.
During the application review process, the Chair or Assistant Chair of the RSEC may contact the applicant for additional information or clarification.
***Note: If you wish to save your submission and complete it later, click the save button located at the bottom of the pages. You will be emailed a link to complete your form at a later date.***

# ACVR Residency Training Program Application

## Program Summary

The Residency Director of the program is expected to be the primary applicant and contact person for this application. The Residency Director must be located at the primary training institution.

| | |
|---|---|
| **Institution Name** | Texas A&M University |
| **Residency Program Director Name** | Lindsey Gilmour |
| **Residency Program Director Email** | lgilmour@cvm.tamu.edu |

## Program Type

**What type of residency program is being requested?**

Alternative Residency Program

**If this is an alternative residency program, please name the specific individual for whom the residency program has been designed.**

This is a proposed alternative residency for two specific individuals:
Beth Boudreau, DVM, DACVIM (Neurology)
Sarah Sampson, DVM, DACVS-LA, DACVSMR-LA

**If approved, what is the proposed start date of this residency program?**

Friday, July 15, 2022

## Objectives

**Succinctly state the objectives of the training program.**

The diagnostic imaging residency is a five-year program designed to prepare the individuals for

successful completion of the American College of Veterinary Radiology (ACVR) qualifying and certifying exams and for competent entry level skills as a radiologist in any field including academia, private practice, or teleradiology. This program is designed to meet or exceed all specifications mandated for training by the ACVR while the individuals continue providing clinical service in their existing departments (Small Animal Neurology and Equine Sports Medicine) for the duration of the program.

## Training Period

**What is the total length of the training program?** 60

**What is the anticipated length of supervised clinical training a resident will experience during this program?** 30

**Will the resident(s) in this program be eligible to take the ACVR Preliminary Exam in September of their third year?** No

**If not, please state the reason.**

This program is extended to a maximum of 5 years so that individuals can continue performing clinical duty in their existing service areas (Small Animal Neurology and Equine Sports Medicine) for the duration of the residency. With the proposed schedule, the residents will be eligible for preliminary board exams by mid-October of their fourth year (2025) with plans to sit the spring administration (Februrary-ish 2026). Pending performance on prelims, the residents could be eligible for the certifying board exam by April of their fifth year (2027) with plans to sit the exam in August 2027.

**What are the responsibilities of the resident(s) during non-clinical portions of the program?**

Between 5.5-6.0 months of the program are designated for radiology related research, teaching, studying, and vacation. The remainder of the time will be dedicated to clinical duty in the residents' existing service areas (Small Animal Neurology and Equine Sports Medicine).

# ACVR Residency Training Program Application

## Direction and Supervision

When calculating time commitment in this section, you may consider a 100% (full time) duty schedule to consist of 48 weeks per year with 8 hours per day or 40 hours per week.

## Residency Director

Please review the Residency Director requirements and responsibilities in the ACVR Residency Program Essential Training Standards and Requirements (RPE) document. Note that the Residency Director will be required to provide at least 24 weeks of clinical duty per year in primary support of residents in this program and to meet all other qualifications of a Supervising Diplomate.

**Is the applicant Residency Director for this program prepared to meet these requirements?** Yes

| | |
|---|---|
| **What percentage of the Residency Director's time is committed to clinical service at the primary training institution?** | 60 |
| **How many weeks per year will the Residency Director be on clinical service and teaching residents at the primary training institution?** | 29 |

# ACVR Residency Training Program Application

## Additional Training Diplomates

Please review the definitions and responsibilities of Supervising Diplomate and Supporting Diplomate in the RPE document. Note that Supervising Diplomates will be required to provide at least 10 weeks of clinical duty in primary support of residents in this program, and are expected to participate in all facets of residency training. Supporting Diplomates aid in residency training, but provide support that is limited, as by modality (e.g. only works in ultrasound), time commitment (e.g. clinical duty < 10 weeks per year), or other constraints that prevent them from qualifying as a Supervising Diplomate.
Provide a copy of affiliation agreements with any diplomates that are located at an external institution (see Affiliation Agreement item at the end of this section).

**Excluding the Residency Director, please list all training diplomates who will act as Supervising Diplomates of this residency program. Indicate the approximate number of hours per year each supervisor will be scheduled on clinical duty with primary support of residents and, if applicable, any specific areas of instructional responsibility (e.g. trains mostly in small animal, trains mostly in MRI, etc). If a 'Supervising Diplomate' position will be comprised of multiple radiologists, please list the cohort as a single entity or institution for this question (e.g. "teleradiologists" or private institution name)**

Name: Christine Gremillion

Hours/Year: ~1190

Specific Areas and/or Limitations of Instructional Responsibility: no limitations

Institution: Texas A&M University

Name: Jay Griffin

Hours/Year: ~675

Specific Areas and/or Limitations of Instructional Responsibility: no limitations

Institution: Texas A&M University

Name: Andra Voges | Hours/Year: ~675

Specific Areas and/or Limitations of Instructional Responsibility: small animal only

Institution: Texas A&M University

Name: Lauren Russell | Hours/Year: ~400

Specific Areas and/or Limitations of Instructional Responsibility: no limitations

Institution: Texas A&M University

**Please list all training diplomates who will act as Supporting Diplomates of this residency program. Indicate how many hours per year each Supporting Diplomate will be scheduled on clinical duty with primary support of residents and any specific areas of instructional responsibility and/or limitations in the scope of this support (e.g. only trains residents in ultrasound, does not participate in large animal training, does not finalize imaging reports, etc).**

Name: Jaime Sage | Hours/Year: ~320

Specific Areas of Instructional Responsibility: small animal ultrasound

Institution: Sage Veterinary Imaging

In addition to ACVR/ECVDI Diplomates, the program must arrange for the resident(s) to have direct access to specialists in other areas. Please identify one member in each of the specialty colleges listed below that has agreed to support this program through clinical activity that allows regular interactions between the specialist and the diagnostic imaging residents (e.g. discussion of diagnostic work up, imaging findings, or patient outcomes, and/or participation in interdisciplinary rounds, etc). Indicate whether the specialist is located on-site at the primary institution at an external institution. Provide a copy of affiliation agreements with any non-ACVR/ECVDI diplomates that are located at an external institution (see Affiliation Agreement section at the end of this application). Upon completion of this application, the below individuals will receive an email requesting acknowledgement of their support of your residency program.

| | |
|---|---|
| **ACVIM Member Name** | Audrey Cook |
| **ACVIM Member Institution** | Texas A&M University |
| **ACVIM Member Email** | akcook@cvm.tamu.edu |
| **ACVS Member Name** | Kelley Thieman |
| **ACVS Member Institution** | Texas A&M University |

| | |
|---|---|
| **ACVS Member Email** | kthieman@cvm.tamu.edu |
| **ACVP Member Name** | Mark Johnson |
| **ACVP Member Institution** | Texas A&M University |
| **ACVP Member Email** | mjohnson@cvm.tamu.edu |
| **Upload any affiliation agreement(s) with Supervising Diplomates, Supporting Diplomates, or Diplomates in other specialties that are located at external institutions. (see Affiliation Agreement section at the end of this application.) Refer to the RPE document for an explanation of what information should be included in such agreements.** | pdf TAMU US Alt Track Agreement - Sage Veterin... |

# ACVR Residency Training Program Application

## Resident:Supervising Diplomate Ratio

The number of residents in the program cannot exceed twice the number of Supervising Diplomates ***on-site***. Remote Supervising Diplomates will not count when calculating the maximum residents allowed in a given program.

| | |
|---|---|
| **What is the maximum number of imaging interns you will have enrolled in this training program at any given time?** | 0 |

# ACVR Residency Training Program Application

## Facilities

Review the Facility Requirements listed in the RPE document. Note also that residents should have opportunities to be involved with image acquisition and protocol set-up.
Does this residency training program provide on-site access to modern equipment for the following modalities?

| | |
|---|---|
| **Digital or Computed Radiography** | Yes |
| **Fluoroscopy** | Yes |
| **Ultrasound with Doppler Capability** | Yes |
| **MRI** | Yes |
| **Fan-beam CT** | Yes |

| | |
|---|---|
| **Nuclear scintigraphy** | Yes |

**Briefly describe how this program meets the facility requirements, including the specific type of CT and MRI units available. Explain how your program will train residents in modalities for which equipment is not located on site, providing affiliation agreements if applicable. (see Affiliation Agreement item at the end of this section)**

Our hospital is comprised of 3 main areas, including the small animal hospital (SAH), large animal hospital (LAH), and shared species diagnostic imaging & cancer treatment center (DICTC). All radiographic suites are equipped with VetRocket Direct Digital Radiography units and connect to a PACS. In the SAH, there are 2 standard radiographic rooms used for routine radiography and 1 special procedures room that houses a digital fluoroscopy system (GE OEC 9800). Ultrasound machines in routine clinical use include two Samsung RS80, one Siemens S2000, and multiple Phillips Lumify portable handheld units. Our standard high-end ultrasounds (Samsung & Siemens units) have color flow, spectral, and power Doppler capabilities, while the portable Lumify has color flow. In our on-site DICTC, there is a 40-slice Computed Tomography unit (Siemens Somatom Definition AS) and 3T MRI unit (Siemens Verio). These machines and the facility are used for the scanning of both small and large animal patients. In the LAH, there are 3 rooms for standard radiographic imaging which employ the use of Eklin Direct Digital systems. Our on-site nuclear medicine facility provides service for both large and small animal patients (Ultrascan IS2 large animal system with Mirage software; this is on deck to be updated in 2022). This unit, along with all other modalities, is connected to the PACS. In 2021, we moved to Mach7 PACS with a web-based clinical image viewer (EUnity). In addition to clinical spaces described above, residents may also have training and research opportunities at the Texas A&M Institute for Preclinical Studies (TIPS) with equipment including 128-slice CT and PET/CT Time-of-Flight with respiratory and cardiac gating (https://tips.tamu.edu/).

**Please describe how residents will gain experience in image acquisition and protocol set-up for each of these modalities (excluding nuclear medicine).**

During the first 2 months of the program, residents are trained in DR, CT, and MR acquisition to a level of competency for running after hours imaging studies. Residents are periodically assigned to “image acquisition days” for additional CT/MR training with our technical staff, which amounts to an additional 3-6 days of training per year for the remainder of the program. (See DICTC Resident column in the sample schedule spreadsheet.) Diplomate-supervised training in ultrasound and fluoroscopy acquisition is ongoing throughout the program.

# ACVR Residency Training Program Application

## Clinical Resources and Training Content

Review the clinical resource and training content requirements listed in the RPE document

| | |
|---|---|
| **What is the average annual caseload at the primary institution over the past 3 years? This number will include all patient visits whether or not they contribute to the annual imaging caseload.** | 28389 |
| **What is the average annual imaging caseload at the primary institution over the past 3 years? Each body region imaged for a given patient (e.g. thorax, abdomen, spine, etc) will count as a single study.** | 16720 |

What is the average annual imaging caseload at the primary institution over the past 3 years in the following categories?

| | |
|---|---|
| **Small animal radiology** | 8268 |
| **Large animal radiology** | 3357 |
| **Abdominal ultrasound** | 2131 |
| **Non-abdominal ultrasound** | 50 |
| **Computed tomography** | 2045 |
| **Magnetic Resonance Imaging** | 814 |
| **Nuclear scintigraphy** | 55 |
| **Indicate the approximate species breakdown of the imaging caseload at the primary institution in the following categories:** | Small animals (canine, feline): 78%<br>Large animals (equine, bovine, porcine, etc.): 20%<br>Avian, Exotic, and Wildlife animals: 2% |

Which of the following types of imaging cases will the resident(s) have direct, on-site exposure to at the primary institution during the residency program?

| | |
|---|---|
| **Echocardiography** | Yes |
| **Large animal ultrasound** | Yes |
| **Nonabdominal small animal ultrasound (i.e. cervical, musculoskeletal)** | Yes |
| **Food/fiber animal imaging** | Yes |
| **Exotics imaging** | Yes |
| **Teleradiology/Referral imaging** | Yes |

**Explain how the resident(s) in this program will gain experience in any of the above types of imaging cases that are NOT available at the primary institution. Provide affiliation agreements, if applicable. (see Affiliation Agreement item at the end of this section).**

Per Affiliation Agreement uploaded under Supporting Diplomates section, our residents in this ALTERNATIVE program, specifically, will receive nearly 100% of their ultrasound training with Jaime Sage, DVM, DACVR +/- associated diplomates at Sage Veterinary Imaging. Dr. Sage has a high enough ultrasound caseload to support both alternative track individuals. In addition to Dr. Sage's training, our residents will participate in Ultrasound rounds and limited ultrasound service weeks at Texas A&M, and they will also be participating in after hours ultrasound at Texas A&M. Residents will be asked to keep

case logs of ultrasound performed with Dr. Sage so that numbers can be supplemented with additional faculty-supported rounds, etc. if needed throughout the program.

# ACVR Residency Training Program Application

**What percentage of the total imaging caseload at the primary institution results in a written imaging report being generated by either the residents or the training radiologist diplomates in this program?**

99

**What percentage of the preliminary reports generated from the imaging caseload are initially produced by the resident(s) in this program?**

98

**Does this institution concurrently support the training of diagnostic imaging interns?**

No

**What percentage of resident-generated reports are reviewed by training diplomates prior to finalization of the report?**

99

**What is the average turnaround time for resident-generated preliminary reports to be finalized by training diplomates?**

24-36 hours

**What percentage of all imaging reports (resident and diplomate generated) is finalized and available to requesting clinicians within 48 hours after the exam is submitted for radiologist consult?**

98

**Please describe how after-hours/weekend/holidaycases are handled at the primary institution. How does this affectresident-reported imaging caseload?**

We have a resident and a senior faculty member designated on-call for after-hours, weekend, and holiday coverage for both the Small and Large Animal Hospitals. To minimize the number of times our residents and faculty are called over a given week, small animal attending clinicians are required to send after-hours radiographs to a teleradiology service OR wait until the next business day for a TAMU report. Our residents are not called to provide opinions on these cases unless the teleradiology service misses their promised STAT turnaround time or the clinician would like a second opinion on a teleradiology report. Advanced imaging (US, CT, MR, fluoroscopy etc) and large animal after-hours cases are never sent to teleradiology and TAMU residents/faculty are available for consults (and reporting) as needed. TAMU residents are never on call without senior faculty backup. The resident-reported imaging caseload at Texas A&M is reduced by ~275 small animal radiograph cases per year, which is negligible in terms of reporting minimums as required by RSEC.

For each category below, calculate the approximate number of cases that a single resident will interpret at the primary institution with radiologist feedback during the course of the entire residency program.

These numbers should be calculated using the annual imaging caseload adjusted to include only those with written reports generated by the residents. In general, this number should then be divided by the total number of residents in a program during a given year.
If external rotations for the resident(s) are employed to increase the resident caseload in any given category, please be sure to upload affiliate agreements that include the expected number of reports that residents can expect to generate (with radiologist feedback) for cases in these categories.

| | |
|---|---|
| **Small animal radiology** | 4000 |
| **Large animal radiology** | 1624 |
| **Abdominal ultrasound** | 1000 |
| **Non-abdominal ultrasound** | 50 |
| **Computed tomography** | 990 |
| **Magnetic resonance Imaging** | 393 |
| **Nuclear scintigraphy** | 26 |
| **How many ultrasound exams will a single resident perform with radiologist supervision and feedback during the course of the entire program? Scans for which the resident writes a report but does not acquire images are excluded.** | 1050 |
| **Do residents in this program have ample hands-on training and practice opportunities to become proficient in the performance of ultrasound guided fine needle aspirates and biopsies?** | Yes |

Please indicate whether this training program includes formal courses in any of the following topics:

| | |
|---|---|
| **Physics of Diagnostic Imaging** | No |
| **Radiobiology** | No |
| **Nuclear Medicine** | No |
| **Ultrasonography** | No |
| **Computed Tomography** | No |
| **Magnetic Resonance Imaging** | No |

**Other** No

**Briefly describe the formal courses that are available for the resident(s) in this program by indicating the institution, course title, course number, and credit hours as well as any other relevant information. For any topics for which formal course work is not provided for the resident(s), please explain how educational objectives in these topics will be met.**

No formal didactic training will be required. Instead, our program has 6 routinely scheduled mock exams that, in total, have a scope covering the entirety of ACVR examination objectives. Residents are provided an exam schedule and time off clinics for directed study. The program has an extensive network drive filled with study resources. Residents are also encouraged to participation in ITEC mock exams as they are developed.

**Do residents have access to a majority of the written pathology reports that are generated from patients included in this imaging caseload?** Yes

**Will the resident(s) in this program attain an advanced degree (MS, PhD) at the conclusion of the program?** No

# ACVR Residency Training Program Application

## Research Environment

Review the Research Requirements listed in the RPE document.

**Over the last five years, what is the average number of peer reviewed publications on which the training diplomates (Supervising and Supporting diplomates) of this program are included as authors? (total number of publications in last 5 years among all training diplomates divided by the number of training diplomates)** 5

**How many peer-reviewed publications are expected of a resident completing the program?** 1

**If this is an established program, what percentage of residents have made formal research presentations at the annual ACVR or equivalent national meeting?** 77.8

**Briefly describe if/how residents are encouraged to engage in investigative work and what mechanisms are in place for training diplomates to support this work.**

These specific alternate program residents are highly accomplished clinical researchers already. They will be expected to write a diagnostic imaging research proposal which will be evaluated by a

committee of at least three faculty members (one member must be a radiologist). The committee should be selected by December of the first year and the proposal should be submitted to the committee by February of the first year. The research should be completed during the second year and a manuscript should be written and submitted to a refereed publication by the end of the third year. Residents are assigned a faculty radiologist to mentor the resident through the project (and serve as co-author). Resident research is also supported via departmental resident research grant opportunities and a productive group of clinical and non-clinical faculty with an array of career interests.

# Educational Environment

Review the Educational Environment expectations listed in the RPE document.

**Please list and enumerate the formal presentations that are expected of each resident during the course of their training. In general, didactic lectures, departmental seminars, scientific presentations, Continuing Education presentations, and similar are considered "formal". Informal topic rounds, journal club, small group teaching (like student rounds), student labs, and similar events should not be included.**

3 scientific research departmental seminars are required; additional presentations are listed below.

**Briefly describe the type and extent of teaching opportunities that are provided to the resident throughout the training program.**

at least 1 pre-clinical lab per semester (~1-2 per year)
+/- 1 pre-clinical didactic lecture per year
intermittent leadership in 4VM clinical student rounds (~1 per year per resident)
small animal clinical house officer radiology rounds (~1-2 per year per resident)
diagnostic imaging topic rounds (1 assigned topic per year)

**Briefly describe the nature and scope of the teaching file available to the resident(s) in this program and how it is maintained/updated.**

Board preparation materials are filed electronically in a network drive available for access via home or work computers. We have a robust medical sciences library system with excellent librarians who are keen on training in file organizational tools such as EndNote, etc. Our medical records system is fully searchable by master problem list, imaging modality, species, admission service, and radiologist (among a host of other things). Residents keep a shared, network-drive accessible spreadsheet with case numbers, modality type, and diagnoses. Faculty maintain personal image databases to use in resident, clinical student, and pre-clinical student teaching. Cases are added to each of these teaching lists periodically. Images from our PACS can be downloaded and saved as DICOM or JPG files as desired by anyone with access.

**How many Known Case Conferences are conducted annually?** 12

**Describe the nature and frequency of resident rounds ("other educational events") planned for this program. You may upload an example schedule with the general program schedule that is requested at the end of this application.**

*The KCC number above is decreased to account for the protracted length of the program. KCC is routinely given every 2 weeks and we plan on 20 KCC per year for our standard program. These residents will essentially be ~0.6FTE, so 20 x 0.65 = 12 per year. Participation by alternative residents in any of the below educational events would be reduced by a similar factor to account for the weeks during which the resident is not on our diagnostic imaging service.

- Journal club - weekly
- KCC - every 2 weeks
- Large Animal Advanced Imaging - every 2 weeks; interdisciplinary rounds w/ large animal surgery and sports med/rehab services +/- internal medicine

- Neuroimaging - monthly, interdisciplinary rounds w/ neurology service
- "Follow Up Friday" - monthly radiology/pathology correlation rounds
- Board Objective Rounds - monthly; hosted by senior residents with quiz-style geared towards second year residents in prep for preliminary exams
- "Ultrasound Merry Go Round" - monthly focused, hands-on skill building for specific small and large animal topics (e.g. July - peripheral lymph nodes; Aug - Thyroid/Parathyroid; Sept - Hepatic Portal Flow; Oct - Cranial Mediastinum; Nov - Renal Resistive Index; Dec - Ureterovesicular junction; Jan - shoulder; Feb - SA ocular; Mar - SA calcaneal tendon; Apr - echocardiography, etc)
- Special topic rounds - quarterly, resident presented (e.g. MRI Appearance of Suspensory Ligament Injury; MRI Appearance of Bone Injury, etc).

**Describe how the resident(s) in this program will attain direct and consistent medical library access and/or how they will access research tools and medical literature including the suggested references listed in the ACVR Preliminary Examination study guide.**

Texas A&M has a robust library system that includes a wide array of electronic textbook resources in addition to medical periodical literature that covers the extent of the references suggested by the ACVR Exam Committee. We have excellent remote and on-site librarian services for literature review, periodical retrieval, intercampus mail/delivery, and extra-campus borrowing, etc. The medical library is physically located directly across the street from our hospital and is connected by an underground tunnel hallway. All campus libraries are also accessible with searchable electronic databases. The diagnostic imaging team also has a library of hard cover books that may not be available electronically through the library.

# ACVR Residency Training Program Application

## Evaluation and Protection of Residents

**For existing programs, list the names, email contact information, and start/end dates of your current residents.**

n/a

**Did all of your current residents adequately complete the last 6 months of training?**

No current residents

**List the current members of the resident review committee.**

Lindsey Gilmour, DVM, DACVR-DI, DACVR-EDI
Christine Gremillion, DVM, DACVR-DI, DACVR-EDI
Andra Voges, DVM, DACVR-DI
Lauren Russell, DVM, DACVR-DI, DACVR-EDI
Jay Griffin, DVM, DACVR-DI, DACVR-EDI

**Describe the internal mechanisms in place at your institution to protect the resident(s) if personal or organizational conflicts arise. Include the management hierarchy for residents and procedures by which residents would report workplace misconduct.**

Residents are invited to share grievances at any time (especially as they arise) with the Residency Program Director or Department Head. The residents are also provided an opportunity for formal program evaluation once per year. The Residency Director serves as a direct clinical supervisor, with the Department Head followed by the Dean serving next-level supervisors. If residents need to report workplace misconduct, they would be encouraged to talk to the residency director, any of the attending faculty, the hospital administration, and/or make use of campus resources through established means as outlined by our campus: https://employees.tamu.edu/employee-relations/report.html

The university has robust resources aimed at assisting employees in the following areas: mental health

counseling services, alcohol and drug abuse, crisis intervention, and workplace violence prevention. In addition, there are University-mandated online training modules that inform residents to whom they should report instances of inappropriate behavior or discrimination. More information can be found at: https://employees.tamu.edu/resources/index.html

# ACVR Residency Training Program Application

## Appendix

Please provide the following information regarding preliminary and certifying board exam pass rates for residents in your program over the past five years.

## Preliminary Board Exam Pass Rate

**2020**

Number Of Prelim Board Eligible Residents: 0

Number of Residents That Took Prelim Exam: 0

Number of Residents That Passed On 1st Attempt: 0

Number of Residents That Passed After Multiple Attempts: 0

Number of Residents That Have Not Passed: 0

**2019**

Number Of Prelim Board Eligible Residents: 0

Number of Residents That Took Prelim Exam: 0

Number of Residents That Passed On 1st Attempt: 0

Number of Residents That Passed After Multiple Attempts: 0

Number of Residents That Have Not Passed: 0

**2018**

Number Of Prelim Board Eligible Residents: 0

Number of Residents That Took Prelim Exam: 0

Number of Residents That Passed On 1st Attempt: 0

Number of Residents That Passed After Multiple Attempts: 0

Number of Residents That Have Not Passed: 0

**2017**

Number Of Prelim Board Eligible Residents: 0

Number of Residents That Took Prelim Exam: 0

Number of Residents That Passed On 1st Attempt: 0

Number of Residents That Passed After Multiple Attempts: 0

Number of Residents That Have Not Passed: 0

**2016**

Number Of Prelim Board Eligible Residents: 0

Number of Residents That Took Prelim Exam: 0

Number of Residents That Passed On 1st Attempt: 0

Number of Residents That Passed After Multiple Attempts: 0

Number of Residents That Have Not Passed: 0

## Certifying Board Exam Pass Rate

**2020**

Number of Certifying Board Eligible Residents: 0

Number of Residents That Took Certifying Exam: 0

Number of Residents That Passed On 1st Attempt: 0

Number of Residents That Passed After Multiple Attempts: 0

Number of Residents That Have Not Passed: 0

**2019**

Number of Certifying Board Eligible Residents: 0

Number of Residents That Took Certifying Exam: 0

Number of Residents That Passed On 1st Attempt: 0

Number of Residents That Passed After Multiple Attempts: 0

Number of Residents That Have Not Passed: 0

**2018**

Number of Certifying Board Eligible Residents: 0

Number of Residents That Took Certifying Exam: 0

Number of Residents That Passed On 1st Attempt: 0

Number of Residents That Passed After Multiple Attempts: 0

Number of Residents That Have Not Passed: 0

**2017**

Number of Certifying Board Eligible Residents: 0

Number of Residents That Took Certifying Exam: 0

Number of Residents That Passed On 1st Attempt: 0

Number of Residents That Passed After Multiple Attempts: 0

Number of Residents That Have Not Passed: 0

**2016**

Number of Certifying Board Eligible Residents: 0

Number of Residents That Took Certifying Exam: 0

Number of Residents That Passed On 1st Attempt: 0

Number of Residents That Passed After Multiple Attempts: 0

Number of Residents That Have Not Passed: 0

## Program Schedule

Upload a schedule for your residents that outlines their clinical and non-clinical work over the course of the residency program. This may be a master schedule or duty roster for your entire radiology section, if desired. If available, an example weekly or monthly rounds schedule can also be included.

**Program Schedule**

pdf AltRes Schedule EXAMPLE.pdf

## Affiliation Agreements

Upload digital copies of any affiliation agreements that have not been included elsewhere in this document. Refer to the RPE document for an explanation of what information should be included in such agreements.

pdf Combined CVs.pdf