ACVR 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 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
University of Georgia

Residency Program Director Name
Michael Perlini

Residency Program Director Email
michael.perlini25@uga.edu

Program Type

What type of residency program is being requested?
Traditional Residency Program

If approved, what is the proposed start date of this residency program?
Monday, March 1, 2021

Objectives

Succinctly state the objectives of the training program.
To provide training in all aspects of the field of veterinary diagnostic imaging through clinical experience and teaching while fulfilling the requirements of the American College of Veterinary Radiology. It is designed for residents to become competent in small and large animal diagnostic
radiology, ultrasound, computed tomography, magnetic resonance imaging, and nuclear medicine and to prepare them for a successful career in academia, private practice, and/or teleradiology.

### Training Period

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

38

**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?**

Yes

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

Off-clinic time is divided approximately as follows:

1. Cardiology rotation: 3 weeks
2. ACVR preliminary exam study: 6 weeks
3. ACVR certifying exam study: 2 weeks
4. ACVR Annual Conference: 1-2 weeks (residents go once or twice over the course of the residency, typically the year they are ready to present their research)
5. Vacation: 2 weeks/year
6. DEC/JAN holidays: 1 week/year
7. Additional time may be available for a research project depending on resident interest and staffing.

### 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?**

75
How many weeks per year will the Residency Director be on clinical service and teaching residents at the primary training institution?

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Additional Training Diplomates

Please review the definitions and responsibilities of Supervising Diplomat and Supporting Diplomat 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 Diplomat.

Provide a copy of affiliation agreements with any diplomates that are located at an external institution (see Affiliation Agreement section at the end of this application).

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 Diplomat’ 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: Robson Giglio

Hours/Year: 50% clinical appointment providing primary support of residents = approximately 1,040 hours/year

Specific Areas and/or Limitations of Instructional Responsibility: Trains in all areas, will be a full time faculty member at UGA starting by July 1, 2021.
<table>
<thead>
<tr>
<th>Name</th>
<th>Hours/Year</th>
<th>Specific Areas and/or Limitations of Instructional Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heather Chalmers</td>
<td>One of the Vet CT virtual radiologists running the UGA Diagnostic Imaging Service and providing primary support of residents 1 week/month = total for VetCT will be approximately 480 hours/year</td>
<td>Because VetCT is virtual, they do not supervise ultrasound, otherwise, they train in all areas.</td>
</tr>
<tr>
<td>Lorrie Gaschen</td>
<td>One of the Vet CT virtual radiologists running the UGA Diagnostic Imaging Service and providing primary support of residents 1 week/month = total for VetCT will be approximately 480 hours/year</td>
<td>Because VetCT is virtual, they do not supervise ultrasound, otherwise, they train in all areas.</td>
</tr>
<tr>
<td>Browen Childs</td>
<td>One of the Vet CT virtual radiologists running the UGA Diagnostic Imaging Service and providing primary support of residents 1 week/month = total for VetCT will be approximately 480 hours/year</td>
<td>Because VetCT is virtual, they do not supervise ultrasound, otherwise, they train in all areas.</td>
</tr>
</tbody>
</table>

If any Supervising Diplomate position is comprised of >1 radiologist, list each individual member of the Supervising cohort here. Indicate the approximate percentage of hours each individual will contribute to the total cohort hours listed above as well as any specific areas of instructional responsibility and/or limitations in the scope of supervision (e.g. does not participate in ultrasound instruction;
only trains residents in large animal, etc).

Name: Lorrie Gaschen

% of Hours: 60% of VetCT ~480 hours/year

Specific Areas of Instructional Responsibility: All areas except ultrasound

Name: Bronwen Childs

% of Hours: 20% of VetCT ~480 hours/year

Specific Areas of Instructional Responsibility: All areas except ultrasound

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: Cody Laas

Hours/Year: Full day the first Tuesday of each month and 5 hours/day, the remaining Tuesdays of each month = approximately 23 hours/month = approximately 276 hours/year

Specific Areas of Instructional Responsibility: Three weeks of the month, Dr. Laas trains residents primarily in small animal ultrasound, but he helps in other areas as time permits. The fourth week of the month, Dr. Laas works a full day and trains in all areas of small animal diagnostic 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. Upon completion of this application, the below individuals will receive an email requesting acknowledgement of their support of your residency program.

ACVIM Member Name: Joe Bartges
ACVIM Member Institution: University of Georgia
ACVIM Member Email: jbartges@uga.edu
ACVS Member Name: Chad Schmiedt
ACVS Member Institution: University of Georgia
ACVS Member Email: cws@uga.edu
ACVP Member Name: Elizabeth Howarth
ACVP Member Institution: University of Georgia
ACVP Member Email: howerth@uga.edu

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Resident:Supervising Diplomate Ratio

The number of residents in the program cannot exceed twice the number of ACVR/ECVDI Supervising Diplomates on-site.

What is the maximum number of residents you will have enrolled in this training program at any given time? 4

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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 section at the end of this application.)

Diagnostic Radiology
Small Animal Rooms (3): RadPRO Elite XM Overhead Suspension with 400KHU X-ray tube and manual
collimator with Canon CXDI-70C digital detectors, and RadPRO Elite XM 4-way float elevating table with dual mode 70 series docking station. RadPRO 80kW 3-phase 480V integrated DR generator: 0-150 kVp, 10-800 mA, 1 ms-10s.

Small Animal Radiology/Fluoroscopy Room: RadPRO D2-50RF Digital Dynamic Radiographic System with CanonCXDI-50RF dynamic/static detector. Rad: 40-150kV, 10-150kV, 10-800mA, 1ms-10s. Fluoro-40-120kV, 0.5-5mA (low dose) up to 7mA.

Large Animal Radiology Room: CPI Indico 100 RAD 100 kW, with Canon CXDI-70C OEM Detector.

Portable Units: RadPRO Mobile 40kW digital x-ray system, used with the Canon CXDI-70C OEM detector. MinX-ray machine HF80/15+dip, 80kVp, 15mA with lighted collimator. Sound Sprint AIR DR Portable system, Eklin EDR5 MarkV.

Other Equipment: Fuji Smart CR, AGFA Drystar Axys printer and AFP imaging Mini Medical automatic processor.

Ultrasound
Toshiba Xario with full range of transducers.
GE LOGIQ- with full range of transducers and contrast enhanced ultrasound capability.

Computed Tomography
Siemens Somatom Sensation 64 slice scanner with Equus CT large animal table. Medrad Stellant automatic power injector.

Nuclear Medicine

Interventional Radiology: OEC 9900 Elite digital mobile high-resolution motorized C-arm with 12” image intensifier, 15kW generator for pulsed cone bolus chasing, digital subtraction angiography and road mapping. Large animal accessible.

Radiation Therapy
Triology (Varian) linear accelerator with 6MV x-ray beams, electron beams and HD multi-leaf collimator with six degrees of freedom couch. Supported by Varian Eclipse computerized radiation treatment planning equipment with IMRT and SRT software and record and verify (Varian Aria).

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Clinical Resources

Review the clinical resource 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.

31000
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.

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

<table>
<thead>
<tr>
<th>Category</th>
<th>Caseload</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small animal radiology</td>
<td>7650</td>
</tr>
<tr>
<td>Large animal radiology</td>
<td>1600</td>
</tr>
<tr>
<td>Abdominal ultrasound</td>
<td>1820</td>
</tr>
<tr>
<td>Non-abdominal ultrasound</td>
<td>460</td>
</tr>
<tr>
<td>Computed tomography</td>
<td>1125</td>
</tr>
<tr>
<td>Magnetic Resonance Imaging</td>
<td>1050</td>
</tr>
<tr>
<td>Nuclear scintigraphy</td>
<td>70</td>
</tr>
<tr>
<td>Other (Specify)</td>
<td>140 (Fluoroscopy)</td>
</tr>
</tbody>
</table>

Indicate the approximate species breakdown of the imaging caseload at the primary institution in the following categories:

- Small animals (canine, feline): 84%
- Large animals (equine, bovine, porcine, etc.): 14%
- 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?

<table>
<thead>
<tr>
<th>Type</th>
<th>Exposure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Echocardiography</td>
<td>Yes</td>
</tr>
<tr>
<td>Large animal ultrasound</td>
<td>Yes</td>
</tr>
<tr>
<td>Nonabdominal small animal ultrasound (i.e. cervical, musculoskeletal)</td>
<td>Yes</td>
</tr>
<tr>
<td>Food/fiber animal imaging</td>
<td>Yes</td>
</tr>
<tr>
<td>Exotics imaging</td>
<td>Yes</td>
</tr>
<tr>
<td>Teleradiology/Referral imaging</td>
<td>Yes</td>
</tr>
</tbody>
</table>
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Training Content

Review the Training Content requirements listed in the RPE document.

What percentage of the total imaging caseload at the primary institution results in a report written by the resident(s) and/or training diplomates in this program?

70

If < 99%, please provide a brief explanation and account for this when calculating the number of cases that each resident will interpret.

The University of Georgia has a high caseload and currently only one in-house diplomate, so we send all after-hours radiographs and some CT and MRI scans to IDEXX for interpretation and written reports. Large Animal cross sectional imaging is sent to Inside Information Radiology (Drs. Kurt Selberg and Myra Barrett). In addition, ultrasound support is provided in-house by Insight Veterinary Ultrasonography of Georgia (Drs. Layla Shaikh and Sean Adams).

We just hired a second radiologist and our intent is to be fully staffed with 5 radiologists. Please note that our residents exceed the minimum case numbers required by the ACVR despite not reading all cases primarily.

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

100

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?

100

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

Typically within 24-48 hours.

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

99

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 those categories.

<table>
<thead>
<tr>
<th>Service</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small animal radiology</td>
<td>4200</td>
</tr>
<tr>
<td>Large animal radiology</td>
<td>300</td>
</tr>
<tr>
<td>Abdominal ultrasound</td>
<td>1200</td>
</tr>
<tr>
<td>Non-abdominal ultrasound</td>
<td>300</td>
</tr>
<tr>
<td>Computed tomography</td>
<td>500</td>
</tr>
<tr>
<td>Magnetic resonance Imaging</td>
<td>500</td>
</tr>
<tr>
<td>Nuclear scintigraphy</td>
<td>20</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>Flouroscopy - 30</td>
</tr>
</tbody>
</table>

How many ultrasound exams will a single resident perform with radiologist feedback during the course of the entire program? Scans for which the resident writes a report but does not acquire images are excluded.

<table>
<thead>
<tr>
<th>Service</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ultrasound</td>
<td>1500</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Service</th>
<th>Included</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physics of Diagnostic Imaging</td>
<td>Yes</td>
</tr>
<tr>
<td>Radiobiology</td>
<td>Yes</td>
</tr>
<tr>
<td>Nuclear Medicine</td>
<td>Yes</td>
</tr>
<tr>
<td>Ultrasonography</td>
<td>Yes</td>
</tr>
<tr>
<td>Computed Tomography</td>
<td>Yes</td>
</tr>
<tr>
<td>Magnetic Resonance Imaging</td>
<td>Yes</td>
</tr>
<tr>
<td>Other</td>
<td>Yes</td>
</tr>
</tbody>
</table>
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.

The UGA ACVR residency is a non-degree graduate program. Multiple courses/rounds/seminars are included as part of the program.

1. Board objectives rounds are held 3 Mondays per month and are two hours long. They cover the physics of radiology, radiobiology, nuclear medicine, ultrasonography, computed tomography, magnetic resonance imaging, and other foundational information necessary to a board-certified radiologist. Radiobiology topics are taught by Ko Nagata, DVM, DACVR (Radiation Oncology).

2. Known Case Conferences (KCC) are held the first Monday of each 3-week block. They are currently led by Dr. Perlini. Starting in April 2021, VetCT radiologists will lead some KCC and, starting in the summer of 2021, Dr. Giglio will lead some KCC.

3. Journal club is held 2 times per month. Articles related to imaging are critically reviewed with a discussion of impact.

4. Imaging correlated pathology rounds are held 3 Fridays per month. Faculty and residents from the Diagnostic Imaging and Pathology services review imaging cases with definitive diagnoses and discuss relevant pathophysiology.

5. Neuroradiology rounds are held 4 times per year. Faculty and residents from the Diagnostic Imaging and Neurology services discuss neurology cases and their imaging. These rounds are presented by a faculty neurologist or radiologist.

6. Grand rounds are held every Friday and cover a wide variety of topics related to specialty veterinary medicine and research. They are open to the entire college and presented by residents and interns. Radiology residents present once each year.

7. Virtual MRI rounds with Dr. Silke Hecht at the University of Tennessee are attended remotely by UGA residents 1-2 times per month. This includes a series of didactic lectures on MRI physics and artifacts.

8. Additional KCC are provided to our residents remotely. Dr. Seiler from North Carolina State University provides online KCC with answers weekly and Dr. Silke Hecht from University of Tennessee provides 2 virtual KCC sessions/year.

9. The Texas A&M Nuclear Medicine short course covers physics, biology, practical applications, and artifacts is attended by our residents every other year when offered.

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

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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)

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

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

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.

In the past, even though it is not a requirement of the ACVR or the UGA ACVR residency program, the majority of residents in this program have participated in research projects, and presentation and publication of results.

Residents are encouraged to engage in research and their research efforts may be supported/supervised by ACVR supervising diplomates, or their supervising diplomates may facilitate collaboration with specialists in other fields at UGA. Residents are encouraged to apply for both intramural and extramural funding for research. Funding through the department is also available. Research is typically presented in-house at grand rounds or the Steve Giguère Science of Veterinary Medicine Symposium and may be presented at the annual ACVR or equivalent national meeting.

Educational Environment

Review the Educational Environment expectations listed in the RPE document.

How many formal presentations (e.g. didactic lectures, departmental seminars, scientific presentations, Continuing Education conferences, etc) are expected of each resident during the course of their training? In general, informal topic rounds, journal club, small group teaching, student labs, and similar events should not be included.
Briefly describe the type and extent of teaching opportunities that are provided to the resident throughout the training program.

Residents interact with students throughout the day on clinical cases. Residents are also requested to give student rounds one to three days per week.

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

A resident teaching file in a cloud-based spread sheet format is shared with all residents and faculty. In addition, any case imaged at UGA that has a definitive diagnosis is kept in a separate database for review by residents in a similar cloud-based spread sheet format. The databases are maintained and updated by our residents, faculty, and technical staff.

How many Known Case Conferences are conducted annually?

17

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?

Residents have access to all major journals through the secure UGA library website https://www.libs.uga.edu.

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Evaluation and Protection of Residents

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

Yes

List the current members of the resident review committee.

Michael Perlini
Jane Quandt
Nicole Northrup
Renee Barber
Spencer Johnston

Input is currently provided by Dr. Laas. Starting in April 2021, Drs. Gashen, Chalmers, and Childs will contribute to resident reviews. Dr. Giglio will start on-site full time in the summer of 2021 and will participate in resident reviews.

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.

Resident conflicts are brought either to the residency director, section head, or department head. Any conflicts can also be brought to the Department of Small Animal Medicine and Surgery Residency Training Committee (RTC).

Residents at the University of Georgia are graduate students and are entitled to all of the services as graduate students across the University, which can be found at the following link, http://grad.uga.edu. Conflicts also may be handled formally through the office of graduate affairs.

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

## Appendix

<table>
<thead>
<tr>
<th>Year</th>
<th>Number Of Prelim Board Eligible Residents</th>
<th>Number of Residents That Took Prelim Exam</th>
<th>Number of Residents That Passed On 1st Attempt</th>
<th>Number of Residents That Passed After Multiple Attempts</th>
<th>Number of Residents That Have Not Passed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2019</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Year</td>
<td>Number Of Prelim Board Eligible Residents</td>
<td>Number of Residents That Took Prelim Exam</td>
<td>Number of Residents That Passed On 1st Attempt</td>
<td>Number of Residents That Passed After Multiple Attempts</td>
<td>Number of Residents That Have Not Passed</td>
</tr>
<tr>
<td>------</td>
<td>------------------------------------------</td>
<td>------------------------------------------</td>
<td>-----------------------------------------------</td>
<td>--------------------------------------------------------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td>2018</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2017</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>2016</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

**Certifying Board Exam Pass Rate**
<table>
<thead>
<tr>
<th>Year</th>
<th>Certifying Board Eligible Residents</th>
<th>Residents Taking Exam</th>
<th>1st Attempt Passengers</th>
<th>Multiple Attempts Passengers</th>
<th>Not Passed Passengers</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2019</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2018</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>
2017

Number of Certifying Board Eligible Residents: 1
Number of Residents That Took Certifying Exam: 1
Number of Residents That Passed On 1st Attempt: 0
Number of Residents That Passed After Multiple Attempts: 1
Number of Residents That Have Not Passed: 0

2016

Number of Certifying Board Eligible Residents: 1
Number of Residents That Took Certifying Exam: 1
Number of Residents That Passed On 1st Attempt: 1
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

[doc] UGA SCHEDULE SPRING 2021 (1).doc

Affiliation Agreements

Upload digital copies of any affiliation agreement(s) in place for the following: