
American Board of Veterinary Practitioners
618 Church Street, Suite 220 • Nashville, TN 37219
615.254.3687 • Fax 615.254.7047

APPLICANT EVALUATION FORM

To the Applicant:

Photocopies of this form must be completed by individuals you specify as “References” on your initial Application or Application for Recertification; letters of reference are not acceptable. Remember, the completed Applicant Evaluation Forms are confidential. You are to submit them to ABVP still sealed in the envelopes, as received.

Prior to sending the form to the Evaluator, please complete your Name, Social Security Number and Requested Return Date below.

Applicant’s Name _____
(First) (Middle Initial) (Last)

Applicant’s Social Security Number (or non-U.S. equivalent) _____

Requested Return Date _____

Name of Evaluator _____

Evaluator’s Clinic Name _____

Evaluator’s Address _____

(City) (State) (Zip)

Evaluator’s Phone Number _____ Fax Number _____

Evaluator’s Email Address _____

To the Evaluator:

The above named veterinarian is applying for ABVP certification or recertification, and requests that you evaluate him or her as a candidate. The information you provide will be used only in the credentialing process. You may be contacted by a member of the Credentials Committee seeking additional information or verification.

To serve as a reference, this form must be completed; letters of reference are not acceptable. Please complete this form and **return it to the applicant in a sealed enveloped marked “CONFIDENTIAL.”** The applicant has been given a deadline by which to submit all required materials; missing the deadline will result in his or her forfeiture of eligibility for one year. Please make every attempt to complete and return this form to the applicant by the “Requested Return Date” that he or she has specified above.

The completed form is confidential and should not be shown to the applicant.

1. How long have you known or observed the applicant? _____

2. In what capacity have you known the applicant? _____

3. How frequently are you in professional contact with this applicant? _____

4. Describe your practice type: _____

5. Are you a board-certified Diplomate of a recognized veterinary specialty board? Yes No

If so, please list: _____

Area of Specialty: _____

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Please rate the applicant's level of expertise in the following areas.

1. Ability to obtain a thorough history, perform physical examination or animal inspection, and evaluate environment and management care
 Below Average Average Above Average Unable to evaluate
2. Ability to develop a problem list, a differential diagnosis list, and perform diagnostic procedures.
 Below Average Average Above Average Unable to evaluate
3. Ability to formulate a working or final diagnosis
 Below Average Average Above Average Unable to evaluate
4. Ability to identify and evaluate prevention, treatment and management options
 Below Average Average Above Average Unable to evaluate
5. Ability to implement a plan of action
 Below Average Average Above Average Unable to evaluate
6. Ability to assess outcomes and follow-up on a case
 Below Average Average Above Average Unable to evaluate
7. Ability to interact with the professional community in an ethical and constructive manner
 Below Average Average Above Average Unable to evaluate

Do you support this applicant as a candidate for ABVP certification?

Yes No

Comments (If "below average" is selected in any of the above categories please explain.):

If needed, please attach a separate sheet with an explanation.

Signature

Print Name

Title

Relationship to Applicant (Family members are not acceptable references.)
