

Sponsoring Institution Registration Form
for **Medical Oncology**

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		
Endoscopy		
Nuclear Medicine*		
Computed Tomography*		
Magnetic Resonance Imaging*		
Radiation Therapy		
Intensive Care Facility – 24 hours		

Clinical Pathology		
Anatomic Pathology		

*Recommended but not required