

NAME: \_\_\_\_\_

# Course Curriculum

## Certificate of Advanced Studies in Veterinary Medicine

### Neurology

Required are a total of 25 ECTS credits minimum of course work

Please tick all courses accounting to 25 ECTS minimum – including the courses already attended

A minimum of 15 ECTS credits have to be collected in the Major Subject:

Major Subjects	ECTS credits	Please tick
Neurology I – III (mandatory!)	15	<input type="checkbox"/>

Any remaining ECTS credits may be collected from the following Minor Subjects:

Minor Subjects	ECTS credits	Please tick
Neurosurgery - Basic	5	<input type="checkbox"/>
Neurosurgery - Advanced (Neurosurgery Basic mandatory)	5	<input type="checkbox"/>
Neuropathology & MRI Interpretation	5	<input type="checkbox"/>
MRI Neuroimaging	5	<input type="checkbox"/>
Anaesthesia & Pain Management I	5	<input type="checkbox"/>
Anaesthesia & Pain Management II	5	<input type="checkbox"/>
Emergency & Critical Care I	5	<input type="checkbox"/>
Emergency & Critical Care II	5	<input type="checkbox"/>
Internal Medicine I	10	<input type="checkbox"/>
Internal Medicine II	10	<input type="checkbox"/>
Internal Medicine III	10	<input type="checkbox"/>
IM 1 Gastroenterology, Hepatology & Pancreas	5	<input type="checkbox"/>
IM 2 Nephrology & Endocrinology	5	<input type="checkbox"/>
IM 3 Respiratory Diseases & Basic Cardiology	5	<input type="checkbox"/>
IM 4 Haematology & Basic Oncology	5	<input type="checkbox"/>
IM 6 Toxicology & Basic Emergency & Critical Care	5	<input type="checkbox"/>
Nutrition I or II	5	<input type="checkbox"/>
Orthopaedics I	5	<input type="checkbox"/>
Small Animal Computed Tomography Radiology I	5	<input type="checkbox"/>
Soft Tissue Surgery I	5	<input type="checkbox"/>
*	5	<input type="checkbox"/>

\*An additional ESAVS course - outside the list of minors - might be chosen subject to approval by the program director!

#### External course work

An equivalent of 5 ECTS credits from course work taken outside of ESAVS courses may be recognized if certain requirements are met. For further details, please contact the ESAVS Office.

NAME: \_\_\_\_\_

Indicate relevant ESAVS Courses attended in the past 5 years before enrolment into the Master Program (please attach a copy of the certificates of attendance):

1. Course / Year: \_\_\_\_\_
2. Course / Year: \_\_\_\_\_
3. Course / Year: \_\_\_\_\_
4. Course / Year: \_\_\_\_\_
5. Course / Year: \_\_\_\_\_
6. Course / Year: \_\_\_\_\_