



Internship/Observation Form

Application Registration Number: _____

Option 1: Up to 45 hours of internship/observation with a qualified evaluator providing anesthesia/pain management services. The candidate must submit a letter describing the characteristics and capabilities of the pain management services being provided. The mentor/observer is required to document the dates and hours the candidate is on their service using the below record.

Option 2: Up to 20 hours of internship/observation with a qualified evaluator providing rehabilitation or acupuncture related services. The mentor/observer is required to document the dates and hours the candidate is on their service using the below record.

Qualified evaluators must be a Diplomate of the American College of Veterinary Specialists, the European College of Veterinary Specialists or the American Board of Veterinary Practitioners. Alternatively, they may be certified through one of the following advance training programs:

- CVPP
- CVA
- CCRP
- CCRT
- VTS in Anesthesia/Analgesia and/or Emergency Critical Care

Date	# of Hours	Skill Observation/Practice	Evaluator Signature

Evaluator's Printed Name: _____

Evaluator's Signature: _____

Address: _____

City: _____ State: _____ Country: _____ Zip: _____

Degrees/Specialties/Certifications (please specify certification program):

Practice: _____ Email Address: _____