

Sponsoring Institution Registration Form  
for **Neurology**

1. Date of application

2. Sponsoring institution

Name:

Address:

Phone:

3. Program Supervisor (must be an active AiCVIM Diplomate)

Name:

Title:

Email:

4. Facilities and equipment accessibility

	Availability (yes/no)	On- or Off-Site?
Radiography		
Ultrasonography		
Electrocardiography		
Electrodiagnostics for EMG and Nerve stimulation		
Neurosurgical setting		
Computed Tomography*		
Magnetic Resonance Imaging*		
Electroencephalography*		
Intensive Care Facility – 24 hours		
Emergency Care Service – 24 hours*		

Clinical Pathology including CSF analysis		
Anatomic Pathology		

\*Recommended but not required