



ABVP
AMERICAN BOARD OF
VETERINARY PRACTITIONERS

Applicant Handbook

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Glossary

ABVP	American Board of Veterinary Practitioners (www.abvp.com)
ABVS	American Board of Veterinary Specialties (https://www.avma.org/ProfessionalDevelopment/Education/Specialties/Pages/default.aspx)
Appeals	A formal request to a higher authority requesting a change in or confirmation of a decision
Applicant	A person who has submitted an application, application fee, and all credentials materials before deadlines
AVMA	American Veterinary Medical Association (https://www.avma.org/Pages/home.aspx)
Candidate	A person whose application and credentials have been accepted and is eligible to sit for the certification examination
COR	Council of Regents (governing board of ABVP)
Credentials	Credentials consist of a valid veterinary diploma, curriculum vitae, synopsis of veterinary experience, self-report job experience, continuing education documentation, applicant evaluation forms, case report(s) and/or publication
ECFVG	Educational Commission for Foreign Veterinary Graduates
Entrant	A person who has passed the Swine Health Management Entry Exam, and is eligible to apply and submit credentials materials
RACE	Registry of Approved Continuing Education (http://www.aavsb.org/RACE/)
RVS	Recognized veterinary specialty
RVSO	Recognized veterinary specialty organization (e.g. ABVP, ACVIM)

I. Mission and Vision Statements

Mission Statement

The American Board of Veterinary Practitioners (ABVP) is committed to excellence in species-specialized veterinary practice for the wellbeing of animals and those who care for them, striving to make a difference in the world through professional certification, education, and innovation.

Vision Statement

The American Board of Veterinary Practitioners vision is to promote and provide the highest standard of care in the total patient and to advance the quality of veterinary practice throughout the world.

The Diplomates of ABVP have a common desire and willingness to deliver superior, comprehensive, multi-disciplinary veterinary service to the public. They are veterinarians who have demonstrated expertise in the broad range of clinical subjects relevant to their practice and display the ability to communicate medical observations and data in an organized and appropriate manner. ABVP currently awards certification in eleven recognized veterinary specialties (RVS's):

- Avian Practice
- Beef Cattle Practice
- Canine and Feline Practice
- Dairy Practice
- Equine Practice
- Exotic Companion Mammal Practice
- Feline Practice
- Food Animal Practice
- Reptile and Amphibian Practice
- Shelter Medicine Practice
- Swine Health Management

ABVP certification is available to practicing veterinarians without the need to pursue a formal residency or postgraduate education. The main purpose is self-improvement through demonstrating specialist-level skills and knowledge. The certification process is demanding and requires a thorough mastery of species-oriented practice.

II. Eligibility Requirements

1. To be eligible for ABVP certification, veterinarians must have:
 - a. Graduated from a college or school of veterinary medicine accredited by the AVMA, or possess a certificate issued by the Education Commission for Foreign Veterinary Graduates (ECFVG), or are legally qualified to practice veterinary medicine in any state or country, and
 - b. Met the education, training, and experience requirements established by ABVP, and
 - c. Demonstrated unquestionable moral character and ethical professional behavior
2. Veterinarians in the practitioner track must complete five (5) years of clinical practice experience before application and six (6) years of clinical practice experience before examination. The first year need not be in the RVS; however, application must be made to the RVS in which the veterinarian has primarily practiced within the previous five (5) years.
3. Veterinarians in the residency track (ABVP-approved residencies only) must complete a one (1) year rotating internship or one (1) year of practice experience, and at least one (1) year of a two (2) year residency program or two (2) years of a three (3) year program before application. All credentials residency requirements must be met before examination (Appendix 1).
4. Veterinarians in a Recognized Certificate Program (ABVP-approved certificate programs only) must complete all requirements before application. Most programs are at least three (3) years in duration (Appendix 1). Recognized Certificate Programs must be in the same RVS in which the person is applying for certification.

Confidentiality

While ABVP will in good faith endeavor not to release and to keep confidential any information or material received or maintained by ABVP from, on behalf of, or pertaining to an Applicant, Applicant acknowledges that the release of certain information in certain circumstances may be necessary or warranted. As such, notwithstanding anything to the contrary herein, ABVP reserves the right to disclose, discuss, share and divulge any information pertaining to the Applicant to any third party to the extent the release of such information is or may be relevant with respect to ABVP's evaluation of the Applicant's application, eligibility to sit for examination, qualification for certifications, appeals, ethical breaches and any other purposes as ABVP determines necessary.

Further, all materials and content generated and/or produced by ABVP are protected by United States copyright laws and are the exclusive property of ABVP and cannot be shared, published, reproduced, or repurposed in any way without written consent from ABVP. The foregoing includes all examination materials provided or distributed by ABVP and no person may enter into discussions or release of any information about examination questions and/or content without written consent of ABVP. Such discussions and release of such information is an ethical breach of confidentiality and ABVP reserves the right to pursue any and all legal and administrative action and/or any other action as may be available to ABVP against any person that violates his or her obligations pursuant hereunder.

Applicants are strictly forbidden from contacting any members of the ABVP Credentials or Examination Committees except the Chair of the Credentials Committee and Chair of the Examination Committee during the certification process. Failure to comply with this regulation may result in the application being voided and discarded with no refund of fees.

Certification in More Than One RVS

A Diplomate may be certified in more than one (1) RVS. The requirements and fees stated in this handbook apply to each attempt at certification.

Candidates are responsible for avoiding examination-scheduling conflicts if applying for more than one (1) RVS in a short period of time. No exemptions or deferments will be made if an applicant or candidate is unable to complete the credentials process or examinations due to scheduling conflicts.

Appeals Process for Credentials and Examination

If you believe you have been adversely affected by an ABVP decision you may petition for reconsideration only on the grounds that the decision:

1. Disregarded the established criteria for certification or approval
2. Failed to follow ABVP's stated procedures
3. Failed to consider relevant evidence and documentation presented

You may appeal via e-mail to the ABVP Executive Director (info@abvp.com) within thirty (30) days after the announcement of the initial decision. The appeal must include a statement of the grounds of review and documentation in support of the appeal. The appeal letter, documentation, and the recommendation of the Credentials Committee or Examination Committee will be considered by the ABVP Appeals Committee. A final decision will be made by August 1 for Credentials appeals and within 150 days of

receipt of appeal for Examination appeals. In each case, electronic notification will be sent to the petitioner. No appeals decisions will be given over the phone.

Appeals may be withdrawn up to ninety (90) days after submission of the appeal should the petitioner make the request to the ABVP Executive Director.

Extension Requests

The three (3)-year time frame allowed for certification is intended to give applicants adequate time to complete the process. As such, requests for extension of the credentials deadline are strongly discouraged. The Council of Regents (COR) will only consider extensions for circumstances of extreme hardship such as serious personal illness. Extensions are generally granted for reason of military deployment. Applicants must have made two (2) attempts at certification and be in their third and final year of eligibility in order to request an extension. If approved, an extension is for one (1) year only.

If you choose to request an extension of your credentials deadline, you may do so by submitting a request via e-mail (info@abvp.com) to the ABVP office during the last year of your application window. You will be notified of the Council of Regents' decision within thirty (30) days of the request.

Extension requests cannot be made after your three (3)-year time frame has expired. The expiration date is always December 31 of a given year.

Ethical Considerations

ABVP applicants, candidates, and Diplomates are held to the highest ethical standards. Therefore, if ABVP receives a complaint or is otherwise informed of a potential ethical breach regarding an ABVP applicant, candidate, or Diplomate, this information will be reviewed by the Executive Director, President, and/or Executive Committee and may be presented to the COR. If an ethical violation is found to be credible and substantiated, ABVP may:

1. require appropriate corrective actions to remedy the offense, or
2. impose punitive measures, which may include, but are not limited to, the suspension, refusal, or cancelation of the offender's certification or Maintenance of Certification status or eligibility to be considered for credentialing or examination for a period of time or indefinitely

If the accused wishes to contest any finding, an appeal may be sent via e-mail (info@abvp.com) to the Appeals Committee, via the Executive Director, within thirty (30) days of notification along with any additional supporting documentation to be considered.

III. Initial Application Instructions

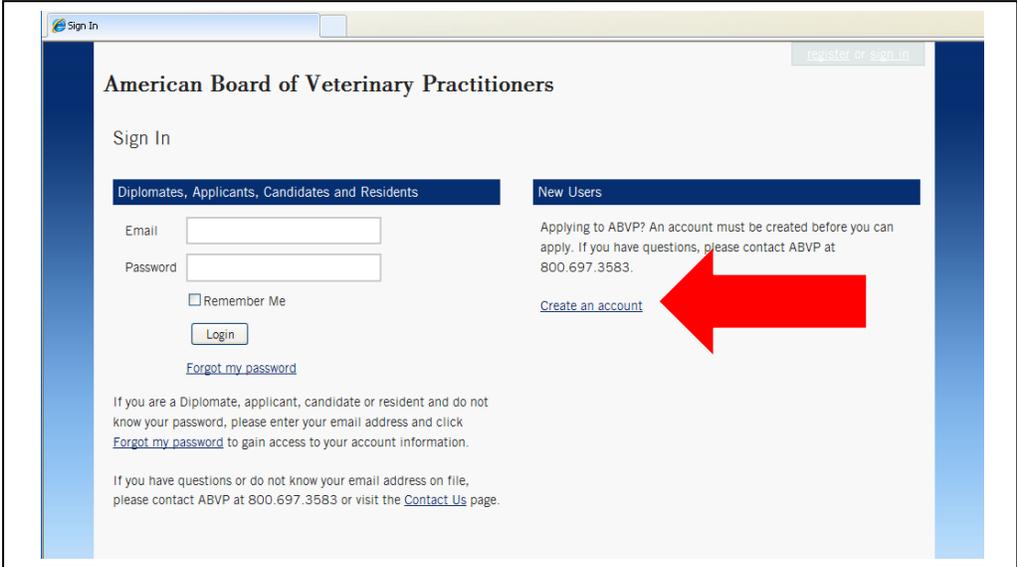
The annual deadline for the application and application fee is September 1 at 11:59 PM Central Time. The deadline for credentials submission is the following January 15 at 11:59 PM Central Time. If you do not submit complete credentials by January 15, you will not have your credentials reviewed until the following year.

Once an application is initiated online by clicking “I accept”, whether you choose to pay the fee at the same time or not, the three (3)-year window of opportunity to successfully pass credentials begins. This is important because if you start an application by September 1 at 11:59 PM Central Time and fail to submit credentials by the following January 15, one (1) of the three (3) chances is eliminated and your application fee is forfeited. If deadlines are missed, application fees will not be refunded. Please be aware that there is a re-application fee of \$388 for each attempt. This fee is also required if you fail part of your credentials and choose to re-apply by submitting corrected and/or new material the following year.

The September 1 deadline for the application and application fee does not imply that you should start working on credentials materials and writing case reports after this date. On the contrary, it is recommended that you begin writing months in advance of September 1. Successful credentials, including case reports, often require a year or more of preparation. If you do not have the majority of your credentials completed BEFORE September 1, it is *strongly* advised that you do NOT submit an application that year. (See Appendix 2- Application Tips)

Application and Credentials Submission

Step 1: Create a free online account with ABVP (<https://network.abvp.com>). Creating this account does NOT start the three (3)-year clock running.



Step 2: Complete and submit a credentials application and pay the application fee by September 1 at 11:59 PM Central Time. The link to complete a credentials application is located beneath the 'Quick Links' bar on the right hand side of the screen once you log in. Please pay the application fee when prompted. If you do not pay the application fee, your application will NOT be processed in January and all uploaded materials will be deleted. It is YOUR responsibility to remember to pay the fee.

Welcome [Christine Smith!](#)

American Board of Veterinary Practitioners

Home My Profile Forms and Documents FAQ Contact Us

Home

Don't forget to [register](#) for the 17th Annual Symposium in San Antonio, Texas April 12th - 15th.

Open Tasks	
Task	Due Date
Invoice - Initial Application (Canine/Feline)	8/17/2012
Application - Initial Application - 3501397 - Canine/Feline	1/15/2013

Application History	
Application	Close Date
Initial Application - 3501397 - Canine/Feline	1/15/2013

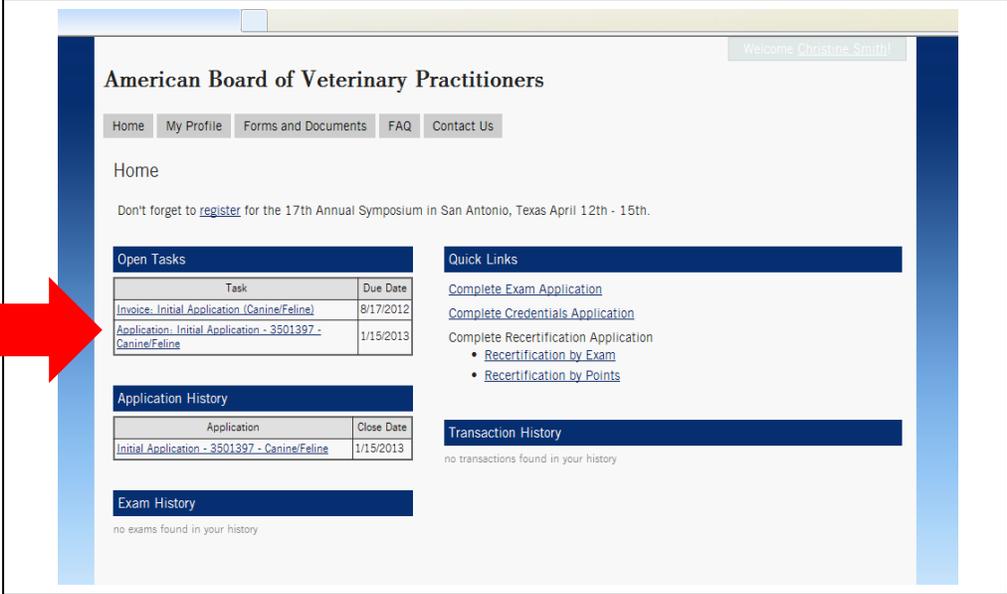
Exam History

no exams found in your history

Quick Links	
Complete Exam Application	
Complete Credentials Application	
Complete Recertification Application	
• Recertification by Exam	
• Recertification by Points	

Transaction History	
no transactions found in your history	

Step 3: Begin uploading the required documentation for credentials. All documentation must be uploaded by January 15 at 11:59 PM Central Time. You can manage your application via the link to your application beneath the 'Open Tasks' bar on the left hand side of the screen once you login. It is YOUR responsibility to ensure you upload all the necessary documentation by the January 15 deadline. Be advised that the system may list "missing documents" even after you have uploaded all of your required documents. Some of those listed may/may not pertain to your required submission (e.g. extra diplomas, license, publications, etc.)



The screenshot shows the user interface of the American Board of Veterinary Practitioners website. At the top right, it says "Welcome Christine Smith!". Below the header, there are navigation tabs: Home, My Profile, Forms and Documents, FAQ, and Contact Us. The main content area is titled "Home" and includes a notice about the 17th Annual Symposium. The "Open Tasks" section is highlighted with a red arrow and contains a table with the following data:

Task	Due Date
Invoice - Initial Application (Canine/Feline)	8/17/2012
Application - Initial Application - 3501397 - Canine/Feline	1/15/2013

Below the "Open Tasks" table are sections for "Application History" (with one entry: "Initial Application - 3501397 - Canine/Feline" due 1/15/2013), "Exam History" (no exams found), "Quick Links" (Complete Exam Application, Complete Credentials Application, Complete Recertification Application with sub-links for Recertification by Exam and Recertification by Points), and "Transaction History" (no transactions found).

Once you click on the link to your application, as seen above, your screen will look like this:

Manage Application
Initial Application - 9301429 - Avian

Missing Documents		Documents Submitted	
Document Type		Document Type	Uploaded On
License (Int'l Applicants Only) (optional)	Upload	Synopsis of Practice Experience (9 record(s))	12/6/2013 (last updated) Edit
Case Report	Upload		
Case Report — or — Publication	Upload		
Curriculum Vitae	Upload		
Diploma	Upload		
Record of Continuing Education	Start Record of Continuing Education		
Self-Report Job Experience	Start Self-Report Job Experience		
Applicant Evaluation Form (need 3)	Send Request		

Arrow 1: Upload your documents and begin completing the onscreen, fillable forms indicated with the yellow highlight

Arrow 2: Once uploaded, a list appears on the right detailing what has been uploaded. If you see your document listed in the 'Documents Submitted' list, the ABVP office has a copy of it

Arrow 3: Your applicant ID number

Credentials Documents

Credentials consist of electronic versions of the following materials (written materials are not accepted):

1. Veterinary Diploma
2. Curriculum Vitae
3. Synopsis of Veterinary Practice
4. Self-Report Job Experience
5. Continuing Education Documentation
6. Applicant Evaluation Forms (3)
7. Case Reports (2)

OR

- Case Report (1)
- Publication (1)

Shelter Medicine Practitioner Applicants also require the following, in addition to everything listed above. Please refer to page 60 of the Applicant Handbook for an entire section on Shelter Medicine specifics.

1. Certificate of Completion for Participation in a Disaster Response Course
2. Forensic Necropsy Medical Record
3. Shelter Medicine Case Log for Population Level Cases and Consults
4. Short Reports
5. Presentation Log

Veterinary Diploma

- Provide an electronic copy of a valid diploma that includes the date and degree awarded. You may scan or photograph your diploma in its frame and upload the file from your computer.

Manage Application

Initial Application - 9301429 - Dairy

Missing Documents

Document Type	
License (Int'l Applicants Only) (optional)	Upload
Case Report	Upload
Case Report — or — Publication	Upload
Curriculum Vitae	Upload
Diploma	Upload
Record of Continuing Education	Start Record of Continuing Education
Self-Report Job Experience	Start Self-Report Job Experience
Synopsis of Practice Experience	Start Synopsis of Practice Experience
Applicant Evaluation Form (need 3)	Send Request

Curriculum Vitae

- Provide the following information in order in a separate document. No special formatting or layout is required. Please note: as long as your CV includes these required items, there is no need to remove additional information that you may have listed on your CV. If you do not have other training, publications, or awards, it is acceptable to omit those categories.
 - Name, home address, work or business address, phone numbers, e-mail address.
 - Colleges attended with starting and ending dates for each, degrees awarded along with dates.
 - State(s) in which you hold a license(s) and license number(s).
 - Other veterinary training including graduate programs, internships, residencies, research appointments, fellowships, and certificates awarded. Be sure to include starting and ending dates on all.
 - Publications, either professional or nonprofessional if first or second author and/or if made significant contribution. List of veterinary and other professional societies, academies, groups and involvement (member, officer, committees, etc.).
 - Community activities
 - Honors and awards

Manage Application

Initial Application - 9301429 - Dairy

Missing Documents

Document Type	
License (Int'l Applicants Only) (optional)	Upload
Case Report	Upload
Case Report — or — Publication	Upload Upload
Curriculum Vitae	Upload
Diploma	Upload
Record of Continuing Education	Start Record of Continuing Education
Self-Report Job Experience	Start Self-Report Job Experience
Synopsis of Practice Experience	Start Synopsis of Practice Experience
Applicant Evaluation Form (need 3)	Send Request

Synopsis of Veterinary Practice since Graduation

- For each practice experience enter a new record within the link to ‘Synopsis of Practice Experience’. This is an onscreen, fillable form. This should be formatted like a job description with average hours worked, responsibilities, caseload, etc. Please note that each job description cannot exceed 1,000 characters (including

spaces and punctuation).

Manage Application

Initial Application - 9301429 - Dairy

Missing Documents

Document Type	
License (Int'l Applicants Only) (optional)	Upload
Case Report	Upload
Case Report — or — Publication	Upload
Curriculum Vitae	Upload
Diploma	Upload
Record of Continuing Education	Start Record of Continuing Education
Self-Report Job Experience	Start Self-Report Job Experience
Synopsis of Practice Experience	Start Synopsis of Practice Experience
Applicant Evaluation Form (need 3)	Send Request

Self-Report Job Experience

- Fill out form completely. This form is an onscreen, fillable form accessible via the 'Self-Report Job Experience' link.

Manage Application

Initial Application - 9301429 - Dairy

Missing Documents

Document Type	
License (Int'l Applicants Only) (optional)	Upload
Case Report	Upload
Case Report — or — Publication	Upload
Curriculum Vitae	Upload
Diploma	Upload
Record of Continuing Education	Start Record of Continuing Education
Self-Report Job Experience	Start Self-Report Job Experience
Synopsis of Practice Experience	Start Synopsis of Practice Experience
Applicant Evaluation Form (need 3)	Send Request

Continuing Education (CE)

- Enter CE records into the onscreen, fillable form accessible via the 'Record of Continuing Education' link. Document a minimum of ninety (90) hours of formal veterinary CE completed in the previous five (5) years. No more than nine (9) hours may be in practice management or nonscientific topics. You are encouraged to submit more than the required ninety (90) hours of formal veterinary CE. Residency applicants are advised to consult the Residency Handbook for CE guidelines.
- Fifty minutes of CE will count at (1) hour. Other minutes include:
 - (3) 20 minute CE= (1) hour
 - (5) 10 minute CE = (1) hour
 - (4) 15 minute CE= (1) hour
 - (2) 30 minute CE= (1) hour
- If the CE is not in hourly increments and you do not have enough to equal (1) hour, then divide the number of minutes by sixty (60) to determine the correct amount. For example, a twenty (20) minute CE lecture would be $20/60=0.33$ hours.

- You *must* list each title of the lecture(s) separately even if given by the same speaker.
- You *must* list the name of the meeting.
- You *must* list the number of hours per lecture.
- Every single lecture, making up your ninety (90) hours, *must* be listed separately. This is often an hour-by-hour account of the lecture topics and speakers. The lecture may be one hour or multiple hours, but your submitted title(s) must match the proceedings or registration guide (eg. “Hepatic Disease in Cats, Part 2”). Failure to follow these guidelines and formatting will result in failure of the entire credentials application. There are no exceptions or opportunities to correct your errors.
- CE must support the RVS in which certification is sought.
- Examples of formal CE include
 - RACE- or state licensing board-approved meetings.
 - If you are a speaker at a qualifying CE meeting, you may count each hour of material presented as one (1) hour of CE. Each presentation (e.g. over multiple years) will count towards the requirement one (1) time only.
 - Internet-based coursework, journal-based examinations, etc. will be accepted for the number of hours credited by the sponsoring organization.
- Examples of unacceptable CE include in-hospital rounds, journal clubs, electronic or telephone conversations with specialists unless specifically approved by your state licensing board.
- If your CE is found to be insufficient and you submit additional CE the following year, you must also re-supply ALL data submitted the prior year.

Manage Application

Initial Application - 9301429 - Dairy

Missing Documents

Document Type	
License (Int'l Applicants Only) (optional)	Upload
Case Report	Upload
Case Report — or — Publication	Upload Upload
Curriculum Vitae	Upload
Diploma	Upload
Record of Continuing Education	Start Record of Continuing Education
Self-Report Job Experience	Start Self-Report Job Experience
Synopsis of Practice Experience	Start Synopsis of Practice Experience
Applicant Evaluation Form (need 3)	Send Request

Applicant Evaluation Forms

- Three (3) evaluations are required. At least one reference must be from a board-certified Diplomate of a recognized veterinary specialty organization (e.g. ACVIM, ACVO, ABVP, etc.) or a recognized specialist from an International Veterinary Specialty College or Board (Appendix 5). All three (3) evaluations must be from veterinarians who are familiar with your professional abilities, competence, ethics, and integrity.
- A family member is not an acceptable evaluator.
- An employed subordinate (i.e. you are their employer or manager) is also not an acceptable evaluator.
- All evaluations **MUST** be submitted online. You will need your evaluator's e-mail address, employer name, and employer address. Once this information is submitted, your evaluator will receive an e-mail from crm@xmiamc.onmicrosoft.com. Please inform your evaluator to expect an e-mail from this address which will include directions on how to electronically complete the evaluation. Have your evaluator check his/her spam and/or junk e-mail folders before contacting the ABVP office.
- The system will track once an evaluation is complete. You will have no access to view the evaluation itself. It is your responsibility to ensure your evaluations are

completed on time and to follow-up with evaluators if they have not completed their evaluation.

- All three (3) evaluations must be submitted by your evaluators by January 15 at 11:59 PM Central Time. If an evaluation is not received by the deadline, your application will fail.

Manage Application

Initial Application - 9301429 - Dairy

Missing Documents

Document Type	
License (Int'l Applicants Only) (optional)	Upload
Case Report	Upload
Case Report — or — Publication	Upload Upload
Curriculum Vitae	Upload
Diploma	Upload
Record of Continuing Education	Start Record of Continuing Education
Self-Report Job Experience	Start Self-Report Job Experience
Synopsis of Practice Experience	Start Synopsis of Practice Experience
Applicant Evaluation Form (need 3)	Send Request

Case Reports

- Two (2) separate case reports are required that illustrate your professional expertise and clinical abilities. As an alternative, you may submit one (1) case report and one (1) publication (see subsequent section for publication guidelines). Each report must illustrate a different topic and type of case (e.g. avoid submitting two oncology cases or two surgery cases) Individual or population cases are acceptable. *Shelter Medicine applicants may submit individual animal or population level cases. When two (2) cases are submitted, at least one (1) must focus on a population of animals. For individual animal cases, the case must have population implications and the impact of the case on the management of the population of animal, of which the individual animal is a member, must be discussed. If the Shelter Medicine applicant elects to submit one (1) case report and one (1) publication, the case report may be either individual or population level.*
- Literature reviews, research reports, and retrospective studies are not acceptable as case reports.
- Each case must have been first seen and managed within five (5) years of the date of submission (January 15). If you are re-applying because of your failure to

credential within three (3) years, you may not re-use any case report that was previously submitted.

- Case reports consist of (in order):
 - Title
 - ID Number
 - Introduction
 - Clinical Report
 - Discussion
 - Summary
 - Endnotes
 - References
- Anonymity is required. You must not include your name, hospital name, shelter name, client name, location, or any identifying information at any point in the manuscript. This includes the document properties (see File -> Properties) menu information when viewing the electronic file. When absolutely necessary location is allowed in the endnotes. Case reports are only identified by your applicant identification number. The ID number will be automatically generated once you start a credentials application. Make sure images (such as radiographs) do not include any names or identification. Case reports are evaluated anonymously by members of the ABVP Credentials Committee. If identifying information of any kind is found, the case report will automatically fail and not be further reviewed.
- ABVP case report format is different from professional journals. Instructions must be followed exactly and in the correct order. Failure to follow instructions will result in failure.
- The case reports represent your ability to communicate medical observations and data in an organized and appropriate manner.
- If you choose to use a previously published case report, it must be rewritten in ABVP format.
- Case reports are designed to allow the Credentials Committee to evaluate your ability to recognize problems, formulate differential diagnoses, and develop and implement appropriate diagnostic, therapeutic and preventive plans.
- Spelling: Manuscripts should be written in American English. For spelling of lay terms, refer to the latest American edition of the *Merriam-Webster Dictionary* (<http://www.merriam-webster.com>). The latest edition of *Dorland's Illustrated Medical Dictionary* (<http://www.dorlands.com>) should be used for proper spelling and usage of scientific and medical terms. Words spelled with British/European spellings will be considered misspelled and will adversely affect the evaluation of the case report.
- Abbreviations: As a general rule, abbreviations other than standard abbreviations and units of measures are strongly discouraged. A term should be abbreviated only if it is used at least three (3) times in the case report. The term must be expanded at the first occurrence, with the abbreviation given in parentheses after the expanded term. Abbreviations should not be used to start a sentence. Except for the abbreviations ELISA, ACTH, EDTA, DNA, and RNA, abbreviations should

not be used in titles. These specific abbreviations are also acceptable to be used in the body of the manuscript without first using them as an expanded term.

- Instructions and format for preparing case reports (also see IX. Case Report Information for more details):
 1. Title
 2. Applicant identification number
 3. Introduction
 - State the purpose of the report.
 - Include review of the clinical problem or diagnosis. Start with a description of the problem to introduce the reader to the case and then proceed to review the literature.
 - Include a comprehensive literature review of the main topic and any other salient problems identified in the case. For each problem or disease, include a description of pathophysiology, the typical history and presentation, differential diagnoses, the diagnostic approach, treatment and management options including mechanisms of action where appropriate, expected outcome and prognosis, and any other pertinent information. Literature cited must be current and high quality, including peer-reviewed journal articles and standard textbooks. Proceedings from conferences (not including online textbooks or journals) or personal communication are of lower quality and should be avoided or used sparingly.
 - *Shelter Medicine applicants must highlight any significant differences, challenges, or considerations that may exist regarding the management and outcome of the case in a shelter-housed animal/population compared to that of a client-owned animal housed in a typical home environment.*
 4. Clinical Report
 - State the signalment of the patient or population, the presenting complaint, and the relevant history.
 - Include observations and findings from the physical exam. State all findings, not just abnormal ones, and include vital signs.
 - State the initial problem list along with a list of differential diagnoses for each problem identified.
 - Present and discuss diagnostic tests, methods, and results.
 - Report all laboratory work in tables along with reference ranges.
 - State whether lab work was performed in-house or at an outside laboratory.
 - Place each table on a separate page in the body of the Clinical Report section on the page immediately following the first text reference to the table. Do not place more than one (1) table per page.

- Include a refined or master problem list that resulted from the diagnostics and for each problem include differential diagnoses.
- List all treatments and results. Include follow-up testing and observations.
- Include the final diagnosis and outcome of the case. If appropriate, state necropsy and post-mortem testing.
- If specialists or others assisted in the case, list and describe their participation but do not include their names or locations to preserve anonymity.
- *Shelter Medicine applicants must include basic information regarding the shelter's intake, housing and population as well as other aspects pertinent to the case presented. You must state your role in the management of the case (e.g. staff veterinarian, consultant, etc.), including when you became involved and which aspects of the case were within and outside your control (cases in which you were involved in a very limited or peripheral extent, or as a consultant with minimal input and/or follow-up, are not appropriate). For population cases, your report must include relevant baseline and follow-up information/data in tabular form.*

5. Discussion

- The Discussion section is a subjective analysis of case management and an opportunity to evaluate and critique the Clinical Report.
- Unlike the Clinical Report, which is an objective recording of the facts of the case, the Discussion is a subjective analysis of the case management.
- Explain any deficiencies or potential errors in the case, and justify any steps taken or choices made that differ from case management suggested in the Introduction (literature review).
- Do not add ANY new information in this section. Instead, interpret and discuss information already presented.
- *Shelter Medicine applicants must include analysis of all aspects of case management, including physical and behavioral health, quality of life, outcomes, and implications for the population and the shelter (e.g. infectious disease risks, public health implications, resource allocation, etc.).*
 - *Include pertinent statistics for population level cases.*
 - *Discuss, if applicable, any limitations in case management that were the result of the applicant's role (e.g. consultant, part-time staff, etc.).*
 - *Discuss the implications and applications for management of similar cases in other types of shelter settings.*

6. Summary

- This is an interpretive summary and conclusion to the case report.

- Do not exceed one hundred fifty (150) words.

7. Endnotes

- Cite endnotes with lower case letter superscripts in the order in which they appear in the text (example: ^{a, b, c, ...})
- Use endnotes for abstracts, theses, dissertations, conference presentations, online databases, products, drugs, equipment, other materials, statistical and computer software.
- Always cite drugs, products, and equipment the first time they are used no matter the location within the paper. Subsequent uses do not need to be referenced. Specific products, equipment, or drugs should be included in the endnotes only if they were essential to the outcome of the report. Products, equipment, and drugs that are commonly used materials in veterinary medicine need not be footnoted (e.g. a common endotracheal tube used during anesthesia).
- Use a separate page for the list of endnotes.
- Use lower case letter superscripts for the list of endnotes (example: ^{a, b, c, ...}).
- If more than 26 endnotes are required, continue the sequence with double letters (eg, aa, bb,cc). For products and equipment, provide complete information in the endnote, including manufacturer's name and location (ie, city, state, and country [if other than the United States]).

8. References

- Authors bear primary responsibility for accuracy of all references. References must be limited to those that are necessary and must be cited in the text by superscript numbers in order of citation. Cite published works with numeral superscripts in the order in which they appear in the text (example: ^{1, 2, 3, ...}). If you repeat a reference, use the same number for that reference everywhere it appears.
- Journal titles in the Reference section should be abbreviated in accordance with the National Library of Medicine (<http://www.ncbi.nlm.nih.gov/nlmcatalog/journals>).
- For references with more than 3 authors, only the first 3 authors should be listed, followed by et al.
- The following is the style used for common types of references:
 - Article in a journal
 - 1. Lamont LA, Bulmer BJ, Sisson DD, et al. Doppler echocardiographic effects of medetomidine on dynamic left ventricular outflow tract obstruction in cats. J Am Vet Med Assoc 2002 ; 221:1276 –1281.
 - Book chapter

- 2. Muir P, Johnson KA, Manley PA. Fractures of the pelvis. In: Birchard SJ, Sherding RG, eds. Saunders manual of small animal practice. 2nd ed. Philadelphia: WB Saunders Co, 2000;1126–1132.
- Proceedings
 - 3. Moore MP, Bagley RS, Harrington ML, et al. Intracranial tumors, in Proceedings. 14th Annual Meet Vet Med Forum 1996;331–334.
- Electronic material
 - 4. Animal and Plant Health Inspection Service. Bovine spongiform Encephalopathy (BSE). Available at: www.aphis.usda.gov/lpa/issues/bse/bse.html. Accessed Feb 18, 2003.
- References must be numbered, typed, double-spaced, and listed at the end of the manuscript, immediately after the endnotes.
- Use a separate page for the list of references.

- Format and style
 - Case reports must be submitted as a Portable Document Format (PDF) file.
 - Case reports must be double-spaced throughout.
 - Margins must be one inch (1”) on the top, bottom, left and right hand side of each page.
 - Number each page consecutively.
 - Illustrations that support the case report are strongly recommended but not required. Photographs, radiographs, ultrasound images, echocardiographs, photomicrographs, line drawings, etc. may be included as graphic image files in the case report.
 - Include a legend describing each image. Arrows or markers are recommended to point out significant parts of the image.
 - Place each image on a separate page in the body of the Clinical Report section immediately following the first text reference to the image. Do not place more than one (1) image per page. Make the images as large as possible without loss in resolution.
 - A poor image will negatively affect a report, not help it. Do not include images that are blurry, too small or large, or that do not illustrate or demonstrate a point. Instead, if images are not available or are of poor quality, include written interpretations.
 - For drugs and products, use generic or chemical names in the text. Trade names, brands, specialized equipment, and proprietary information must be cited in endnotes.
 - Body weights and temperatures must be reported in metric units. Doses and dosages must be given in metric units (eg, mg/kg). All dosages must include route of administration and interval (eg, 10 mg/kg, IV, q 12 h).

Manage Application

Initial Application - 9301429 - Dairy

Missing Documents

Document Type	
License (Int'l Applicants Only) (optional)	Upload
Case Report	Upload
Case Report or Publication	Upload
Curriculum Vitae	Upload
Diploma	Upload
Record of Continuing Education	Start Record of Continuing Education
Self-Report Job Experience	Start Self-Report Job Experience
Synopsis of Practice Experience	Start Synopsis of Practice Experience
Applicant Evaluation Form (need 3)	Send Request

Publications

- Publications submitted by applicants in the practitioner track are due by January 15 at 11:59 PM Central Time and submitted at the same time as the complete credentials application.
- The publication must be in a journal on the Approved Journal List by RVS. This list is included in the Applicant Handbook. Any journal not on the Approved Journal List by RVS must be approved by the Credentials Committee Chair prior to submission. Please understand that approval by the Credentials Committee Chair does not mean that the Credentials Committee will accept your publication.
- Acceptable publications in a refereed veterinary journal will include:
 1. Original research
 2. Comprehensive Retrospective studies that contribute new material
 3. Case Reports that contribute new material
 4. Online publications are acceptable as long as they meet the above requirements
- Publications that are NOT acceptable:
 1. Conference proceedings are not permitted, unless published in our approved journal list.
 2. Clinical vignettes, short/brief communications, letters to the editor, and serial features (e.g., ECG of the Month, Drug Topic of the Month, What's Your Diagnosis) are not permitted.

3. Review articles are not permitted.
- Acceptance of a publication in a refereed (peer-reviewed) scientific journal does not guarantee the manuscript will be approved by the Credentials Committee. Publications are subject to review of their content and are not automatically accepted.
- Requirements for acceptance of a publication:
 1. You must be the first author. The manuscript topic must be in the RVS for which the applicant is seeking certification.
 2. The topic of your publication must make a meaningful contribution to the literature of the RVS to which you are applying. Specifically, the publication will be evaluated on the following:
 - a. A case or population report must include a thorough literature review and assimilation of background information regarding the described case(s).
 - b. An original investigation, whether descriptive or analytical, must be designed and described in a manner that ensures adequate information has been obtained to allow evaluation of the results and substantiation of the conclusions.
 3. The topic of the publication must be different than that of the case report.
 4. The manuscript must be fully accepted (not under review) for publication prior to January 15 for the practitioner track and August 15 for the residency track. If the publication is already in print, upload the following:
 - a. An electronic copy of the entire publication (PDF file) in the format as it appears in the journal.
 - b. The citation (name of journal, date, volume, and issue numbers) must be included with the paper or as a separate file.
 5. If the publication has not yet appeared in print, upload the following:
 - a. An electronic copy of the official letter from the journal verifying the manuscript has been accepted for publication.
 - b. An electronic copy of the manuscript in the final format (PDF file) that is identical to how it will appear in the journal.
 6. Applicants should be aware that the duration of the review process at many journals could exceed twelve months.
 7. The manuscript must have been published within five (5) years of the date of application. For example, if the application date is January 15, 2019, the date of publication cannot be prior to January 15, 2014.
 8. The publication must be in a refereed (peer-reviewed) English language scientific journal. A refereed journal is defined as one governed by policies and procedures established and maintained by a standing editorial board that requires each manuscript submitted for publication to be critically reviewed and approved by at least one (1) recognized authority on the subject. Publication in a journal found on the Approved Journal List (Appendix 6) does not guarantee it will be accepted.
 9. Publications are uploaded to your ABVP online account.

Manage Application

Initial Application - 9301429 - Dairy

Missing Documents

Document Type	
License (Int'l Applicants Only) (optional)	Upload
Case Report	Upload
Case Report — or — Publication	Upload
Curriculum Vitae	Upload
Diploma	Upload
Record of Continuing Education	Start Record of Continuing Education
Self-Report Job Experience	Start Self-Report Job Experience
Synopsis of Practice Experience	Start Synopsis of Practice Experience
Applicant Evaluation Form (need 3)	Send Request

Online FAQs

- Always check the 'Forms and Documents' tab for the most up-to-date Applicant Handbook. ABVP is not responsible for any errors or misinterpretations resulting from the use of older, out-of-date versions of the Applicant Handbook or any supporting documents.
- The largest file size the system will accept is **20MB**. If any of your files are larger than 20MB, it is your responsibility to make the necessary changes to the file so that it is not larger than 20MB.
- The only file types the system will accept are as follows: PDF, DOC, DOCX, TIF, TIFF, XLS, XLSX, JPG, and JPEG.
- It is **REQUIRED** that you save your case reports as a PDF file for upload. PDF files help to preserve the formatting of your case report as it appears on your computer.
- Any text area listing a maximum number of characters includes spaces and punctuation in the character count.
- The system will rename every file you upload. This must occur to ensure the materials are reviewed by the correct person(s).
 - If you, for example, upload two (2) case reports and then decide you want to remove them and upload revised versions, the system will start numbering again at three (3). This is how the system is programmed.
- Is there a submit button?

- No. Once your documents and forms are in the ‘Documents Submitted’ column, ABVP has a copy of the file. The system will automatically lock your application on January 15 at 11:59 PM preventing you from making further changes.
- I uploaded my case report at 10 PM Central on January 15. Why does it say the date of upload is January 16?
 - The system itself runs in UTC Time (Coordinated Universal Time), which is six (6) hours ahead of Central Time. All deadlines are based on Central Time and you will not be able to upload anything past 11:59 PM Central Time.
- One of my colleague evaluators says they have not received the e-mail. What should I do?
 - Ask the person completing the evaluation if he/she has checked his/her junk and/or spam folders. You can send another request by simply clicking the ‘Submit’ button again.
- If you are applying for Shelter Medicine, please also refer to the section for Shelter Medicine starting on page 60 of this handbook.

Notification of Results

It takes approximately four (4) months to review case reports and credentials. You will be notified of your status no later than June 1. Notification will be by e-mail. If your complete credentials are accepted, you are eligible to sit for examination. The deadline for registering and paying the fee for the exam is September 1 at 11:59 PM Central Time.

Home

Don't forget to [register](#) for the 19th Annual Symposium in Nashville, Tennessee October 30 - November 2, ;

Your Information		Quick Links	
ID Number 1301-382215		Complete Exam Application	
		Complete Credentials Application	
		Complete Recertification Application	
		<ul style="list-style-type: none"> ● Recertification by Exam ● Recertification by Points 	

Status	Practice Category	Expiration Date
Applicant	Canine/Feline	12/31/2015

If Your Credentials are Not Accepted

If you do not meet all credentialing requirements, you may re-apply the following year, resubmitting only those credentials that were unacceptable along with the re-application fee and re-submission form. Approximately 50% of first-time applicants’ credentials are

accepted. You will receive information about errors or deficiencies and suggestions for corrections or improvement of the materials. The deadline for re-application is January 15 at 11:59 PM Central Time of the following year. The fee for re-application is \$388.

The link to start a re-application is available via the 'Complete Credentials Application' link on your home page. For 'Application Type', you will select 'Re-Application'.

The re-submission form is found under 'Forms and Documents', once logged in to your ABVP online account, and is the third bullet under the 'Applicant' heading.

Case reports that fail may be recommended for revision and resubmission. The entire case report must be resubmitted but only those sections that failed will be re-evaluated. ABVP recommendations for resubmission of failed case reports do not guarantee that they will be found acceptable upon subsequent evaluation (ie, there is no guarantee of acceptance of resubmitted materials even if you attempt to correct the deficiencies).

If your credentials are not accepted after the third attempt in three (3) years at credentialing, you must submit a new application and credential materials. The first-time application fee will be required. You cannot re-use any previously submitted case reports or publications.

Special Requirements for Case Reports and Publications

Canine and Feline Applicants

Each case report/publication may be on the same species but must be on a different topic.

Avian, Exotic Companion Mammal, and Reptile and Amphibian Applicants

Each case report/publication must document a different topic and address separate species. Exotic Companion Mammal applicants must select from the following list: ferrets, rabbits, guinea pigs, or small rodents.

The Avian, Exotic Companion Mammal, and Reptile and Amphibian RVS's are separate specialties and applicants must fulfill all the requirements for each individual RVS. This includes separate applications for each RVS.

Shelter Medicine Applicants

Each case report/publication may be on the same species but must be on a different topic. Both individual animal and population level cases are acceptable. When two (2)

case reports are submitted, at least one (1) MUST focus on a population of animals. For individual animal cases, the case must have population implications and the impact of the case on the management of the population of animals, of which the individual animals is a member, must be discussed. The manuscripts should reflect the applicant's professional expertise and demonstrate his or her ability to use medical principles in the diagnosis and treatment of shelter animals and populations.

Swine Health Management Applicants

The Swine Health Management applicant must have a solid background in swine medicine and production gained in one (1) of the following ways:

1. At least five (5) years of documentable experience in swine practice prior to first credentials submission
2. Residency/completion of an MS degree, plus at least one (1) year of swine practice
3. Completion of a PhD degree in a swine-related area. The PhD applicant must document evidence of consulting to the swine industry

The certification process for the Swine Health Management RVS begins with an Entry Examination. The application deadline for the Swine Health Management Entry Exam is January 15 at 11:59 PM Central Time. You must pass the Entry Exam, which is given annually in conjunction with the meeting of the American Association of Swine Veterinarians. This examination measures basic skills and problem-solving abilities related to Swine Health Management. It consists of multiple-choice items designed to ensure that you are familiar with all areas of swine production, including reproduction, growth, mortality, economics, epidemiology, disease diagnosis/treatment/prevention, environment, country-specific regulatory issues and animal welfare.

Applicants who fail the entry examination may retake it in succeeding years by notifying ABVP of their intention and paying the required examination fee.

Following passage of the entry examination, the Swine Health Management Credentials Committee must approve an advisor. Each applicant must complete a plan of study developed in collaboration with the advisor. The following steps should be taken.

1. Applicants are asked to submit a list of three (3) potential advisors ranked in order of preference. Advisors must have expertise in Swine Health Management. The committee will try to assign advisors according to candidate preference whenever possible, but may suggest names not included on the list provided by the applicant. The Swine Health Management Credentials Committee will make final selection of the advisor. Advisor names can be submitted to the Swine Health Management Regent or to the ABVP office at info@abvp.com.
2. The relationship between advisor and applicant will be advisory only.

Applicants are not required to work for or with the advisor, although he/she may choose to do so without prejudice. The Swine Health Management Credentials Committee will serve as an approval and oversight body.

3. The plan of study may vary between applicants, depending upon experience, demonstrated abilities and goals of the applicant. The plan of study will be prepared by the applicant and advisor and submitted to the Swine Health Management Credentials Committee for approval within three (3) months after the applicant is notified of successful passage of the entry examination. This curriculum may include, but is not limited to: formal courses, intensive short courses, home study, clinical trials with reports, literature reviews, presentations at meetings, special seminars, and manuscript preparation.
4. Advisors will be asked to submit an annual report to the Swine Health Management Credentials Committee, which serves to evaluate the work of the applicant.

The deadline to complete and submit a credentials application is September 1 at 11:59 PM Central Time. The deadline for credentials submission is January 15 at 11:59 PM Central Time. To obtain more detailed information about the special certification process, consult the ABVP office or [website](#).

Applicants from Residency Programs

Residents are required to submit the following documents along with the standard ABVP credentials application:

- A. An electronic letter from the residency supervisor confirming successful completion of all requirements up to the date of credentials submission (January 15 at 11:59 PM Central Time). You must send an electronic request to your advisor in order for him/her to upload the letter. Your advisor will receive an e-mail from crm@xmiamc.onmicrosoft.com with a link to upload the letter.

Manage Application

Resident Logs - 9301429 - Avian

Missing Documents

Document Type	
Presentation Evaluation Form (optional)	Upload
Presentation Log (optional)	Start Presentation Log
Progress Summary Form (optional)	Start Progress Summary Form
Advisor Letter	Send Request
Case Log	Start Case Log
Mortality Log	Start Mortality Log
Procedures Log	Start Procedures Log
Record of Continuing Education (Resident)	Start Record of Continuing Education (Resident)

- B. An electronic copy of the article that fulfills the publication requirements by August 15 preceding the examination date. This is sent directly to the Executive Director (info@abvp.com), via e-mail, if completed after January 15. If completed prior to the January 15 credentials submission deadline, it is uploaded to your online account via the link to your credentials application. Please note that the publication must undergo review by the Credentials Committee even if you submit it on August 15. Please plan accordingly as reviews can take thirty-(30) days meaning you will not hear a determination until September 15.

Manage Application

Resident Application - 9301429 - Avian

Missing Documents

Document Type	
License (Int'l Applicants Only) (optional)	Upload
Publication (optional)	Upload
Advisor Letter	Send Request
Case Report	Upload
Curriculum Vitae	Upload
Diploma	Upload
Record of Continuing Education	Start Record of Continuing Education
Self-Report Job Experience	Start Self-Report Job Experience
Synopsis of Practice Experience	Start Synopsis of Practice Experience
Applicant Evaluation Form (need 3)	Send Request

- C. If the article has not yet been published but has been accepted, then an electronic copy of the letter from the journal confirming acceptance along with a final electronic draft copy of the article are required by August 15 preceding the examination date. This is sent directly to the Executive Director (info@abvp.com), via e-mail, if completed after January 15. If completed prior to the January 15 credentials submission deadline, it is uploaded to your online account via the link to your credentials application. Please note that the publication must undergo review by the Credentials Committee even if you submit it on August 15. Please plan accordingly as reviews can take thirty-(30) days meaning you will not hear a determination until September 15.

Manage Application

Resident Application - 9301429 - Avian

Missing Documents	
Document Type	
License (Int'l Applicants Only) (optional)	Upload
Publication (optional)	Upload
Advisor Letter	Send Request
Case Report	Upload
Curriculum Vitae	Upload
Diploma	Upload
Record of Continuing Education	Start Record of Continuing Education
Self-Report Job Experience	Start Self-Report Job Experience
Synopsis of Practice Experience	Start Synopsis of Practice Experience
Applicant Evaluation Form (need 3)	Send Request

- D. A certificate of completion must be submitted. The certificate must include the institution or practice name, exact starting and ending dates of the residency, the name of the RVS, the resident's full name and advisor's full name, and the advisor's actual handwritten signature. Certificates should be uploaded using the following URL and following the prompts:

<https://abvp20.typeform.com/to/n2KoTHYb>

Your credentials may be provisionally accepted pending receipt of these final two (2) documents, allowing you to register for the exam. However, the exam registration will be cancelled and the exam fee refunded if these documents are not received by August 15. Please refer to the Residency Handbook for further instructions.

Applicants from Certificate Programs

Certificate program applicants are required to electronically submit the following documentation along with the standard ABVP credentials submission:

1. Electronic documentation proving you participated in and successfully completed all portions of the Recognized Certificate Program. Documentation must be submitted in a PDF document to the Executive Director (info@abvp.com) by the Program Supervisor. The applicant will include in the 'Synopsis of Practice Experience' form in the credentials submission that a certificate program was completed along with a description of the program.

International Applicants

Applicants who did not graduate from a college or school of veterinary medicine accredited by the AVMA or who earned a certificate issued by the ECFVG are required to submit an electronic copy of a valid (in-date) license to practice. Scan or photograph the license and upload the file from your computer to your online account via the link to your credentials application.

Manage Application

Initial Application - 9301429 - Avian

Missing Documents

Document Type	
License (Int'l Applicants Only) (optional)	Upload
Case Report	Upload
Case Report — or — Publication	Upload Upload
Curriculum Vitae	Upload
Diploma	Upload
Record of Continuing Education	Start Record of Continuing Education
Self-Report Job Experience	Start Self-Report Job Experience
Applicant Evaluation Form (need 3)	Send Request

IV. Examination

The ABVP certification exam is offered once a year. Only those candidates who have successfully credentialed are eligible to sit for the exam. You will not be allowed in the examination room without paying all necessary fees.

1. Time and location

- a. The exam is administered in conjunction with the ABVP Symposium.
- b. All specialty exams are administered on Wednesday and all practical exams are administered on Thursday.
- c. The 2018 exams will be held in Tampa, Florida, October 10-11
- d. The 2019 exams will be held in Denver, Colorado, October 9-10
- e. The Swine Health Management Exam is given at the annual AASV Conference.
- f. Dates and locations are subject to change. Please visit www.abvp.com and log in to your ABVP online account for updates.

2. Format

- a. Each RVS designs and administers a separate exam.
- b. For most RVS, one RVS specific exam is administered in two parts on a single day.
 1. Most RVS will have 350 items that are predominantly multiple-choice with a stem and three (3) possible answers. One (1) answer is correct and the other two (2) are distractors.
 2. An item may or may not have an image associated with it.
 3. Some RVS Exams have short answer, matching, and essay type questions.
- c. If you took the legacy exams in 2016 and/or 2017 and still need to complete either the legacy Specialty exam or legacy Practical exam, you will be able to complete that legacy exam in 2018 and 2019. If you did not successfully complete both legacy exams in either 2016 or 2017, you will be required to take the RVS specific exam as noted above as opposed to the legacy Specialty exam and legacy Practical exam.
 1. (Legacy) Specialty Exam
 1. Written multiple-choice items with a stem and three (3) possible answers. Only one (1) choice is correct, and the other two (2) are distractors.
 2. For most RVS's, there are three hundred items.
 2. (Legacy) Practical Exam
 1. Written multiple-choice items based on printed color images. One (1) or more items are associated with each image. Each item has a stem and three (3) possible answers. Some RVS Practical Exams also include short answer and essay questions.
 2. The number of items varies between 50 and 100.

3. The Swine Health Management exam consists of three (3) sections:
 - a. Practical: six (6) questions
 - b. Essay: four (4) questions
 - c. Oral: six (6) questions
4. Exam blueprints are available that specify the approximate percent of the exam devoted to areas of study. You can locate these in the 'Forms and Documents' tab of your online account.
5. Candidates who are eligible to sit for the exam and who have paid the required fees will receive an Examination Entrance Certificate by e-mail at least two (2) weeks prior to the examination date. This certificate is required for admission to the examination. If you misplace your examination certificate or do not receive it one (1) week prior to the test date, you must contact ABVP. This certificate is for your use during the exam as it contains your ID number, which must be filled in on any answer sheet(s)..
6. Statements of confidentiality and adherence to ethical integrity must be signed as part of the examination.
7. All materials, including pencils, are supplied at the exam site. No smart phones, papers, books, or reference materials are allowed. Online calculators are available. Nothing may be taken from the exam room. No talking or other communications are allowed.
8. Exam proctors will be present to answer questions about the exam process but they cannot help with exam content.
9. The results of the certifying exam will be e-mailed to you within forty-five (45) days of the exam. Results will not be given over the phone.
10. If unsuccessful, you may retake the examination the following year. You have three (3) opportunities over a three (3) consecutive year period to pass the RVS exam.
 - a. For legacy exam takers in 2018 and 2019: If unsuccessful, you may retake the examination the following year. You have three (3) opportunities over a three (3) consecutive year period to pass all sections of the exam. If you only fail one (1) section, then you only retake the failed portion of the exam.

Contingency Plans: Hazardous Weather or Personal Medical Emergency

ABVP realizes that unavoidable circumstances such as unforeseen weather difficulties or medical emergencies may prevent you from reaching the test site in time to take the examination(s). If you are unable to arrive on time, take both of the following steps:

1. Call the ABVP office (800.697.3583) and inform the personnel there of the predicament. Obtain the name of the individual with whom you speak.
2. Submit a letter of explanation to the ABVP office.

No refunds of exam fees will be given. If you are still eligible to take the exam the following year, the exam fee will be carried over to the following year's exam at your request. This will not automatically be done.

Examination Procedures

- Advance notice of the exact dates, times, and location of test administration will be made available via the 'Member Login' area of the ABVP website.
- If you arrive after the proctor has started pretest instructions, you forfeit the right to sit for the examination.
- You are required to sign in for each examination you are taking.
- The examination will be held only on the day and at the time scheduled.
- No questions concerning the content of the examination may be asked during the testing period. Listen carefully to instructions given by the examiner and read any directions that are provided. If you encounter an item that you believe is misleading or incorrect, bring it to the attention of the proctor. You may also make notes on the exam booklet and the Examination Committee will review them at a later date.
- Proctors are authorized to maintain secure and proper test administration procedures, including relocation of Diplomates. Diplomates may not communicate with each other during the examination.

Suggestions for Taking the Exam

- Read written instructions carefully. You may miss important information by skipping over directions or reading them too quickly.
- Answer the questions in order, but don't waste time on questions containing unfamiliar or difficult material. Time permitting you may revisit skipped questions.
- Make educated guesses at correct answers rather than leaving the answer spaces blank. The score on the entire test will be based only on the number of correct responses, with no penalty for wrong answers.

Examination Passing Point

After administration, the examinations are scored. The raw score for each candidate, as well as the results of statistical analysis for each examination, including mean score and standard deviation, are reported to the Chair of the Examination Committee. The standard passing point is 70% raw score. Passing points may be set lower than 70% by the COR. Reports of the scores are reported to the COR on separate spreadsheets for each RVS examination. The Chair does not disclose individual candidate scores

prior to determination of the passing point. Mean candidate scores minus one-half (1/2) standard deviation is used as a starting point for determination of the passing point. This passing point can be adjusted if consideration of the passing points of previous similar ABVP examinations, the frequency distribution of raw scores, or other pertinent information so dictates. After consultation with the Exam Vice Chairs for each RVS, a suggested passing point is determined for each examination, which is no higher than 70%. The Chair of the Examination Committee reports the recommended passing points to the COR along with score distributions, statistical analyses of candidate performance, and previous passing points for similar examinations. The COR, after consideration of the recommendations of the Examination Committee and the supporting data, determines the actual passing point for each examination.

Understanding Test Results

Confidential exam results are e-mailed within forty-five (45) days following the examination. No results are given over the phone.

If you fail the exam, you will be given your raw score along with the passing score. In addition, you will receive your sub-scores broken down for each knowledge domain to assist in identifying areas for your future study. Any exam not passed may be repeated. Candidates must have successfully completed the examination by the third consecutive year following your acceptance as a candidate for examination. To retake an exam, you must register and pay a re-examination fee by September 1 at 11:59 PM Central Time. You will not be allowed in the examination room without paying all necessary fees.

V. Certification

Candidates whose credentials are accepted and who pass all sections of the examination are granted Diplomate status with all rights and responsibilities of AVMA-ABVS board-certified specialists.

Certificates

Once the examination is passed, you will be contacted to verify the appearance of your name on your certificate. All certificates will list your name as follows:

Jane Doe, DVM

Additional initials (VMD, MS, MBA) will be added at your request. The sentence following your name states you are a board-certified Diplomate and in which RVS.

An official certificate will be mailed to all new Diplomates, or certificates will be given in person as part of a welcoming ceremony for those attending the annual ABVP Symposium. When you receive your certificate, review it and contact ABVP if an error is found. ABVP will not send certificates until you confirm the spelling of your name.

Annual Diplomate Fees

ABVP uses annual Diplomate renewal fees to provide administrative offices and services, fund semi-annual meetings of COR, and support committee functions. These fees are payable every year on July 1.

Diplomates whose annual fees are current are considered in good standing. Only Diplomates in good standing are eligible for committee service and Maintenance of Certification.

VI. Fees and Deadlines

Payment must be submitted at the same time as the application. Late payments will not be accepted. Checks and credit cards are accepted, and all funds must be in U.S. dollars from U.S. banks. All fees are subject to change without prior notice.

	<u>Fee</u>	<u>Deadline</u>
Application and Application Fee	\$515	September 1 at 11:59 PM Central Time
Credentials Submission		January 15 at 11:59 PM Central Time <i>immediately following September 1</i>
Re-Application	\$388	January 15 at 11:59 PM Central Time
Swine Health Management Entrance Exam Fee	\$110	January 15 at 11:59 PM Central Time
Examination	\$688	September 1 at 11:59 PM Central Time
Re-Examination	\$688	September 1 at 11:59 PM Central Time
Annual Diplomate Renewal Fee	\$335	July 1

All Fees and Deadlines current as of June 2018.

VII. Contact Information

All materials and inquiries should be directed to the ABVP management office. In addition, each RVS has a Regent who represents applicants, candidates, and Diplomates. Regents are available to answer questions and offer advice. Contact information for Regents is available from the management office or the [ABVP website](#).

American Board of Veterinary Practitioners

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Facebook: www.facebook.com/AmericanBoardofVeterinaryPractitioners

LinkedIn: <https://www.linkedin.com/groups/American-Board-Veterinary-Practitioners-6690719/about>

VIII. Appendices

1. Residencies and Training Programs

- a. ABVP-approved residencies are available at select veterinary colleges, institutions, and private practices.
- b. A Residency Handbook is available that contains deadlines and instructions for completing all residency requirements. This handbook can be found on the ABVP [website](#).
- c. ABVP-approved certificate programs are available at select veterinary colleges, institutions, and private practices.
- d. A certificate program must be at least three (3) years in length and runs concurrently with the participant's working in private practice.

2. Application Tips

- a. Keep copies of any e-mails or other written communications with ABVP staff. If you contact ABVP by telephone, be sure to write down the date, time, and name of the person with whom you are speaking. If anything is ever unclear or confusing, please ask to speak with the Executive Director or an ABVP Regent or Officer. Names and contact information are available on the ABVP [website](#).
- b. All deadlines are 11:59 PM Central Time on the dates specified in the Handbook. No extensions will be granted for materials submitted late.

3. JAVMA instructions for bibliography

References

You are responsible for accuracy of all references. References must be limited to those that are necessary and must be cited in the text by superscript numbers in order of citation. Journal titles in the Reference section should be italicized and abbreviated in accordance with the National Library of Medicine and Index Medicus. These can be found on the PubMed website. For references with more than three (3) authors, only the first three (3) should be listed followed by "et al." The following is the style used for common types of references:

Articles in Journal

Lamont LA, Bulmer BJ, Sisson DD, et al. Doppler echocardiographic effects of medetomidine on dynamic left ventricular outflow tract obstruction in cats. *J Am Vet Med Assoc* 2002;221:1276-1281.

Book Chapter

Muir P, Johnson KA, Manley PA. Fractures of the pelvis. In: Birchard SJ, Sherding RG, eds. *Saunders manual of small animal practice*. 2nd ed. Philadelphia: WB Saunders Co, 2000;1126-1132.

Proceedings

Moore MP, Bagley RS, Harrington ML, et al. Intracranial tumors, in *Proceedings*. 14th Annu Meet Vet Med Forum 1996;331-334.

Electronic Material

Animal and Plant Health Inspection Service Web site. Bovine spongiform encephalopathy (BSE). Available at:

www.aphis.usda.gov/lpa/issues/bse/bse.html. Accessed Feb 18, 2003.

4a. Examination Process

- a. The certifying exams cover a broad range of material related to each RVS. Items are designed to test specialist-level knowledge and the ability to apply that knowledge to clinically relevant problems and scenarios.
- b. To prepare for the examination, set aside 30-60 minutes a day to study. Textbooks, journals, and other forms of continuing education may be used. Study guides are available in the 'Forms and Documents' area once you log in to your account with ABVP.
- c. Practice taking multiple-choice tests by using materials in journals, textbooks, or study guides.
- d. Focus study time on topics and areas that are less familiar. Do not spend excessive time and energy reviewing topics that you are already knowledgeable about.
- e. Most of the exam items will be clinically relevant and are designed to test for knowledge important for a specialist in private practice. A limited number of items will test knowledge of anatomy, physiology, mechanisms, etc.
- f. Exam fatigue is common. Alertness and stamina are required to successfully complete the entire examination in the time allotted.

4b. General Study Recommendations for all RVS's

There is no universal study system by which you can achieve certification with ABVP. There are, however, some common factors found among those who pass the examinations. The most important factor is a systematic, organized study pattern. Self-directed study, whether individually or in groups, is best directed at areas in which one is least knowledgeable. Successful candidates found frequent short study periods of 30-60 minutes to be more useful than marathon study sessions or cramming right before the exam.

As most candidates are at least six (6) years away from school, the need to concentrate your study on reacquisition of knowledge pertaining to pathophysiology of disease and therapy cannot be over-emphasized. A thorough review of the disease process should cover both the pathophysiology of the disease as well as therapy. When studying a particular topic, it is important to read and understand all aspects.

Preparation for the practical examination may vary slightly as this examination uses visual aids for the majority of questions. Pay particular attention to those disciplines where visual recognition of lesions or processes is important. Among the areas that fall into this category are ophthalmology, dermatology, cardiology, and clinical/gross pathology.

4c. Study Tips

- a. *Start early.* Most successful candidates begin regular, systematic study as soon as they are notified they are eligible to sit for the examinations.
- b. *Study frequently.* Studying one (1) hour a day produces better learning than seven (7) hours once a week. Many Diplomates report studying at least one (1) hour per day for several months prior to the examination.
- c. Use the examination blueprints to help you focus on areas of greatest weight.
- d. Do not forget the examinations are, in themselves, part of the study process. Approximately 50% of all candidates have to retake parts of the examination prior to certification. If you are unsuccessful on the first attempt, develop study habits that address your weakest disciplines.
- e. Exam blueprints, study guides, and item writing guides are available in the 'Forms and Documents' area once you login to your account with ABVP.

5. Approved International Veterinary Specialty Colleges and Boards

- a. A Diplomate of the European Board of Veterinary Specialists
- b. A Fellow of the Australian College of Veterinary Scientists
- c. A Diplomate of the Royal College of Veterinary Surgeons

6. Approved Journal List by RVS

- Avian Approved Peer-Reviewed Journals
 - *Avian Diseases*
 - *Avian Pathology*
 - *Exotic DVM (subject to review for sufficient length and depth)*
 - *Journal of the American Veterinary Medical Association*
 - *Journal of Avian Medicine and Surgery (formerly Journal of the AAV)*
 - *Seminars in Avian and Exotic Pet Medicine*
 - *Veterinary Clinics of North America – Exotic Practice*
- Beef Cattle Approved Peer-Reviewed Journals
 - *American Journal of Veterinary Research*
 - *Bovine Practitioner*
 - *Canadian Veterinary Journal*
 - *Journal of Animal Science*
 - *Journal of Applied Veterinary Research*
 - *Journal of Dairy Science*
 - *Journal of the American Veterinary Medical Association*

- *Journal of Veterinary Internal Medicine*
- *Theriogenology*
- *Veterinary Anesthesia*
- *Veterinary Surgery*
- *Veterinary Clinics Of North America: Food Animal Practice*
- *World Buiatrics Proceedings*
- **Canine Approved Peer-Reviewed Journals**
 - *American Journal of Veterinary Research*
 - *Clinical Techniques in Small Animal Practice*
 - *Compendium on Continuing Education for the Practicing Veterinarian*
 - *Journal of the American Animal Hospital*
 - *Journal of the American Veterinary Medical Association*
 - *Journal of Feline Medicine and Surgery*
 - *Journal of Veterinary Dentistry*
 - *Journal of Veterinary Emergency and Critical Care*
 - *Journal of Veterinary Internal Medicine*
 - *Veterinary Clinics of North America Small Animal Practice*
 - *Veterinary Dermatology*
 - *Veterinary Medicine*
 - *Veterinary Ophthalmology*
 - *Veterinary Surgery*
 - *Vet Therapeutics*
- **Dairy Approved Peer-Reviewed Journals**
 - *American Journal of Veterinary Research*
 - *Animal Reproductive Science*
 - *Bovine Practitioner*
 - *Canadian Vet Journal*
 - *Clinical Theriogenology*
 - *In Practice*
 - *Journal of the American Veterinary Medical Association*
 - *Journal of Animal Science*
 - *Journal of Applied Veterinary Research*
 - *Journal of Dairy Science*
 - *Journal of Veterinary Internal Medicine*
 - *Theriogenology*
 - *Veterinary Anesthesia*
 - *Veterinary Clinics Of North America: Food Animal Practice*
 - *Veterinary Record*
 - *Veterinary Surgery*
- **Equine Approved Peer-Reviewed Journals**
 - *American Journal of Veterinary Research*
 - *Canadian Veterinary Journal*
 - *Compendium for Continuing Education - Equine*
 - *Equine Veterinary Education*

- *Equine Veterinary Journal*
- *Journal of Equine Veterinary Science*
- *Journal of the American Veterinary Medical Association*
- *Journal of Veterinary Internal Medicine*
- *Journal of Veterinary Medical Education*
- Exotic Companion Mammal Approved Peer-Reviewed Journals
 - *American Journal of Veterinary Research*
 - *Journal of Exotic Pet Medicine*
 - *Journal of the American Veterinary Medical Association*
 - *Veterinary Clinics of North America – Exotic Pet Practice*
- Feline Approved Peer-Reviewed Journals
 - *American Journal of Veterinary Research*
 - *Canadian Veterinary Journal*
 - *Clinical Techniques in Small Animal Practice*
 - *Compendium on Continuing Education for the Practicing Veterinarian*
 - *Journal of the American Animal Hospital Association*
 - *Journal of the American Veterinary Medical Association*
 - *Journal of Feline Medicine and Surgery*
 - *Journal of Veterinary Dentistry*
 - *Journal of Veterinary Emergency and Critical Care*
 - *Journal of Veterinary Internal Medicine*
 - *Veterinary Clinics of North America: Small Animal Practice*
 - *Veterinary Dermatology*
 - *Veterinary Medicine*
 - *Veterinary Ophthalmology*
 - *Veterinary Surgery*
 - *Veterinary Therapeutics*
- Food Animal Approved Journals
 - *American Journal of Veterinary Research*
 - *Animal*
 - *Canadian Journal of Veterinary Research*
 - *Canadian Veterinary Journal*
 - *International Journal of Applied Research in Veterinary Medicine*
 - *Journal of the American Veterinary Medical Association*
 - *Journal of Animal Science*
 - *Journal of Dairy Science*
 - *Journal of Swine Health and Production*
 - *Journal of Veterinary Diagnostic Investigation*
 - *Journal of Veterinary Internal Medicine*
 - *Research in Veterinary Science*
 - *The Bovine Practitioner*
 - *Theriogenology*
 - *Veterinary Anesthesia and Analgesia*
 - *Veterinary Clinical Pathology*

- *Veterinary Clinics of North America: Food Animal Practice*
- *Veterinary Dermatology*
- *Veterinary Journal*
- *Veterinary Pathology*
- *Veterinary Record*
- *Veterinary Research*
- *Veterinary Surgery*
- **Reptile and Amphibian Journals**
 - *American Journal of Veterinary Research*
 - *Chelonian Conservation & Biology*
 - *Comparative Medicine*
 - *Conservation Physiology*
 - *Copeia*
 - *Diseases of Aquatic Organisms*
 - *Journal of the American Association for Laboratory Animal Science*
 - *Journal of the American Veterinary Medical Association*
 - *Journal of Exotic Pet Medicine*
 - *Journal of Herpetological Medicine and Surgery (formerly Bulletin of ARAV)*
 - *Journal of Herpetology*
 - *Journal of Parasitology*
 - *Journal of Veterinary Diagnostic Investigation*
 - *Journal of Veterinary Pharmacology and Therapeutics*
 - *Journal of Wildlife Diseases*
 - *Journal of Zoo and Wildlife Medicine*
 - *Journal of Zoology*
 - *Journal of Zoo and Aquarium Research*
 - *PLOS ONE*
 - *Veterinary Clinical Pathology*
 - *Veterinary Microbiology*
 - *Veterinary Ophthalmology*
 - *Veterinary Pathology*
 - *Veterinary Record*
 - *Veterinary Radiology and Ultrasound*
- **Shelter Medicine Approved Journals**
 - *American Journal of Veterinary Research*
 - *Animal Welfare*
 - *Anthrozoos*
 - *Applied Animal Behavior Science*
 - *Canadian Veterinary Journal*
 - *Compendium of Continuing Education for the Practicing Veterinarian*
 - *Journal of Applied Animal Welfare Science*
 - *Journal of Feline Medicine and Surgery*
 - *Journal of Hospital Infection*

- *Journal of Parasitology*
- *Journal of the American Animal Hospital Association*
- *Journal of the AVMA*
- *Journal of Veterinary Diagnostic Investigation*
- *Journal of Veterinary Pharmacology and Therapeutics*
- *Journal of Veterinary Behavior: Clinical Applications and Research*
- *Journal of Veterinary Internal Medicine*
- *Journal of Veterinary Medical Education*
- *Journal of Virology*
- *Preventive Veterinary Medicine*
- *Veterinary Clinics of North America*
- *Veterinary Dermatology*
- *Veterinary Microbiology*
- *Veterinary Pathology*
- *Veterinary Therapeutics*
- **Swine Approved Peer-Reviewed Journals**
 - *American Journal of Veterinary Research*
 - *Animal Genetics*
 - *BMC Veterinary Research*
 - *Canadian Journal of Animal Science*
 - *Canadian Journal of Veterinary Research*
 - *Canadian Veterinary Journal*
 - *FACETS*
 - *Frontiers in Veterinary Science*
 - *International Journal of Applied Research in Veterinary Medicine*
 - *Journal of the American Veterinary Medical Association*
 - *Journal of Animal Science*
 - *Journal of Applied Animal Welfare Science*
 - *Journal of Clinical Microbiology*
 - *Journal of Swine Health and Production*
 - *Journal of Veterinary Diagnostic Investigation*
 - *Journal of Veterinary Internal Medicine*
 - *Journal of Veterinary Medicine*
 - *Journal of Virology*
 - *Livestock Production Science*
 - *Livestock Science*
 - *Pathogens and Disease*
 - *PLoS ONE*
 - *Preventive Veterinary Medicine*
 - *Research in Veterinary Science*
 - *Scientific Reports*
 - *Theriogenology*
 - *Transboundary and Emerging Diseases*
 - *Vaccine*

- *Veterinary Anaesthesia and Analgesia*
- *Veterinary Clinical Pathology*
- *Veterinary Clinics of North America: Food Animal Practice*
- *Veterinary Journal*
- *Veterinary Microbiology*
- *Veterinary Pathology*
- *Veterinary Record*
- *Veterinary Research*
- *Veterinary Surgery*
- *Viral Immunology*
- *Viruses*

Removing Personal Information from Adobe PDF files

In the interest of protecting applicant and Diplomate anonymity, it is important to check for personal information contained within document properties and remove it if discovered. Personal data that can compromise the identity of an applicant or Diplomate is typically found in the "properties" and "metadata" of Word and Adobe file formats.

A fast, easy, and recommended manual check is:

1. Right click on the icon to your PDF document
2. Select 'Properties'
3. Navigate to the 'Details' tab
4. Pay particular attention to the line labeled "Author" or "Owner". This is a frequent location of your name or initials and this is the information you need to remove

Adobe

1. Open the PDF document
2. Click 'File'
3. Click 'Properties'
4. This will open a box entitled 'Document Properties'
5. On the 'Description' tab, remove your name from the 'Author' field
6. Click 'OK'
7. Save your document

IX. Case Report Information

Tips for Selecting a Case Report

The case report is a means for you to showcase your professional expertise and ability to use medical principles in diagnosis and treatment. Here are some points to consider as you choose a case to present.

1. Showcase your own expertise. Referral and consultation with specialists is an important part of practice and will in no way adversely affect the report's evaluation. However, the report must demonstrate more than an ability to refer and follow the direction provided by others. The majority of the case management must demonstrate your own ability to recognize and manage medical or surgical problems, and to interpret clinical findings. If you are personally adept at some advanced diagnostic or therapeutic modality, then choosing a case in which you apply those skills can strengthen the case report.
2. Avoid excessively complex cases. The case should be challenging enough to demonstrate a high level of clinical acumen and a thorough, thoughtful approach to the evaluation and intervention. However, a case in which numerous complex and interacting diseases and/or complications come into play may be difficult to present in a thorough manner. A more focused problem lends itself to a clear and concise literature review and discussion.
3. Choose a case that has significant supportive documentation for your diagnosis and therapy. A diagnosis based on a "best guess" of the data obtained is likely to be criticized by reviewers. A diagnosis by exclusion is appropriate if that is the standard of care for the problem and all the exclusionary diagnostics have been reasonably addressed. In all cases, documentation should be provided in the form of photos, ECG's, tables, etc. as outlined earlier.
4. Avoid cases in which financial constraints or lack of owner cooperation led to serious deficiencies in the case management. Reasonable limitations based on financial or other practical considerations are acceptable, but they should not compromise a thorough investigation and intervention. For instance, if a definitive diagnosis required histopathology, which the owner declined to submit, then that would not be a suitable case to report.
5. Plan ahead. Most people can think of cases that might be suitable to submit but are lacking in some detail. For example, the radiographs were of poor quality and weren't repeated; an important diagnostic test was omitted for financial reasons; or there was poor follow up in monitoring the treatment. If you are thinking of submitting a case report, think prospectively. When a promising case presents to you, be prepared to offer some financial subsidy if necessary, be sure to document your findings and be thorough in your management. A good case report is a key component to successfully credentialing and should be a priority as you seek Diplomate status.

Common Reasons Case Reports Fail

1. **Not following directions.** The Applicant Handbook provides very specific instructions regarding the organization, presentation and formatting of the case report. This is intended to provide a standard framework for fair and consistent evaluation by reviewers. For those accustomed to reading or writing case reports in refereed journals, some aspects of the instructions may seem counter-intuitive. However, the purpose of the case report is different from that of a journal. It serves to demonstrate the author's professional abilities rather than add to the veterinary literature. This includes the author's ability to research a veterinary topic, reason through the clinical case, reach a logical conclusion, and discuss/defend the clinical choices. Common errors include but are not limited to
 - a. failure to follow instructions
 - b. failure to provide all laboratory work performed in table form
 - c. failure to follow laboratory data reporting instructions
 - d. failure to provide supporting documentation (e.g. radiographs, photographs, ECG's) in the manner directed
 - e. failure to provide anonymity with radiographs and ultrasound images
 - f. failure to list drugs and dosages according to instructions.

Authors should note that the Introduction should be complete and pertinent to the case presented. The Discussion section should critique or analyze decisions and interpretations, and not serve as a summary.

Because ABVP's requirements regarding formatting differ from those required by refereed journals, discipline-oriented specialists might find the evaluation of case reports difficult. Please be aware that requirements for the discipline-oriented specialists (ACVS, ACVIM, ACVO, etc) differ and therefore, endorsements by these specialists do not guarantee a successful case report.

2. **Poor case selection.** Unacceptable case reports are often marked "Not eligible for revision and resubmission." This may be due to fatal flaws in the case management that fall below the standard of care expected for Diplomate status. Perfection is not a requirement, and the Discussion section provides opportunity for the author to critique or explain aspects of the case. However, if there are fatal flaws that reflect a poor overall level of understanding or case management, the case report is unacceptable. Similarly, if the case presented was not sufficiently challenging to determine whether the applicant's abilities are consistent with Diplomate status, the case report is likely to be judged "Unacceptable and not suitable for revision and resubmission." Case economics are another reason case reports are often found unacceptable. Failure to perform necessary diagnostics or medical/surgical therapy due to lack of owner finances handicaps the evaluator in assessing the applicant's ability. Cases that showcase

your clinical acumen (diagnostics and interpretation) and technical abilities (medical and surgical judgments) are necessary for proper applicant evaluation.

3. **Grammar, Spelling, Syntax, Punctuation.** Case reports reflect not only your professional expertise, but also your ability to communicate medical information in a professional manner. Reports are expected to be of technical quality consistent with a final draft of a paper being accepted for publication. Be sure you use the spelling and grammar check provided by most word processing programs. Read your paper carefully and slowly looking for errors. If your writing skills are not strong, or if English is not your first language, enlist the help of someone with sound literary skills to review organization, sentence structure, and clarity of the ideas presented.
4. **Failure to use scientific writing style.** The writing style should reflect that used in a refereed journal. Use of first person narrative (e.g. “When I first examined the patient”), use of patient or owner’s names, (e.g. “Fluffy improved quickly”), and over-dramatization of conclusions (e.g. “The owner was saved from a heart breaking loss”) are examples of inappropriate style.
5. **Poor literature review.** The introduction should provide a current and relevant review of the scientific literature. Some textbooks may be referenced, but where possible the primary literature sources should be used. Older references are often appropriate to laying groundwork, but the author is expected to include the most current information available.
6. **Failure to include required criteria.** The instructions in the Applicant Handbook include specific topics to be covered in each section, such as “typical history and presentation” in the introduction. Reviewers are required to consider these particular criteria in their assessments. The [Form 1](#) used by reviewers to assess the Case Report is available under Forms and Documents in your portal on the website.
7. **Taking ownership of the case.** Many cases fail because the primary care veterinarian referred the case for a diagnostic or therapeutic procedure and did not have the case return for management. Referrals for diagnostics and therapeutics are allowed and encouraged if the primary care veterinarian is not comfortable with the procedure. However, it is important that after the procedure is performed that the case return to the care of the primary veterinarian for management. This allows the reviewers to assess clinical acumen. It is also beneficial if the primary care veterinarian can accompany the case to the specialist and participate in the procedure (assist with the ultrasound, surgical procedure, endoscopy, etc).

Case Report Evaluation

1. Each case report is distributed to three (3) ABVP Diplomates who serve as reviewers for the Credentials Committee. Each RVS has one (1) or more vice-chairs who select reviewers, oversee the evaluation process, and record results. All reviewers undergo training. Review team members are blinded to the identity of the authors of case reports. The Credentials Committee reserves the right to request and review copies of medical records and supporting information in its case report evaluation process.
2. At least two (2) reviewers must approve all sections of the case report for it to pass. Each reviewer submits written comments, critiques, and suggestions using [Form 1](#) (as seen under the 'Forms and Documents' tab of your online account). Vice-chairs collect all Form 1s and prepare a final evaluation based on the scores and comments.
3. Each case report reviewer uses the following instructions in evaluating case reports:
 - a. Any section of the case report will fail if the reviewers or vice-chair:
 - i. Identify a fatal flaw (FF) in the section. This is a sufficiently grievous error that renders the section and case report unacceptable in and of itself.
 - ii. Identify at least three (3) significant deficiencies (SD) in the section. These are errors that can be clearly and objectively seen to fall short of what is expected but are not individually serious enough to merit failing the section.
4. The case report will be reviewed to assess your ability to recognize and manage medical and surgical problems, to utilize the diagnostic and therapeutic modalities currently available, and to present and interpret clinical findings. You must be able to justify your decision-making and convince the reviewers that your interventions were reasonable and warranted. The outcome of the case matters only to the extent that appropriate care was demonstrated on a level equal to specialty practice.
5. The case report is a form of scientific communication that must clearly communicate the subject matter in a style that is easy to read while adhering to the required ABVP format. **Not following instructions is a common reason for failure.** While ABVP credentialing does not require published case reports in refereed journals, the quality of the case report presentation is comparable. Case reports that do not adhere to instructions or are deficient in terms of formatting, spelling, grammar, syntax, writing style, use of tables/illustrations/figures, and other weaknesses will most likely fail. See [Form 1](#), Section 5.
6. The Introduction of the case report will be scrutinized for succinct yet complete information germane to the topic being presented. Searching the scientific literature and gleaning the pertinent facts about a topic is an essential skill for an ABVP Diplomate. The Introduction should familiarize the reviewers with

- background information that is current and important and that will lay a foundation for the Clinical Report and Discussion. See [Form 1](#), Section 1.
7. The Clinical Report portion of the case report is more than a chronicling of events and a listing of tests and treatments. It should demonstrate that you were thorough and thoughtful as you proceeded through the investigation and intervention phases and ultimately to the resolution and follow-up. This is your opportunity to showcase your clinical acumen and technical abilities, and to demonstrate to the reviewers that you are practicing on the level of a board certified specialist. See [Form 1](#), Section 2.
 8. The Discussion of the case report should analyze and critique the case, acknowledge deviations from anticipated findings and interpret or explain their importance. Comparing the clinical course of the case to the information presented in the Introduction gives you the opportunity to discuss what you learned from this case report and perhaps draw conclusions germane to management of future cases. See [Form 1](#), Section 3.
 9. The Summary of the case report should be brief but descriptive. It should state the overview of the case report and close with a valid conclusion. See [Form 1](#), Section 4.
 10. In addition to evaluating and scoring each section separately, the entire paper will be assessed for proper preparation and organization. A paper can be failed on Section 5, Case Report Preparation and Organization, even if Sections 1-4 pass. Section 5 takes into account issues such as, but not limited to, multiple misspelled words, grammatical errors, poor quality images, tables incorrectly formatted, endnotes and references incorrectly formatted, drug dosages not listed appropriately, etc. See [Form 1](#), item 5.
 11. Case reports may be rewritten or revised and resubmitted the following year if indicated by the review team feedback on Form 3. However, there is no guarantee that revised case reports will be approved. Resubmissions will be evaluated only on the section(s) that failed by a team of three (3) different reviewers who did not see the case the previous year. The new reviewers will have access to the comments and critiques of the previous reviewers as found on Form 3.

Shelter Medicine Practice Category: Practitioner Path for Certification

General Description

Eligibility for ABVP certification is detailed in section II of the Applicant Handbook. Practitioners must have completed at least 5 years of clinical practice experience before application and at least 6 years of clinical practice experience before examination. Five of the six years of clinical practice experience must be Shelter Medicine focused. Examples of qualifying Shelter Medicine focused clinical experience include:

- 1) Fulltime employment (eg: 35-40 hours/week) in an animal shelter or animal shelters for 5 years or equivalent (eg: half-time for 10 years)
- 2) A specialty internship in Shelter Medicine will count as 1 year of qualifying experience
- 3) A specialty fellowship in Shelter Medicine will count as qualifying experience for the duration of the fellowship or up to 2 years
- 4) Employment as a Shelter Medicine consultant or outreach veterinarian where the candidate spends the majority of his/her full-time effort working with animals shelters or related Shelter Medicine cases
- 5) Employment as a faculty member teaching Shelter Medicine to veterinary students, where the faculty member is in regular consultation with animal shelters

Practitioners must fulfill all of the general responsibilities and requirements as described in the ABVP Residency Handbook. This includes submission of electronic versions of their veterinary diploma, curriculum vitae, synopsis of veterinary practice experience, self-report job experience, continuing education documentation, and three (3) applicant evaluation forms. In addition, two (2) ABVP-style case reports OR one (1) first author publication and one (1) ABVP-style case report are required. Details on these documents are covered in section III of the Applicant Handbook. In addition to these requirements, there are other specific credentialing requirements for practitioner path applicants in order to ensure experience in all of the critical areas of Shelter Animal Practice.

Shelter Medicine Practice Category: Narrative Descriptions of Additional Specific Requirements for Practitioners

1. Shelter visits

Objectives:

Practitioner candidates are expected to become knowledgeable about a wide variety of sheltering models representing a range of sizes, budgets, species, philosophies, regions, facility styles and programs.

Required training experiences:

Practitioners must visit at least 12 different animal shelters in at least 2 of the following 5 regions: western United States; mid western United States; northeastern United States; southern United States, international. Visits should include both municipal and private shelters including both open and limited admission facilities. The content or type of visit may range from an informal tour to a comprehensive site consultation. The term animal shelter is meant to include any traditional open-admission shelters; limited or planned admission shelters; no-kill or adoption guarantee shelters; care-for-life sanctuaries; home-based rescue and foster-care networks; animal transport programs; and other permutations of these various approaches. Visitation of a wide variety of organizations is strongly encouraged.

2. Shelter consultations

Objectives:

Note: In this context, a “consultation” is defined as a formal discussion or collaboration with shelter management in order to develop or improve population level management strategies to optimize animal health and welfare. Practitioner candidates are expected to develop the ability to systematically gather data, perform observations, communicate findings and provide resources regarding management, medical and husbandry practices and facility use at shelters as related to physical and mental animal health, as well as within HQHVSN programs.

Major consultation areas include: Shelter Management and Record Keeping; Facility Design and Environment; Population Management; Sanitation; Medical Health and Physical Well-being, including animal transport programs when applicable; Behavioral Health and Mental Well-being, including group housing and animal handling; Euthanasia; Shelter Animal Spay/Neuter; Public Health; Management of Specific Infectious Diseases (eg. respiratory disease, diarrhea, dermatophytosis, canine or feline parvovirus); and HQHVSN programs (shelter associated or non-shelter associated programs).

It is expected that applied knowledge of veterinary medical regulations, euthanasia regulations, shelter regulations, zoonotic disease regulations, DEA, OSHA and other regulatory matters, as well as best practices for animal sheltering will be reflected/addressed during the course of shelter consultations.

Required training experiences:

Targeted site consultations and protocol development:

Practitioners are required to participate in at least eight (8) on site targeted consultations, including at least one (1) consultation in 8/11 major consultation areas enumerated above. Clinical activities to meet this requirement may be conducted at one or more shelters.

Practitioners must design a protocol for a specific shelter on at least five (5) of the above listed major consultation areas, including at least one on management of an infectious disease. Practitioners must facilitate implementation of these protocols, including staff training and initial follow up.

3. Outbreak management

Objectives:

Outbreak management involves a population level response that is undertaken when an infectious disease has been introduced into a population and/or is spreading in the population. Practitioners are expected to learn to recognize and diagnose infectious disease outbreaks; utilize CDC approach to outbreak investigation including risk factor analysis; make recommendations for outbreak control, including: titer analysis, quarantine, isolation, treatment, communication and facility decontamination; and make recommendations for prevention of future outbreaks.

Required training experiences:

Practitioners must advise on at least six (6) cases necessitating infectious disease outbreak management including on site management in at least three (3) cases. Up to 50% of this requirement may be met through telephone consultation and/or table top exercises. Clinical activities to meet this requirement may be conducted at one or more shelters.

4. High quality, high volume spay-neuter (HQHVSN) program visits and experience**Objectives:**

Practitioners are expected to become knowledgeable about different models of HQHVSN programs and develop skills in efficient techniques for spaying and neutering cats and dogs.

Required training experiences:**High volume spay-neuter program visits:**

Practitioners must visit at least 3 different high volume spay-neuter programs of at least 2 of the following different types: stationary, mobile, MASH, non-surgical or other. The content or type of visit may range from an informal tour to hands on participation. Visitation of a wide variety of organizations is strongly encouraged.

HQHVSN experience:

Practitioners must spend the equivalent of at least two (2) weeks in HQHVSN practice. Training or experience should emphasize developing skill in HQHVSN techniques and developing awareness of differing management styles for operating HQHVSN clinics. Note: The term HQHVSN program refers to an efficient surgical initiative that meets or exceeds veterinary medical standards of care in providing accessible, targeted sterilization of large numbers of cats and dogs in order to reduce their overpopulation.

5. Cruelty Investigations**Objectives:**

Practitioners are expected to develop a thorough understanding of the spectrum of cruelty cases (including abuse and neglect), the types of cases that are commonly seen in shelters, the types of assets and logistics required for investigating multi-animal events (eg. management of large scale seizure and temporary sheltering), and knowledge of the agencies engaged in the reporting, investigation, intervention, prosecution, enforcement, and follow-up of cruelty cases. Practitioners must develop an understanding of the forensic physical examination, methods for gathering evidence, and protocols for maintaining the chain of evidence in a case. Specifically, practitioners must perform live animal exams, forensic exams, participate in collection of physical evidence, prepare and present testimony, maintain contact with legal authorities, understand application of state statutes in specific cruelty cases, maintain chain of evidence, and comply with chain of authority.

Note: Although field experience is ideal for cruelty case training, it is recognized that opportunities may be lacking for certain case types or activities that require expert level input (eg. a practitioner may not be asked to testify in a major cruelty case). As noted below in some cases training requirements can be met through wet lab experiences.

Required training experiences:

Practitioners must participate in the investigation of at least one (1) single animal case and at least one (1) multi-animal case involving alleged criminal abuse or neglect. Practitioners

must perform at least one (1) detailed live exam under field conditions and at least one (1) forensic necropsy (can be wet lab) with appropriate documentation and record keeping. Practitioners must participate in physical evidence collection for at least one (1) case (can be wet lab).

6. Disaster preparedness and response

Objectives:

Practitioners are expected to develop an understanding of the issues involved in response to a disaster involving companion animals, including response, reporting and coordination; methods of safe transport; measures to control infectious/zoonotic disease and other risks in a temporary shelter; and animal-owner reunification. Practitioners are expected to gain experience in the practical and logistical issues involved in a disaster response including rescue, transport and sheltering of companion animals.

Note: As with cruelty investigations, field experience is ideal but it is recognized that the opportunity to participate in a disaster response may not occur, therefore simulation or wet lab is an acceptable substitute.

Required training experiences:

Practitioners must participate in response to one (1) natural or other disaster (field conditions, simulation or wet lab). Practitioners must complete a basic credentialing course for participation in disaster response.

The following online FEMA training sessions must be completed to fulfill this requirement:

- IS-100.C: Introduction to Incident Command System
- IS-200.C: Basic Incident Command System for Initial Response
- IS-700.B: National Incident Management System (NIMS) An Introduction
- IS-10.A: Animals in Disasters: Awareness and Preparedness
- IS-11.A: Animals in Disasters: Community Planning

Completion of all 5 of these sessions satisfies the requirement for a “basic credentialing course in disaster response”. Certificates of completion for each session must be submitted to document this training.

7. Continuing Education Meetings

CE requirements as defined in the Applicant Handbook must be fulfilled. Practitioners must attend at least one major veterinary medical meeting with a dedicated shelter medicine track and one national or regional animal sheltering professional conference during the previous five years.

8. Presentations to professional audiences and shelter staff

Practitioners must give at least three (3) formal presentations to professional audiences and/or shelter staff. Conferences given within a veterinary practice or hospital; at a medical school or medical teaching hospital; at an animal shelter; or at a regional, state or national meeting are acceptable.

Shelter Medicine Practice Category: Checklist of Additional Specific Requirements for Practitioners

#	Item	Documentation Required	Completed (√)
1	<p>Visit at least 12 animal shelters in at least 2 regions of the following 5 regions: western United States; mid western United States; northeastern United States; southern United States, international</p> <p><i>Note: The content or type of visit may range from an informal tour to a comprehensive site consultation. Diplomates will facilitate guided tours of area shelters during the ABVP annual symposium whenever possible to assist practitioners in meeting this requirement. A United States map delineating regions may be found at the end of this document.</i></p>	Record each visit on the ABVP Shelter Medicine Case Log for Population Level Cases and Consults.	
2	<p>Participate in at least 8 targeted shelter consultations, representing 8/11 of the major areas/topics of consultation defined below*</p> <p><i>Note: In this context, a “consultation” is defined as a formal discussion or collaboration with shelter management in order to develop or improve population level management strategies to optimize animal health and welfare. Consultations may be conducted at one or more shelters. See FAQ #3 following this checklist for more information.</i></p>	<p>Record each consult on the ABVP Shelter Medicine Case Log for Population Level Cases and Consults; Provide a Short Report** (SR) of three of these. Each SR must address a different consult area/topic.</p> <p>Detailed guidelines for writing short reports and evaluation rubrics are provided at the end of this checklist.</p>	
3	Design at least 5 shelter protocols, including at least 1 infectious disease protocol	Include a copy of the actual protocols with any identifying information removed. Be sure to include at least 1 infectious disease protocol.	
4	<p>Advise on at least 6 cases necessitating infectious disease outbreak management including on site management in at least 3 cases.</p> <p><i>Note: Up to 50% of this requirement may be met through telephone consultation and/or table top exercises. Clinical activities to meet this requirement may be conducted at one or more shelters. See FAQ #11 for more information.</i></p>	Record each outbreak management activity on the ABVP Shelter Medicine Case Log for Population Level Cases and Consults; Provide an SR of one of the on site cases.	
5	Visit at least 3 different high volume SN programs of at least 2 of the following different types: stationary, mobile, MASH, non-surgical or other	Record each visit on the ABVP Shelter Medicine Case Log for Population Level Cases and Consult Activities.	
6	Participate in HQHVSN practice for at least 2 weeks	Record participation on the job self report form.	
7	Participate in the investigation of at least 1 single animal cases involving alleged criminal abuse or neglect including live animal examination for documentation	Provide an SR of the case. Do not include any patient identification information.	
8	Participate in the investigation of at least 1 multi-animal case involving alleged criminal abuse or neglect	Provide an SR of the case. Do not include any patient identification information.	
9	Perform at least 1 forensic necropsy (can be wet lab)	Include a copy of your actual medical record for one forensic necropsy with any patient identification information removed. This report should include all gross and laboratory findings, assessment, communication and follow up (if applicable).	

10	Participate in response to 1 natural or other disaster (field conditions, simulation or wet lab)	Include an SR outlining the disaster, the scope of animal involvement and your direct role/activity in the response.	
11	Complete a basic credentialing course for participation in disaster response See FAQ #9 following this checklist for more information.	Provide a copy of your certificates of completion.	
12	Attend at least 1 major veterinary medical meeting with a dedicated shelter medicine track	Maintain ABVP CE documentation form.	
13	Attend at least 1 national animal sheltering professional conference	Maintain ABVP CE documentation form.	
14	Deliver at least 3 formal presentations to professional audiences and/or shelter staff; conferences given within a veterinary practice or hospital; at a veterinary or medical school or teaching hospital; at an animal shelter (to staff or the public); or at a local, regional, state or national meeting are acceptable.	Maintain Presentation log. Provide a brief synopsis for each. State the date delivered, title, type of audience, number of attendees and type of presentation. The synopsis should consist of a brief description of the presentation along with 3-6 bulleted learning objectives and should not exceed 250 words.	

***Consultation areas/topics:** These include the following: Shelter Management and Record Keeping; Facility Design and Environment; Population Management; Sanitation; Medical Health and Physical Well-being, including animal transport programs when applicable; Behavioral Health and Mental Well-being, including group housing and animal handling; Euthanasia; Shelter Animal Spay/Neuter; Public Health; Management of Specific Infectious Diseases (eg. respiratory disease, diarrhea, dermatophytosis, canine or feline parvovirus); and HQHVSN programs (shelter associated or non-shelter associated programs). Practitioners are expected to develop the ability to systematically gather data, perform observations, communicate findings and provide resources regarding management, medical and husbandry practices and facility use at shelters as related to physical and mental animal health, as well as within HQHVSN programs. It is expected that applied knowledge of veterinary medical regulations, euthanasia regulations, shelter regulations, zoonotic disease regulations, DEA, OSHA and other regulatory matters, as well as best practices for animal sheltering will be reflected/addressed during the course of shelter consultations.

**** Shelter Medicine Practice Short Report (SR): Guidelines and Evaluation Rubrics**

Short reports are designed to allow the Credentials Committee to evaluate your ability to recognize problems, formulate differential diagnoses, and develop and implement appropriate diagnostic, therapeutic and preventive plans or protocols for areas of required experience. Clinical activities/case management must have been carried out within five (5) years prior to submission of a certification application.

The required sections for each SR are:

1. Header “Shelter Medicine Short Report”
2. Case type specifying which category requirement the report is submitted to meet:
 - a. Targeted shelter consultation, including major consultation area (3)
 - b. Disease outbreak (1)
 - c. Single animal abuse case (1)
 - d. Multi-animal abuse case (1)
 - e. Disaster response (1)

3. Title
4. Case description
5. Outcome
6. Implications/applications
7. References

Each SR must:

- Adequately demonstrate your ability to practice ABVP-caliber veterinary medicine and surgery within your RVS.
- Be sufficiently challenging for you to demonstrate the range and depth of your clinical expertise within your RVS.
- Demonstrate your ability to clearly communicate in a professional style and have a minimum of spelling, punctuation and grammatical errors.
- An SR does not have to be unusual or unique. However, each one should encompass the current diagnostic, therapeutic, and clinical management techniques that ABVP Diplomates utilize in their practice. Each SR must have a different title, and must reflect a different aspect of clinical practice within the applicant's RVS.
- Each SR must illustrate a different topic and type of case within the required categories.
- No introduction, tables or figures should be included, and only a brief written description of vital lab work should be included if important to understand the summary of the case.
- At least one (1) but no more than two (2) references that reflect the current state of published information about the case are required to validate your management of the case as presented. The references should be listed using JAVMA author guidelines. Journal titles in the Reference section should be italicized and abbreviated in accordance with the National Library of Medicine and Index Medicus. For references with more than three (3) authors, only the first three (3) should be listed followed by "et al."

Format and style:

- Short reports must be double-spaced throughout.
- Margins must be one inch (1") on the top, bottom, left and right hand side of each page.
- Only Arial or Times New Roman font styles are acceptable. Font size should be at least 10 point but no larger than 12 point.
- Number each page consecutively.
- Files must be submitted as .doc or .pdf formats. Do NOT use .docx or other file formats.
- Each SR must not exceed five hundred (500) words. Word count does not include title and reference(s).
- For drugs and products, use generic or chemical names. Trade names, brands, specialized equipment, and proprietary information must be cited in endnotes.
- Use metric units throughout the short report for all doses, measurements and temperatures. Do not use ANY English units.
- Express drug dosages in metric units with specific time intervals and routes of administration (correct- 22 mg/kg PO q12h; incorrect—10 mg/lb bid).
- Do NOT use a portion of a tablet size (1/4 of a 200mg tablet).

- If the report involves evaluation of efficacy or safety of a pharmaceutical, biologic, or other product, the product must be commercially and legally available.

Spelling:

- Manuscripts should be written in American English.
- For spelling of lay terms, refer to the latest American edition of the Merriam-Webster Dictionary.
- The latest edition of Dorland's Illustrated Medical Dictionary should be used for proper spelling and usage of scientific and medical terms.
- Words spelled with British/European spellings will be considered misspelled and will adversely affect the evaluation of the short report.

Abbreviations:

- As a general rule, abbreviations other than standard abbreviations and units of measures are strongly discouraged.
- A term should be abbreviated only if it is used at least three (3) times in the short report. The term must be expanded at the first occurrence, with the abbreviation given in parentheses after the expanded term. Abbreviations should not be used to start a sentence.
- Except for the abbreviations ELISA, ACTH, EDTA, DNA, and RNA, abbreviations should not be used in titles.

Anonymity is required. You must not include your name, hospital or shelter name, client name, location, or any identifying information at any point in the manuscript.

Short reports are only identified by your applicant identification number. The ID number will be automatically generated once you complete and submit a credentials application. Evaluations will be made anonymously by members of the ABVP Credentials Committee.

Instructions must be followed exactly and in the correct order. Failure to adhere to these instructions will result in an unaccepted short report.

Evaluation Rubrics

All short reports must be submitted in the format specified above. Instructions must be followed exactly and in the correct order. Failure to adhere to these instructions will result in an unaccepted report. All short reports will be evaluated according to the following general guidelines:

	Pass	Fail
Clinical activity or case described	Carried out within 5 years prior to submission of credentials packet	Carried out more than 5 years prior to submission of credentials packet
Title, case description, outcome, implications /applications, references are provided according to guidelines	All sections are included. Each SR has a different title and reflects a different aspect of clinical practice. The category for which the SR is submitted is clearly indicated at the top of the document. Anonymity is maintained.	One or more sections is/are missing, titles or content are repeated, and/or anonymity is not maintained

Punctuation, spelling, grammar and professional terminology	Professional language used throughout. No more than 2 spelling or grammatical errors	Unprofessional language and/or 3 or more spelling or grammatical errors
Format and references as specified in instructions	1-2 references are included; document has 1" margins throughout with double-spacing in appropriate font	No references or 3 or more references are included; wrong font, margins, or spacing is used
File type	Submitted as .doc or .pdf	Any other formatting, including .docx
Word count	500 words or less (excluding title and references)	Exceeds 500 words
Overall assessment	At least 6/7 of the submitted short reports are judged "passing" based on the rubrics contained within this document	Fewer than 6 submitted short reports are judged passing.

The following rubric will apply to all short reports submitted for targeted shelter consults, regardless of the focus of the consult described:

	Pass	Fail
Shelter consult topics	<ul style="list-style-type: none"> All 3 required short reports are submitted from the major shelter consultation areas described in the certification requirements and are labeled to indicate which area is the focus 	One or more of the following: <ul style="list-style-type: none"> Fewer than 3 reports are submitted One or more topics covered are not from the major shelter consultations areas Topics are repeated
Case description	<ul style="list-style-type: none"> Focuses on the shelter as the “case” including information (e.g. annual intake, type of organization, surgical volume, etc) pertinent to the consultation topic Provides the context for the consult and a summary of specific observations made in a manner that illustrates the candidate’s ability to systemically gather information/data Includes or addresses the need for basic data and statistics 	One or more of the following: <ul style="list-style-type: none"> Provides inadequate information about the shelter Does not provide context for consult Excludes observations of relevance to the topic and/or includes more than one irrelevant observation Observations made/presentation of information does not indicate systematic approach to consult Does not include data or statistics or justification for their absence
Outcome	<ul style="list-style-type: none"> Provides a summary assessment Discusses specific recommendations including suggested resources/training All observations mentioned in the description that are deficiencies are addressed with a specific recommendation for remediation 	One or more of the following: <ul style="list-style-type: none"> Fails to provide summary assessment One or more deficiencies noted in case description does not have a corresponding recommendation for remediation (e.g. not identified as a problem) Recommendations made do not address the deficiencies and/or are inappropriate for the context in which they are made and/or are inconsistent with published practices
Implications/ applications	<ul style="list-style-type: none"> Provides a summary of follow-up including impact of recommendations Provides summary/explanation of the relevance of the consult topic 	<ul style="list-style-type: none"> Fails to discuss impact of the recommendations and/or fails to adequately explain relevance or importance of the consult topic

The following rubric will apply to all short reports submitted for outbreak management and response, regardless of the type of outbreak described:

	Pass	Fail
Type of outbreak (e.g. causative agent)	<ul style="list-style-type: none"> Short report is submitted for outbreak management of one of these major infectious diseases: dermatophytosis, canine distemper virus, canine parvovirus, feline parvovirus 	One or more of the following: <ul style="list-style-type: none"> Report is not for one of the required major diseases Report does not describe an outbreak of infectious disease
Case description	<ul style="list-style-type: none"> Focuses on the shelter as the “case” including relevant information (e.g. annual intake, type of organization, etc) Provides a description of the outbreak including information on the shelter facility and operations directly relevant to the outbreak Demonstrates clear understanding of the steps required to investigate and manage an outbreak Provides a succinct list of what steps were taken to arrive at a diagnosis and control disease 	One or more of the following: <ul style="list-style-type: none"> Does not focus on the shelter as the case (focus is on individual animals) Relevant information on the facility and operations is not provided Approach to investigation and management of the outbreak does not indicate a thorough understanding and/or rational clinical approach Summary of control measures is not provided and/or measures are inappropriate or inconsistent with published practices
Outcome	<ul style="list-style-type: none"> Provides a summary of the outcome, including resolution of the outbreak and resumption of normal operations. 	<ul style="list-style-type: none"> Does not provide a summary of the outcome and/or summary does not indicate successful resolution of the outbreak (e.g. acceptance of endemic disease not suitable for submission for the requirement)
Implications/ applications	<ul style="list-style-type: none"> Provides an assessment of the factors contributing to this specific outbreak Identifies which contributing factors were most critical to address with a brief justification as to why Discusses corrective actions for observational deficiencies identified that contributed to the outbreak 	One or more of the following: <ul style="list-style-type: none"> Does not provide an assessment of factors contributing to the outbreak Fails to prioritize those most critical/relevant to transmission of the particular pathogen described Fails to provide recommendations consistent with published practices to address reported deficiencies

The following rubric will apply to all short reports submitted for animal cruelty cases, regardless of the type of case described:

	Pass	Fail
Animal cruelty topic	<ul style="list-style-type: none"> Both required short reports are submitted: one for single animal and one for multi-animal cases Topic is for a case that is legally recognized as a form of cruelty, abuse, or neglect in the jurisdiction in which it occurred Large scale, multi-animal case must include at least 10 animals or include extenuating circumstances for the lead organization that warrant inclusion as a multi-animal case (e.g. seizure of 8 neglected horses by an agency with limited equine capacity) 	<p>One or more of the following:</p> <ul style="list-style-type: none"> One or both of the reports are missing or two reports of the same type are submitted (e.g. both single animal or both multi-animal) Large scale case submitted does not meet the minimum number of animals and/or does not provide adequate justification of extenuating circumstances to warrant inclusion Topic(s) submitted do not pertain to a legally recognized form of cruelty, abuse, or neglect (e.g. psychological abuse)
Case description	<ul style="list-style-type: none"> Demonstrates familiarity/competency with the handling of animal cruelty cases Includes discussion of the specific aspects of a legal case – documentation, gathering evidence, maintaining chain of custody, communication with law enforcement and expert witness testimony (if applicable) Information on examination, diagnosis, and treatment/management of the animal(s) should be sufficient to indicate humane care was provided but is not the focus Multi-animal cases include summary of SOPs for documentation and health care (SOP must be specific to the type of case) and include a description of necessary resources for response as well as temporary sheltering provided 	<p>One or more of the following:</p> <ul style="list-style-type: none"> Proper procedures for documentation of evidence not followed or described Inadequate animal care provided Lack of standard protocol or indication as to resources and housing for multi-animal cases Deficiencies in SOPs (e.g. inconsistent with recommended practices) due to financial or other limitations are not discussed/justified
Outcome	<ul style="list-style-type: none"> Discusses both animal(s) outcome and status of the case Successful prosecution or known outcome not required but should be discussed in context of how case was handled 	<p>One or more of the following:</p> <ul style="list-style-type: none"> Fails to discuss outcome or context of case Animal euthanized without forensic necropsy or otherwise lost to follow-up with insufficient documentation of evidence

	<ul style="list-style-type: none"> • Treatment of individual animal(s) not necessary <i>per se</i> if a forensic necropsy and appropriate documentation and gathering of evidence was performed • For multi-animal cases: general animal outcome (placement, euthanasia, etc) and case outcome must be discussed • Includes information on the holding and evidentiary requirements for the animals in the case 	
Implications/ applications	<ul style="list-style-type: none"> • Outlines clinical reasoning behind the documentation and treatment of case(s) in context of applicable law (e.g. elements of crime such as failure to provide food or water, etc) • Summarizes relevance of handling of this case to other similar cases 	<p>One or more of the following:</p> <ul style="list-style-type: none"> • Fails to demonstrate/outline clinical reasoning • Treatment and/or documentation is not considered within the context of applicable law • Applicability of this case to other similar cases is not discussed

The following rubric will apply to all short reports submitted for disaster response, regardless of the type of disaster described:

	Pass	Fail
Disaster topic	<ul style="list-style-type: none"> • Real-life or desktop exercise responding to a disaster is described, including a summary of the candidate's role in disaster management and response • Both natural and man-made disasters are acceptable for inclusion but must be distinct from multi-animal cruelty cases 	<p>One or more of the following:</p> <ul style="list-style-type: none"> • Experience described is not directly related to disaster management or response • Candidate's role is not clearly specified • Topic selected for inclusion is better defined as a multi-animal cruelty case
Case description	<ul style="list-style-type: none"> • Provides an overview of the type of disaster, role of the responding agency, candidate's role in the response and/or training relevant to disaster management and response, and information about the agency and timeline • Includes a summary of the overall structure and management (including communication) of the disaster in the context of a collaborative community response 	<p>One or more of the following:</p> <ul style="list-style-type: none"> • Fails to provide a summary of candidate's role • Missing information on the type of disaster, responding agency, or timeline • Does not indicate structure and management of the disaster or indicates a lack of advanced planning and/or community collaboration • Does not address relevant operational and medical aspects

	<ul style="list-style-type: none"> Explains relevant operational and medical aspects of the organization's and individual's roles, including standards of care, safe animal handling, and control of infectious disease in the context of emergency sheltering Demonstrates a clear structure for response and advanced planning 	of the response either through discussion of the individual's or agency's role in providing such services or by specifying what was delegated/assigned to other individuals or agencies
Outcome	<ul style="list-style-type: none"> Provides a summary of the scope of operations, resolution of response activities and on-going post-disaster needs or plans, including return to regular operations. 	<p>One or more of the following:</p> <ul style="list-style-type: none"> Fails to indicate the scope of operations and/or timeline Does not indicate completion of the response and/or return to regular operations
Implications/ applications	<ul style="list-style-type: none"> Discusses the different roles and responsibilities of organizations and individuals in an agency during a disaster; demonstrates an understanding of how/where this fits in to the larger response. Specifies pre-disaster planning or recognizes the need to facilitate optimal response and management. 	<p>One or more of the following:</p> <ul style="list-style-type: none"> Inadequate discussion of roles and responsibilities relevant to disaster response and/or lack of context within overall efforts Does not discuss planning needed for successful management

Note: Sample Short Reports are available online under the Forms and Documents tab, which is visible once you log in to the ABVP website.

The following rubric will apply to all submitted shelter protocols, regardless of the type of protocol described. **NOTE THAT THE SECTION TITLES AND WORD LIMIT DO NOT APPLY TO PROTOCOLS.** Use the header "Shelter Medicine Protocol" followed by the title of the protocol and the protocol itself. Follow the other short report requirements for format and style, spelling, use of abbreviations and anonymity.

	Pass	Fail
Shelter protocol topics	<ul style="list-style-type: none"> All 5 required protocols are submitted from some aspect of the major shelter consultation areas (see requirement #2 narrative description) At least 1 protocol is for the management of an infectious disease 	<p>One or more of the following:</p> <ul style="list-style-type: none"> Fewer than 5 protocols are submitted No infectious disease protocol is submitted One or more topics covered do not pertain to any aspect of the major shelter consultations areas
Protocol	<ul style="list-style-type: none"> Demonstrates rational stepwise approach to management Infectious disease protocols cover all aspects of management, including recognition/diagnosis of 	<p>One or more of the following:</p> <ul style="list-style-type: none"> Fails to demonstrate a rational or stepwise approach

	<p>cases, treatment, environmental control and management, and other relevant aspects</p> <ul style="list-style-type: none"> • Protocol is consistent with published practices 	<ul style="list-style-type: none"> • Disease protocol only focuses on treatment or management but not both • Outcome focuses on treatment or management of individual animals rather the entire shelter and population • Protocol is inconsistent with recommended practices without an adequate justification for any deviations noted
Verification statement	<ul style="list-style-type: none"> • Includes a statement verifying the candidate designed and implemented the protocol, including staff training and initial follow-up 	<ul style="list-style-type: none"> • Does not include a statement verifying the candidates direct creation and involvement implementation of the protocol

Frequently Asked Questions About Certification in Shelter Medicine Practice

This FAQ provides additional insight into the credentialing requirements specific to SMP.

- 1. Why am I required to interact with more than one animal shelter including organizations outside of my own geographic region?** A shelter medicine specialist must be knowledgeable about a wide variety of sheltering models representing a range of sizes, budgets, species, philosophies, regions, facility styles and programs. The diverse nature of shelters reflects diverse challenges necessitating exposure to a diverse caseload. A specialist must be able to effectively practice population level care in a variety of shelter settings, including population level response to common shelter diseases.
- 2. I do not reside in the United States but would like to apply for certification in SMP. How can I meet the requirements for regional shelter visits?** Applicants residing outside of the U.S. must demonstrate a broad range of experiences encompassing a variety of diverse sheltering models, conducive to providing the required clinical training experiences as defined in the specific credentialing requirements. In addition, they must have a comparable national geographic scope with respect to their location of residence. Applicants practicing outside of the U.S. should contact the SMP regent to discuss how this requirement can be met.
- 3. I am applying through the practitioner route and work primarily at one animal shelter. Can some of the required “consults”, protocols, and outbreak investigations be performed at my primary shelter of employment?** Practitioners are required to participate in various population level clinical activities including targeted consultations, outbreak investigations, and protocol development. Clinical activities to meet this requirement may be conducted at one or more shelters. The credentials committee recognizes that the bulk of a practitioner’s clinical experience may involve reviews conducted and protocols developed at the applicant’s primary shelter of employment, however applicants should strive to gain additional experiences in a variety of organizations whenever possible. Clinical experience with more than one shelter is

strongly recommended.

4. **I am applying through the practitioner route and would like to apply clinical experiences and other required activities that I performed more than 5 years ago. Will I be able to count these?** No. ABVP requires that credentialing experiences including cases, consultations, coursework, continuing education, and all other requirements be fulfilled within the 5 years preceding application. Once the credentials materials are submitted, you will have 3 attempts (3 credentials cycles) to pass all portions of the credentials packet. Only the failed portions are resubmitted each year if allowed. None of your experiences will “time out” during the 3-year window of time that is allotted for you to pass your credentials.
5. **I have or will be completing online course work in Shelter Medicine. Will this count towards my CE requirement?** Relevant internet-based course work will be accepted for the number of hours credited by the sponsoring organization. When such course work is divided into discreet sessions by topic and number of CE hours, each section should be logged accordingly on the CE form. In contrast, continuous, interactive online courses that are not divided into discreet units should be logged by course title, course provider, TOTAL number of CE credits, name of the course coordinator, and the start date.
6. **I am applying through the residency route and would like to apply clinical experiences and other required activities that I performed before my residency. Will I be able to count these?** No. ABVP requires that credentialing experiences for residents be part of an approved ABVP residency program. ABVP residency training entails intensive and mentored clinical experience. Cases, consultations, continuing education, and all other requirements must be fulfilled within the timeframe of an approved, supervised residency program.
7. **I am applying through the practitioner path, and work part-time in the sheltering field. How do I determine if I meet the practice time requirements?** Practitioners must complete five (5) years of full time practice experience before application and six (6) years of experience before examination. The first year need not be in the RVS, however, application must be made to the RVS in which the veterinarian has primarily practiced within the previous five (5) years. The equivalent part-time experience is acceptable and should be calculated using 35 hours per week as “full time effort” (ie: 35 hours/week = 100% FTE). For example, if you work 25 hours per week in shelter practice, this equates to 70% FTE in shelter medicine practice, therefore 6.5 years of experience will be required before examination.
8. **Do I consider only my experience within the past 5 years when I complete the Self-Report Job Experience? I am struggling with designating the frequency with which I see the various types of cases (ie: daily, weekly, monthly) because it varies tremendously in my range of practice. What do I do?** Yes, the job report experience form should reflect your clinical practice in the preceding 5 years of full time effort in shelter medicine (or the equivalent if part-time). It is understood that the frequency of cases may vary tremendously and that applicants will have to select an average assessment to reflect their experience as best as possible.
9. **What is required to fulfill the requirement for “completing a basic credentialing course for participation in disaster response”?**

The following online FEMA training sessions must be completed:

- IS-100.B: Introduction to Incident Command System
- IS-200.B: ICS for Single Resources and Initial Action Incidents
- IS-700.A: National Incident Management System (NIMS) An Introduction
- IS-10.A: Animals in Disasters: Awareness and Preparedness
- IS-11.A: Animals in Disasters: Community Planning

Each of these sessions is between 3 and 4.5 hours in length. Completion of all 5 of these sessions satisfies the requirement for a “basic credentialing course in disaster response”. Certificates of completion for each session must be included to document this training. Foreign applicants who wish to take these courses should contact the ABVP office for sponsorship to do so as required by FEMA.

10. **What will “count” towards the requirement of attending a professional animal sheltering conference?** Attendance at any local, regional or national professional animal sheltering conference will satisfy this requirement. A minimum of 8 hours should be documented on the CE form. In many cases, CE obtained at these meetings may not be RACE or state board-approved, therefore these hours may not count towards the requirements for hours of professional veterinary CE, but they will count towards the requirement for attending a professional animal sheltering conference. All professional veterinary CE hours must be either RACE or state-board approved.
11. **Management of specific infectious diseases is listed as a major consultation area. How is this different than outbreak management, or is it the same thing?** Although there is overlap between these two categories, “management of specific infectious diseases” refers to a more proactive approach in which specific policies and procedures are developed in order to detail how an infectious disease will be handled in an animal shelter, including such elements as prevention, recognition, diagnosis, decision-making, and so forth. In contrast, “outbreak management” is undertaken when an infectious disease has been introduced into a population and is spreading, or is acutely managed to assess exposure risk and prevent spread. Outbreak response is a more reactive measure and involves diagnosis, as well as a thorough population level response, to contain the disease. In some shelters, infectious diseases are endemic, creating situations where ongoing, smoldering outbreaks are present. Such cases could fall into either category for the sake of logging credentialing experiences, keeping in mind that taking methodical measures to reduce the disease rate, or eliminate the disease altogether, is the most important consideration.
12. **What constitutes a population level case suitable for a case report?** Population level case reports should represent the diagnosis of a significant problem affecting the health of a shelter population. The report should document a population level problem, detailing your systematic assessment, response and follow up. The report may include non-medical aspects of management, but should also detail population level medical management of the problem. Large scale, multi-animal cruelty cases and disaster response cases are also considered population level cases. Emphasis should be on systematic assessment, response and follow up, including medical management.

The following excerpt from the Shelter Medicine credentialing requirements applies to both population and individual case reports:

Two ABVP-format case reports submitted as part of the application are required. These case reports should represent different topics in Shelter Medicine Practice. Both individual animal and population level cases are acceptable. When two case reports are submitted, at least one MUST focus on a population of animals. For individual animal cases, the case must have population implications and the impact of the case on the management of the population of animals, of which the individual animal is a member, must be discussed. Case reports should follow the format described in the ABVP Applicant Handbook and should allow the ABVP Credentials Committee to evaluate an applicant's ability to recognize problems, formulate differential diagnoses, and develop and implement appropriate diagnostic, therapeutic or preventive/control plans. The manuscripts should reflect the applicant's professional expertise and demonstrate his or her ability to use medical principles in the diagnosis and treatment of shelter animals and populations. The case reports should represent the applicant's ability to communicate medical observations and data in an organized and appropriate manner and must be in accordance with the guidelines published in the ABVP Applicant Handbook.

Note: Refer to the Applicant handbook for detailed guidelines for case reports. In addition to the guidelines in the handbook, the following should be adhered to:

- Remember that anonymity is required—You must not include your name, hospital or shelter name, location, or any identifying information at any point in the manuscript.
- Introduction – Must highlight any significant differences, challenges, or considerations that may exist regarding the management and outcome of the case in a shelter-housed animal/population compared to that of a client owned animal housed in a typical home environment.
- Clinical Report- Must include basic information regarding the shelter's intake, housing and population as well as other aspects pertinent to the case presented. You must state your role in the management of the case (e.g. staff veterinarian, consultant, etc), including when you became involved and which aspects of the case were within and outside your control.
- Cases in which you were involved in a very limited or peripheral extent, or as a consultant with minimal input and/or follow-up, are not appropriate.
- For population cases, your report must include relevant baseline and follow up information/data in tabular form
- Discussion – Must include your analysis of all aspects of case management, including physical and behavioral health, quality of life, outcomes, and implications for the population and the shelter (e.g. infectious disease risks, public health implications, resource allocation, etc.).
- Include pertinent statistics for population level cases.
- Discuss, if applicable, any limitations in case management that were the result of the applicant's role (e.g. consultant, part-time staff, etc).
- Discuss the implications and applications for management of similar cases in other types of shelter settings.