**TO BE COMPLETED BY THE DIPLOMATE VISITED**

This report may be given to the candidate or sent directly to:

the Swedish Examination Board for Veterinary Neurology,

Committee for Veterinary Medicine

Box 12709

S-112 94 Stockholm

Sweden

E-mail: specialistutbildning@svf.se

Candidates name:

Diplomate visited (name and title):

Dates and total number of days:

Please describe the Candidate's type of training with you:

Please comment on the Candidate's performance in this training area:

Signature Diplomate:….…………………………….Date:……………………….