ECVP MODULAR TRAINING LOGBOOK

Mandatory components (150 credits have to be gained by these components):
1. Necropsy duty (45 credits)
2. Biopsy duty (45 credits)
3. Histology seminars (15 credits)
4. Gross seminars (15 credits)
5. Journal clubs (15 credits)
6. Publications as required by EBVS (10 credits)
7. Mock exams (5 credits)

Optional components (any of the below to get the residual 30 credits in order to reach 180):
a. Pathology course
b. Summer School
c. Mock exam (additional)
d. Publications (additional)
e. Employment
f. Post-graduate PhD or equivalent
g. Congresses
h. Related discipline training

Please refer to the document "ECVP Modular Credit System" for definitions and details of the mandatory and optional components.

I. MANDATORY COMPONENTS

NECROPSY DUTY

NECROPSY DUTY - UNIT 1 (ON-SITE SUPERVISION)

INSTITUTION: Date
                                                    From:
                                                    To:

	Case ID	Species	Diagnosis/es
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Validated by:
NAME:

SIGNATURE:

NECROPSY DUTY - UNIT 2 (ON-SITE SUPERVISION)

INSTITUTION: Date
                                                         From:
                                                         To:

	Case ID	Species	Diagnosis/es
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Validated by:
NAME:

SIGNATURE:

NECROPSY DUTY - UNIT 3 (ON-SITE SUPERVISION)

INSTITUTION: Date
                                                             From:
                                                             To:

	Case ID	Species	Diagnosis/es
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Validated by:
NAME:

SIGNATURE:

NECROPSY DUTY - UNIT 4(ON-SITE SUPERVISION)

INSTITUTION: Date
                                                            From:
                                                            To:

	Case ID	Species	Diagnosis/es
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Validated by:
NAME:

SIGNATURE:

NECROPSY DUTY - UNIT 5 (ON-SITE SUPERVISION)

INSTITUTION: Date
                                                              From:
                                                              To:

	Case ID	Species	Diagnosis/es
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Validated by:
NAME:

SIGNATURE:

NECROPSY DUTY - UNIT 6 (ON-SITE SUPERVISION)

INSTITUTION: Date
                                                    From:
                                                    To:

	Case ID	Species	Diagnosis/es
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Validated by:
NAME:

SIGNATURE:

NECROPSY DUTY - UNIT 7 (ON-SITE SUPERVISION)

INSTITUTION: Date
                                                      From:
                                                      To:

	Case ID	Species	Diagnosis/es
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Validated by:
NAME:

SIGNATURE:

NECROPSY DUTY - UNIT 8 (ON-SITE SUPERVISION)

INSTITUTION: Date

                                                     From:

                                                     To:

	Case ID	Species	Diagnosis/es
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Validated by:

NAME:

SIGNATURE:

NECROPSY DUTY - UNIT 9 (ON-SITE SUPERVISION)

INSTITUTION: Date
                                                                                    From:
                                                                                    To:

	Case ID	Species	Diagnosis/es
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Validated by:
NAME:

SIGNATURE:

NECROPSY DUTY - UNIT R1 (REMOTE SUPERVISION)

INSTITUTION: Date

                                         From:

                                         To:

	Case ID	Species	Diagnosis/es
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			

Validated by:

NAME:

SIGNATURE:

CANDIDATE NAME:

NECROPSY DUTY - UNIT R2 (REMOTE SUPERVISION)

INSTITUTION: Date
                                                                                      From:
                                                                                      To:

	Case ID	Species	Diagnosis/es
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			

Validated by:
NAME:

SIGNATURE:

NECROPSY DUTY - UNIT R3 (REMOTE SUPERVISION)

INSTITUTION:

Date
From:
To:

	Case ID	Species	Diagnosis/es
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			

Validated by:
NAME:

SIGNATURE:

BIOPSY DUTY

BIOPSY DUTY - UNIT 1

INSTITUTION:

Date:

From:

To:

	Case ID	Species	Diagnosis/es
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			

CANDIDATE NAME:

**BIOPSY DUTY - UNIT 1
(CONTINUED)**

	Case ID	Species	Diagnosis/es
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			

Dates of trimming:

Validated by:

NAME:

SIGNATURE:

BIOPSY DUTY - UNIT 2

INSTITUTION: Date:

From:

To:

	Case ID	Species	Diagnosis/es
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			

CANDIDATE NAME:

**BIOPSY DUTY - UNIT 2
(CONTINUED)**

	Case ID	Species	Diagnosis/es
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			

Dates of trimming:

Validated by:

NAME:

SIGNATURE:

BIOPSY DUTY - UNIT 3

INSTITUTION: Date:

                                                 From:
                                                 To:

	Case ID	Species	Diagnosis/es
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			

CANDIDATE NAME:

**BIOPSY DUTY - UNIT 3
(CONTINUED)**

	Case ID	Species	Diagnosis/es
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			

Dates of trimming:

Validated by:

NAME:

SIGNATURE:

BIOPSY DUTY - UNIT 4

INSTITUTION: Date:

                                                        From:

                                                        To:

	Case ID	Species	Diagnosis/es
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			

**BIOPSY DUTY - UNIT 4
(CONTINUED)**

	Case ID	Species	Diagnosis/es
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			

Dates of trimming:

Validated by:

NAME:

SIGNATURE:

BIOPSY DUTY - UNIT 5

INSTITUTION: Date:

                                                 From:
                                                 To:

	Case ID	Species	Diagnosis/es
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			

**BIOPSY DUTY - UNIT 5
(CONTINUED)**

	Case ID	Species	Diagnosis/es
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			

Dates of trimming:

Validated by:

NAME:

SIGNATURE:

BIOPSY DUTY - UNIT 6

INSTITUTION: Date:

                                                              From:
                                                              To:

	Case ID	Species	Diagnosis/es
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			

CANDIDATE NAME:

**BIOPSY DUTY - UNIT 6
(CONTINUED)**

	Case ID	Species	Diagnosis/es
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			

Dates of trimming:

Validated by:

NAME:

SIGNATURE:

CANDIDATE NAME:

BIOPSY DUTY - UNIT 7

INSTITUTION: Date:

                                                       From:

                                                       To:

	Case ID	Species	Diagnosis/es
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			

**BIOPSY DUTY - UNIT 7
(CONTINUED)**

	Case ID	Species	Diagnosis/es
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			

Dates of trimming:

Validated by:

NAME:

SIGNATURE:

BIOPSY DUTY - UNIT 8 (ONSITE SUPERVISION)

INSTITUTION: Date:

From:

To:

	Case ID	Species	Diagnosis/es
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			

**BIOPSY DUTY - UNIT 8 (ONSITE SUPERVISION)
(CONTINUED)**

	Case ID	Species	Diagnosis/es
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			

Dates of trimming:

Validated by:

NAME:

SIGNATURE:

BIOPSY DUTY - UNIT 9

INSTITUTION: Date:

                                                            From:
                                                            To:

	Case ID	Species	Diagnosis/es
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			

**BIOPSY DUTY - UNIT 9
(CONTINUED)**

	Case ID	Species	Diagnosis/es
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			

Includes trimming (yes/no):

Validated by:

NAME:

SIGNATURE:

HISTOLOGY SEMINARS

HISTOLOGY SEMINAR - UNIT 1

INSTITUTION: Date:

                                                     From:
                                                     To:

	Date	Number of Cases
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

Validated by:
NAME:

SIGNATURE:

HISTOLOGY SEMINAR - UNIT 2

INSTITUTION: Date:

                                                   From:

                                                   To:

	Date	Number of Cases
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

Validated by:
NAME:

SIGNATURE:

HISTOLOGY SEMINAR - UNIT 3

INSTITUTION: Date:

                                                                      From:
                                                                      To:

	Date	Number of Cases
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

Validated by:
NAME:

SIGNATURE:

GROSS PATHOLOGY SEMINARS

GROSS PATHOLOGY SEMINAR - UNIT 1

INSTITUTION: Date:

                                                     From:
                                                     To:

	Date	Number of Cases
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

Validated by:
NAME:

SIGNATURE:

GROSS PATHOLOGY SEMINAR - UNIT 2

INSTITUTION: Date:
                                                                   From:
                                                                   To:

	Date	Number of Cases
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

Validated by:
NAME:

SIGNATURE:

GROSS PATHOLOGY SEMINAR - UNIT 3

INSTITUTION: Date:

                                                               From:

                                                               To:

	Date	Number of Cases
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

Validated by:
NAME:

SIGNATURE:

JOURNAL CLUBS

JOURNAL CLUB - UNIT 1

INSTITUTION: Date:

From:

To:

	Date	Number of Cases
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

Validated by:
NAME:

SIGNATURE:

JOURNAL CLUB - UNIT 2

INSTITUTION: Date:

                                                                 From:
                                                                 To:

	Date	Number of Cases
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

Validated by:
NAME:

SIGNATURE:

CANDIDATE NAME: **Page 45**

JOURNAL CLUB - UNIT 3

INSTITUTION: Date:

                                                     From:

                                                     To:

	Date	Number of Cases
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

Validated by:

NAME:

SIGNATURE:

MANDATORY PUBLICATIONS

MANDATORY PUBLICATION 1

MANDATORY PUBLICATION 2

MOCK EXAM

MOCK EXAM - INSTITUTION:

Date:

Part of the exam

    ☐   Histopathology

    ☐   Gross pathology

    ☐   General pathology

    ☐   Veterinary pathology major

    ☐   Veterinary pathology minor

    ☐   Comprehensive pathology

Validated by:
NAME:

SIGNATURE:

II. OPTIONAL COMPONENTS

PATHOLOGY COURSE

Attach certificates of attendance

PATHOLOGY COURSE

1) Course name:

    Institution:

    Location:

    Date (from…to…):

    Number of hours:

    Credits:

2) Course name:

    Institution:

    Location:

    Date (from…to…):

    Number of hours:

    Credits:

3) Course name:

    Institution:

    Location:

    Date (from…to…):

    Number of hours:

    Credits:

4) Course name:

    Institution:

    Location:

    Date (from…to…):

    Number of hours:

    Credits:

PATHOLOGY COURSE (CONTINUED)

5) Course name:

   Institution:

   Location:

   Date (from…to…):

   Number of hours:

   Credits:

6) Course name:

   Institution:

   Location:

   Date (from…to…):

   Number of hours:

   Credits:

7) Course name:

   Institution:

   Location:

   Date (from…to…):

   Number of hours:

   Credits:

8) Course name:

   Institution:

   Location:

   Date (from…to…):

   Number of hours:

   Credits:

PATHOLOGY COURSE (CONTINUED)

9) Course name:

   Institution:

   Location:

   Date (from...to…):

   Number of hours:

   Credits:

10) Course name:

   Institution:

   Location:

   Date (from...to…):

   Number of hours:

   Credits:

Validated by programme supervisor:
NAME:

SIGNATURE:

SUMMER SCHOOL ATTENDANCE

Attach certificates of attendance

SUMMER SCHOOL ATTENDANCE

Attach certificates of attendance

1) ECVP/ESVP Summer School:

   Location:

   Date (from…to…):

2) ECVP/ESVP Summer School:

   Location:

   Date (from…to…):

3) ECVP/ESVP Summer School:

   Location:

   Date (from…to…):

MOCK EXAM (ADDITIONAL)

MOCK EXAM (ADDITIONAL)

INSTITUTION:

Date:

Part of the exam

    ☐ Histopathology

    ☐ Gross Pathology

    ☐ General Pathology

    ☐ Veterinary Pathology major

    ☐ Veterinary Pathology minor

    ☐ Comprehensive Pathology

Validated by:
NAME:

SIGNATURE:

MOCK EXAM (ADDITIONAL) (CONTINUED)

INSTITUTION:

Date:

Part of the exam

- ☐ Histopathology

- ☐ Gross Pathology

- ☐ General Pathology

- ☐ Veterinary Pathology major

- ☐ Veterinary Pathology minor

- ☐ Comprehensive Pathology

Validated by:
NAME:

SIGNATURE:

PUBLICATIONS (ADDITIONAL)

Please submit pdf of each publication

PUBLICATIONS (ADDITIONAL)

Publication 1

Publication 2

Publication 3

Publication 4

Publication 5

PUBLICATIONS (ADDITIONAL)

Publication 6

Publication 7

Publication 8

Publication 9

Publication 10

EMPLOYMENT

EMPLOYMENT (CONTINUED)

Company/institution:
Location:
Date (from…to…):
Professional duties:

Validated by:
NAME:

SIGNATURE:

_____

Company/institution:
Location:
Date (from…to…):
Professional duties:

Validated by:
NAME:

SIGNATURE:

EMPLOYMENT (CONTINUED)

Company/institution:
Location:
Date (from …to…):
Professional duties:

Validated by:
NAME:

SIGNATURE:

_____

Company/institution:
Location:
Date (from…to…):
Professional duties:

Validated by:
NAME:

SIGNATURE:

POST-GRADUATE PHD OR EQUIVALENT

POST-GRADUATE PHD OR EQUIVALENT

Institution:
Supervisor:
PhD thesis title:
Date:

Validated by:
NAME:

SIGNATURE:

CONGRESSES

CONGRESSES

1) Congress name:

   Institution:

   Location:

   Date (from…to…):

   Number of hours:

   Credits:

2) Congress name:

   Institution:

   Location:

   Date (from…to…):

   Number of hours:

   Credits:

3) Congress name:

   Institution:

   Location:

   Date (from…to…):

   Number of hours:

   Credits:

4) Congress name:

   Institution:

   Location:

   Date (from…to…):

   Number of hours:

   Credits:

CONGRESSES (CONTINUED)

5) Congress name:

Institution:

Location:

Date (from…to…):

Number of hours:

Credits:

Validated by programme supervisor:
NAME:

SIGNATURE:

RELATED DISCIPLINE TRAINING

RELATED DISCIPLINE TRAINING

1) Discipline:

   Institution:

   Date (from…to…):

   Number of hours:

   Credits:

   Local supervisor:

2) Discipline:

   Institution:

   Date (from…to…):

   Number of hours:

   Credits:

   Local supervisor:

3) Discipline:

   Institution:

   Date (from…to…):

   Number of hours:

   Credits:

   Local supervisor:

4) Discipline:

   Institution:

   Date (from…to…):

   Number of hours:

   Credits:

   Local supervisor:

RELATED DISCIPLINE TRAINING (CONTINUED)

5) Discipline:

    Institution:

    Date (from…to…):

    Number of hours:

    Credits:

    Local supervisor:

Validated by programme supervisor:
NAME:

SIGNATURE: