

TABLE OF CONTENTS

<i>Section</i>	<i>Pages</i>
I. GLOSSARY	3
II. DEFINITION	4
III. PROGRAM REQUIREMENTS	5
IV. DESCRIPTION OF RESIDENCY PROGRAM	6 – 9
V. RESIDENT REQUIREMENTS AND RESPONSIBILITIES	10 – 18
VI. ADVISER REQUIREMENTS AND RESPONSIBILITIES	19
VII. APPLICATIONS FOR NEW RESIDENCY PROGRAMS	20 – 22
VIII. CONTINUING APPROVED RESIDENCY PROGRAMS	23
IX. CONCURRENT RESIDENCY PROGRAMS	24
X. EVALUATION OF PROGRESS	25
XI. FEES	29
APPENDIX A: FACILITY AND EQUIPMENT REQUIREMENTS	30 – 35
APPENDIX B: SHELTER MEDICINE PRACTICE REQUIREMENTS	36 – 55

- e. Enter an explanation for why the complication or death occurred.
- f. Check if necropsy was performed
- g. Enter final diagnosis and results of post-mortem diagnostics.
- h. Select the type of case (medical, surgical, or combined surgical and medical).

v. Presentation Evaluation Form

a. The Residency Adviser or designated person(s) must evaluate each formal presentation and fill out the standard Presentation Evaluation Form. This form is available on the ABVP website under Forms and Documents (<https://network.abvp.com/SiteDocument>) after logging in. Be sure to check for the most current, updated form.

b. Items 1-5 on the form should be filled out by the resident and Items 6-10 by the Adviser or designated evaluator.

c. The Residency Adviser should be present and fill out the evaluation form. If not available, the Adviser may designate another person to attend and evaluate. The alternate should be a Diplomate, specialist, or mentor (and not another Resident or technician).

d. The form is given to the Resident who will upload it to Smartsheet and use the comments to improve future presentations.

vi. Presentation Log

a. The Resident is required to create and deliver a minimum of four (4) formal presentations, at least two (2) per year for two (2)-year residencies. For three (3)-year residencies, the Resident is required to make six (6) presentations, at least two (2) per year. The minimum length of each presentation is fifteen (15) minutes. The audience must consist of veterinarians or veterinary students. Presentations to lay audiences cannot be used to fulfil this requirement.

b. Each presentation must be evaluated by the Residency Adviser using the standard form (see VI. C. v.). If the Adviser is not available, a designated person may evaluate but it is expected that the Adviser will be present at most or all presentations.

vii. Procedures Log

a. If the Resident performs a non-routine procedure, this information is entered into Smartsheet. Descriptions should be concise but also include enough detail so that the committee can readily follow what was done.

b. Procedures include advanced diagnostics, treatments, and surgery. Examples include ultrasonography, contrast radiology, endoscopy, arthrocentesis, tube placement, tissue biopsy, etc. Routine procedures such as physical examination, vaccination, venipuncture or IV catheter placement (unless exotic species or technically difficult), basic radiography, spay/neuter surgery, rectal palpation, etc. are not included.

c. Enter the date and signalment.

d. List and describe the special procedure. Enter the problem or diagnosis.

e. Select the type of case (medical, surgical, or combined surgical and medical), whether Resident was primary or assistant, supervisor, and system(s) affected.

viii. Progress Summary Form

a. The Resident is required to fill out this form to keep track of the training program. This also allows the committee to evaluate progress and activities and offer recommendations for improvement if necessary.

b. The form has four (4) sections and all need to be filled out.

c. Resident Activity - enter the number of weeks spent on each rotation or activity. Partial weeks may be rounded up or down to the closest number.

d. Number of Cases – this should correspond to the Case Log and helps track the types of cases by system.

e. Role – enter the number of cases classified as elective/emergency, primary/assistant, and those seen with direct supervision of the Residency Adviser.

f. Manuscript Preparation – enter the status of the ABVP-style case report(s) and/or peer-reviewed publication that are required for credentials.

ix. Record of Continuing Education

a. The Resident is required to obtain a minimum of 100 hours of CE during the training program. The CE must be directly relevant to the RVS.

- b. A minimum of thirty (30) hours must be formal CE. This requirement must be met by attending and participating in RACE-approved programs; national conferences, forums, and symposiums; state conferences; and high-quality regional or local meetings.
- c. The informal CE requirement must be met by attending and participating in topic rounds, journal clubs, seminars, lectures, labs, workshops, etc. All Residents must participate in at least one (1) hour of informal CE per week. Case rounds should be scheduled as often as needed so that the Adviser and Resident can collaborate on case management and learning opportunities.
- d. Examples of formal CE include RACE- or state licensing board-approved meetings. Internet-based coursework, videos, journal-based quizzes, etc. will be accepted only for the number of hours credited by the sponsoring organization.
- e. Coursework such as college classes are not considered formal CE unless they are RACE-approved or accepted for state licensure requirements. Such classes may be acceptable as informal CE if directly relevant to the RVS.
- f. Giving presentations, leading rounds, teaching, etc. are not considered to be CE. These activities are listed under V. C. vi., Presentation Log.
- g. The Record of Continuing Education log is used to track both formal and informal CE.
- h. Enter the date of the CE followed by the title of the program, conference, or meeting.
- i. Enter the city and state/province (or select International) of the CE event.
- j. Enter the first and last name of the speaker/presenter. More than one (1) name may be entered if multiple persons presented the CE.
- k. Enter the topic or title of the session.
- l. Enter the number of credit hours awarded by the CE event.
- m. Select the type of CE.
- n. Be sure to list each session or topic on a separate line even if given by the same speaker or included at the same event. Do not group multiple hours or topics on one (1) line.

D. Semiannual evaluation

i. The Resident is required to submit all materials every six (6) months. The deadlines are January 15 and July 15 before 11:59 PM Central Time.

ii. At midnight on those dates, Smartsheet is locked and cannot accept late submissions. Be sure that all required logs and documents are entered and/or before the deadline.

E. Credentials evaluation

i. Residents must fulfill all applicant requirements for credentialing in addition to the specific residency requirements. Residents are only eligible to apply for credentialing during their final year of training.

a. In a typical two (2)-year residency starting and ending in July, Residents will have completed thirteen months of their training by the application deadline (September 1) and eighteen months by the credentials deadline (January 15).

b. In a typical three (3)-year residency starting and ending in July, Residents will have completed twenty-five months of their training by the application deadline (September 1) and 30 months by the credentials deadline (January 15).

c. If residencies begin and end in months other than July, the same deadlines apply. For example, if a two (2)-year residency starts in January or February, the Resident is first eligible to apply during the second year (September 1) with a credentials deadline of January 15 which may fall after the residency has been completed. For other timelines you must contact the Residency Chair for specific information about eligibility and deadlines.

ii. The current versions of both the Residency Handbook and the Applicant Handbook must be used. These are available for download on the ABVP website (<https://network.abvp.com/SiteDocument>). Failure to use the current Handbooks may result in failure of the application. All requirements stated in the Applicant Handbook apply to Residents with the exception that six (6) years of practice experience are not required.

iii. The deadline for the application and payment of the application fee is September 1 at 11:59 PM Central Time. The deadline for credentials submission is the immediately following January 15 at 11:59 Central Time. Late applications are not accepted. If either the September 1 or January 15 deadline is missed, the Resident will have to wait and apply the following year. There are no exceptions to these deadlines.

iv. Residents must submit 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, either one (1) publication and one (1) ABVP-style case report or two (2) ABVP-style case reports are required. Details on these documents can be found in the current Applicant Handbook.

v. If credentials are accepted by the Credentials Committee and successful completion of the training program is accepted by the Residency Committee then the Resident is eligible to sit for the examination when it is offered (typically October or November). The deadline for registering for the examination is September 1 at 11:59 PM Central Time. Information about the exam, registration, fees, etc. is in the Applicant Handbook.

a. The Residency Committee does a final evaluation of the Resident after the final semiannual submission of materials. Credentials Committee approval is only preliminary.

b. Even if the Credentials Committee approves all materials submitted at the January 15 deadline, the Residency Committee continues to track progress. Final approval of the Resident's eligibility to sit for the examination is typically done four to six (4-6) weeks after receiving the final set of case logs and other required materials.

c. The deadline for submitting proof of acceptance of a publication is August 15 just prior to the examination in October or November. A letter from the editor of the journal stating final acceptance is required. This letter must be sent as an email attachment to the Residency Chair with a copy to the ABVP Executive Director. Manuscripts still in the review process are not considered accepted. Conditional letters (revisions still required) are not considered accepted.

VI. ADVISER REQUIREMENTS AND RESPONSIBILITIES

A. The Adviser is required to directly supervise the Resident during the entire training program.

i. Supervision includes consultation, discussion, assistance, evaluation, and critique of the Resident's knowledge, clinical and technical proficiency, communication skills, and overall progress. Professional behavior and collegiality are also important aspects of training and development of specialists. Direct supervision should be daily if possible and may include in-person meetings, phone calls, emails, rounds, etc. If the Adviser is absent, other faculty members or veterinarians supporting the residency should be present for supervision.

ii. The Adviser must review and verify the Resident's logs (including case, procedures, mortality, presentation, CE) on a regular basis. At each six (6)-month cycle the Adviser should review all logs with the Resident before submission. Any errors must be corrected before final submission.

iii. Whenever the Resident gives a presentation, the Adviser should be present to listen, take notes, and fill out the Presentation Evaluation Form. If absent, the Adviser should designate another faculty member or mentor to attend and complete the Evaluation Form.

iv. The Adviser is responsible for writing a letter every six (6) months detailing the progress of the training program, any questions or comments, strengths and weaknesses, concerns or issues, etc. It is the Adviser's responsibility to write a thorough letter and the Resident's responsibility to ensure that this letter is uploaded before the deadline. Late submissions are not accepted. The deadlines are January 15 and July 15 before 11:59 PM Central Time. Letters should not be written in advance, postdated, or copied and pasted from previously submitted letters. They must be original each time.

v. At the end of the residency, 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 Adviser's full name, and the Adviser's actual handwritten signature. Certificates should be uploaded using the following URL and following the prompts:

<https://navcforms.typeform.com/to/KLPsZ3>

VII. APPLICATIONS FOR NEW RESIDENCY PROGRAMS

A. Veterinary colleges, private practices, and any institutions that provide medical and surgical care are eligible to establish ABVP residencies.

B. The first step in starting a new residency is to send the following information to the Chair of the Residency Committee and the ABVP Executive Director. They can answer questions and help with the application.

i. Introductory letter written by the proposed Residency Adviser describing the purpose and intent of the training program along with starting and ending dates

ii. Current curriculum vitae (CV) from the Adviser and CVs from other faculty/specialists who will be directly involved in Resident training. The CVs must include the following:

a. Full name, degrees, certifications, job titles, and areas of specialty

b. Business or mailing address, phone numbers where can be reached, email address

c. Colleges attended with starting and ending dates and degrees or certificates awarded

d. Other veterinary training including internships, residencies, fellowships, etc. including names of institutions and starting/ending dates

e. Brief list of publications, proceedings, or literature (if first or second author)

f. Teaching responsibilities, names of courses, types of students (veterinary, graduate, technicians, etc.)

g. Clinical service responsibilities, which sections or courses, approximate schedules, weeks or months “on clinics” and “off clinics”

h. Research responsibilities, approximate time spent in labs or offices doing investigations

i. Committee responsibilities, approximate time spent in administration or similar activities

j. Optional – community service, volunteerism, honors, awards

iii. A list of all personnel who will be interacting with the Resident. CVs are not required but names, degrees, certifications, job titles, and areas of specialty should be included.

iv. A list of support services available for Resident training such as diagnostic laboratories (specify which are in-hospital and which are outside reference labs), imaging (types of equipment used for radiology, ultrasound, CT, MRI, etc.), pathology, and any other services the Resident may refer to or participate in.

v. An estimate of total weekly caseload in the specialty, also broken down into the following categories:

- a. Wellness/outpatient/routine
- b. Medical
- c. Surgical
- d. Emergency

The caseload must be sufficient during the entire residency program and meet the guidelines stated in IV. C. However, the Resident must be allowed adequate time to evaluate, work up, treat, and follow up on cases. A heavy caseload with no time to research cases or discuss them with the Adviser or other specialists is not appropriate for ABVP residency training.

vi. An outline or schedule of the Resident's proposed activity throughout the entire training program. This includes the number of weeks on clinical service along with the number of weeks for other training, research, teaching, scholarly activities, preparing case reports and publications, attending continuing education, vacation, etc.

a. If graduate studies toward an advanced degree are included in the residency, then a minimum of three (3) years is necessary (see IV. B. ii. b.).

b. If concurrent residencies or other certificate programs are included, then a schedule of those activities must be included.

vii. When the Resident is identified, an introductory letter from the Adviser and a CV from the Resident must be sent to the Chair of the Residency Committee and the Executive Director for approval. This must be done before starting the residency. Retroactive approval of training programs and Residents is not available. If notice is not sent, then the Resident is considered unapproved.

viii. After approval, the Executive Director will send a welcome letter to the Resident. The residency officially starts only after receipt of the welcome letter.

VIII. CONTINUING APPROVED RESIDENCY PROGRAMS

A. When a new Resident is identified, an introductory letter from the Adviser and a CV from the Resident must be sent to the Chair of the Residency Committee and the Executive Director. This must be done before starting the residency. If notice is not sent, then the Resident is considered unapproved. ABVP will not retroactively approve a Resident. After approval, the Executive Director will send a welcome letter to the Resident. The residency officially starts only after receipt of the welcome letter.

B. Previously approved residency programs do not need to submit an application for each new Resident if there are no changes in the Adviser, facilities, equipment, caseload, schedules, activities, etc. If there have been changes or if the new Resident will be following a different schedule than previous Residents, then the Adviser is required to submit a detailed description of the changes.

C. All programs must submit updated program descriptions a maximum of every five (5) years from the date of the initial application approval. The original application may be used as a template (see VII. B.). If there have been no changes, then the original documents are acceptable to resubmit. CVs, any personnel changes, caseloads, schedules, etc. should all be updated.

IX. CONCURRENT RESIDENCY PROGRAMS

A. Programs designed to train Residents in more than one (1) RVS with the goal of dual-board certification are subject to additional requirements.

- i. Concurrent residencies are a minimum of three (3) years' duration.
- ii. The caseloads for all species must be sufficient during the entire residency program and meet the guidelines stated in IV. C.
- iii. All requirements for each RVS must be completed before the certification examinations. Only one (1) examination may be taken in one (1) year. Diplomate status is not conferred in either RVS until successful completion of all residency and credentialing requirements for both RVSS.
 - a. Residents may attempt credentialing in one RVS during the second year of a 3-year program. If credentials are accepted, the earliest date to attempt examination is during the third year of a 3-year program.
 - b. Residents may attempt credentialing in the second RVS of a combined residency during the third year of a 3-year program. If credentials are accepted, the earliest date to attempt examination is during the fourth year or after the program has been completed.
 - c. All residency requirements must be completed and submitted by the January 15 and July 15 deadlines. Late submissions will not be accepted and no reviews will be done outside of the regular schedule. The only exception is that proof of publication acceptance may be submitted past these deadlines but not later than August 15.

X. EVALUATION OF PROGRESS

A. The following components must be approved by the residency committee at each semiannual evaluation. Criteria for acceptance of the materials or approval/disapproval are also listed.

i. Adviser letter

a. Must describe progress in the Resident's clinical abilities, knowledge base, communication skills, and other requirements over the past six (6) months. Any concerns or issues that need to be addressed by the Residency Committee should be included.

b. If the letter is evaluated as too brief or not descriptive (not acceptable), the Adviser will need to submit an improved letter at the next cycle. If subsequent letters are still not acceptable, then disapproval of the residency is possible.

ii. Case log, herd management log

a. The Resident is responsible for documenting each case concisely and accurately.

b. The Adviser is responsible for reviewing the log and verifying that the information is accurate. The Resident must supply login credentials so that the Adviser can access and view the log.

c. Case logs are evaluated for appropriate diagnostic and therapeutic procedures along with outcomes. The number and variety of cases must meet the guidelines. Spelling, grammar, and medical terminology must be correct.

d. The case log may be disapproved (not acceptable) if insufficient cases are seen or if the Resident is not exposed to a variety of cases. Also, if specialty-level practice is not demonstrated or if cases are not diagnosed and treated according to current standards, then disapproval is possible. The Resident must be primary on the majority of cases.

iii. Mortality log

a. The Resident is responsible for encouraging clients to allow necropsies. The training program should supply funding for post-mortem exams and diagnostics if the owners are unwilling to pay.

b. The Adviser is responsible for reviewing the log and verifying that the information is accurate. The Resident must supply login credentials so that the Adviser can access and view the log.

c. In addition to a gross necropsy, tissues and other samples should be submitted from each case for histopathology and other diagnostic tests.

d. The mortality log should document all findings and whether or not histopathology or other diagnostics were performed. The necropsy results and the Resident's interpretation are required for each case.

e. The mortality log may be disapproved (not acceptable) if insufficient cases are seen or if the Resident is not performing or interpreting post-mortem procedures.

iv. Presentation log

a. The Resident is responsible for documenting each presentation given.

b. The Adviser is responsible for reviewing the log and verifying that the information is accurate. The Resident must supply login credentials so that the Adviser can access and view the log.

c. The presentation log may be disapproved (not acceptable) if a minimum of two (2) per year are not completed and documented during the program.

v. Presentation evaluation form

a. The Adviser is responsible for attending each presentation and filling out the evaluation form. If the Adviser is not available, a designated person may attend and complete the form.

b. The Resident is responsible for reviewing and uploading the completed form.

c. If the form is incomplete or if not uploaded, then disapproval is possible.

vi. Procedures log

a. The Resident is responsible for documenting each advanced procedure.

b. The Adviser is responsible for reviewing the log and verifying that the information is accurate. The Resident must supply login credentials so that the Adviser can access and view the log.

c. Procedures are evaluated for complexity and variety. The number and types of procedures must meet the guidelines. Spelling, grammar, and medical terminology must be correct.

d. The procedure log may be disapproved (not acceptable) if insufficient procedures are performed or if they are primarily routine instead of specialty-level.

vii. Progress summary form

a. The Resident is responsible for keeping this form up to date.

b. The Adviser is responsible for reviewing the form and verifying that the information is accurate. The Resident must supply login credentials so that the Adviser can access and view the log.

c. This form may be disapproved (not acceptable) if not up to date, if number of weeks of activity does not total twenty-six each six (6)-month cycle, or if the number and types of cases seen are not consistent with the training program guidelines.

viii. Record of continuing education

a. The Resident is responsible for documenting all formal and informal CE.

b. The Adviser is responsible for reviewing the log and verifying that the information is accurate. The Resident must supply login credentials so that the Adviser can access and view the log.

c. This log may be disapproved (not acceptable) if insufficient CE is documented or if any information is missing. If more than one (1) hour or credit is entered on one (1) line without an adequate description, then the log may be disapproved.

B. The residency committee is responsible for ensuring adequate progress and that all requirements are being met. Therefore, the Chair of the committee will send an evaluation report to each Resident and Adviser after the semiannual evaluations have been completed.

a. Each required item is marked “Acceptable”, “Needs Improvement”, or “Not Acceptable”.

b. If all items are Acceptable, then the Resident may continue the program with no changes.

c. If one (1) or more items are marked Needs Improvement, then the Resident and Adviser must correct deficiencies and submit improved materials at the next cycle. If corrections are not made and the same items are still deficient, then they may be marked Not Acceptable.

d. If one (1) or more items are marked Not Acceptable then the Resident and Adviser will receive information on how to bring them into compliance. There may be instructions to submit corrected items before the next deadline or a reasonable time period.

e. If the same item or items are evaluated to be Not Acceptable at the next cycle, then the entire residency program may be placed on probation or ABVP approval may be withdrawn. Probation may involve more frequent communication and documentation of steps taken than every six (6) months. ABVP reserves the right to withdraw approval of any residency program. Residents in unapproved programs will not be able to submit credentials through the residency pathway and will not be eligible to sit for the certifying examination.

B. Checklist

i. Track all cases, procedures, CE, etc. and enter these as you go. Do not attempt to wait until the deadline and then upload everything. There may be extenuating circumstances such as illness that may prevent you from meeting the deadline. No extensions are available. All Residents and Advisers, with no exceptions, must meet the deadlines.

XI. FEES

A. Annual maintenance fee for existing residency programs, \$100.00/resident/year.

The annual maintenance fee can be paid online via this URL:

https://www.sagepayments.net/eftcart/additem.asp?M_id=242862846914&P_id=209504

B. Deadlines

i. The initial application fee is due within 30 days after an approval letter is sent.

ii. The annual maintenance fee is due on or before July 1 each year.

C. Late fees

i. Late fees of 10% are assessed for any payments received after the due dates (\$30.00 for initial application fees, \$10.00 for annual maintenance fees).

D. Failure to submit payments

i. For existing residency programs, annual payments are considered late until Oct 1 (3 months after the July 1 due date).

a. After that time, if payment is not received, the residency is considered in arrears and resident activity will not be accepted.

b. Case logs, presentations, CE, etc. will not count if the annual fee is not submitted before Oct 1.

APPENDIX A: FACILITY AND EQUIPMENT REQUIREMENTS

A. Canine and Feline Practice, Feline Practice

i. Physical Facility

- a. Examination rooms must be sufficient in number and size to accommodate the caseload.
- b. Treatment areas, areas for intensive care, special procedures, isolation, and good nursing care must be available.
- c. Surgery suites must be of sufficient number and size to accommodate caseload.
- d. Necropsy space must be available.
- e. The American Animal Hospital Association Standards for facilities and equipment should be used as a guideline to ensure compliance with ABVP standards. Fear-Free and Cat-Friendly Practice guidelines should be followed.

ii. Equipment

- a. Imaging equipment including x-ray, ultrasound (in-clinic or access), and intraoral dental radiography capable of diagnosis in all sizes of dogs and cats.
- b. Anesthesia equipment - gas anesthesia with adequate scavenging system along with routine monitoring of anesthetized patients with respiratory and cardiac monitors including blood pressure.
- c. Intensive care equipment for triage and monitoring of critical cases.
- d. Ophthalmology equipment - equipment essential to perform a thorough examination of the eye.
- e. Orthopedic instrumentation - must be appropriate for the management of all orthopedic cases.
- f. Professional and ancillary staff must be adequate to handle the caseload.
- g. Diagnostic laboratory - rapid hematology, chemistry, and microbiologic tests must be available.

h. Records - a system of record keeping must be in place and must insure adequate documentation and rapid retrieval of information about any client. The problem oriented medical record system is recommended (POMR).

B. Avian Practice

i. Physical Facility

a. Examination rooms sufficient in number and size to accommodate the caseload.

b. Treatment areas and areas for intensive care, special procedures, isolation, and good nursing care.

c. Surgical suites sufficient in number and size to accommodate caseload.

d. Necropsy space for routine post-mortem examination.

ii. Equipment

a. Radiology - A 300 MA 125 KVP radiograph machine.

b. Anesthesia equipment – Isoflurane/sevoflurane system with adequate scavenging equipment.

c. Standard surgical instrumentation plus appropriate microsurgical instruments for microsurgery.

d. Monitoring equipment for surgical and intensive care case patients (respiratory and cardiac).

e. ICU - Incubator with heat control, oxygen cage.

f. Ophthalmologic equipment sufficient for routine evaluation.

g. Orthopedic instrumentation appropriate for the management of routine orthopedic cases.

h. Electrocardiogram, ultrasound, electrosurgery unit, and fiberoptic endoscopy.

i. Rapid hematology, chemistry, and microbiologic diagnostic service.

- j. Professional and ancillary staff adequate to manage the caseload.
- k. Records - a system of keeping records must be in place to ensure adequate documentation and rapid retrieval of information about any patient or flock. The POMR system is recommended. The record system must support population-based analysis.

C. Exotic Companion Mammal Practice

i. Physical Facility

- a. Examination rooms sufficient in number and size to accommodate the caseload.
- b. Treatment areas and areas for intensive care, special procedures, isolation, and good nursing care.
- c. Surgical suites sufficient in number and size to accommodate caseload.
- d. Necropsy space for routine post-mortem examination.

ii. Equipment

- a. Radiology - A 300 MA 125 KVP radiograph machine.
- b. Anesthesia equipment – Isoflurane/sevoflurane system with adequate scavenging equipment.
- c. Standard surgical instrumentation plus appropriate microsurgical instruments for microsurgery.
- d. Monitoring equipment for surgical and intensive care case patients (respiratory and cardiac).
- e. ICU - Incubator with heat control, oxygen cage.
- f. Ophthalmologic equipment sufficient for routine evaluation.
- g. Orthopedic instrumentation appropriate for the management of routine orthopedic cases.
- h. Electrocardiogram, ultrasound, electrosurgery unit, and fiberoptic endoscopy.

- i. Rapid hematology, chemistry, and microbiologic diagnostic service.
- j. Professional and ancillary staff adequate to manage the caseload.
- k. Records - a system of keeping records must be in place to ensure adequate documentation and rapid retrieval of information about any patient or flock. The POMR system is recommended. The record system must support population-based analysis.

D. Equine Practice

i. Physical Facility

- a. Examination area and stall space must be adequate to accommodate the caseload. Facilities must include an area for equine neonatal care. The neonatal area must be adequate for 24-hour care and supervision of neonatal cases.
- b. Treatment areas for intensive care, special procedures, isolation, and good nursing care should be available.
- c. Surgery suites must be of sufficient number, of proper design, and adequately equipped to accommodate the caseload.
- d. Necropsy area must be available for routine necropsies and a histopathology service must also be available either in house or via an extramural laboratory in the area. Laboratory facilities must be available for routine clinical pathologic analysis.
- e. It is preferred that an ambulatory or field service be provided by the institution or practice in-house. However, such an experience can be obtained off site.

ii. Equipment

- a. Digital radiology and ultrasound equipment must be available and adequate for the proper evaluation of the caseload presented to the facility.
- b. Anesthesia equipment must include a gas anesthesia delivery system with an adequate scavenging system. Anesthesia and intensive care monitoring equipment must be available for the routine monitoring of surgical and intensive care patients. These should include electrocardiogram and blood pressure monitoring.

- c. Endoscopy equipment - a flexible endoscope of sufficient length and quality to properly evaluate the upper respiratory tract is required.
 - d. Ophthalmic equipment - an ophthalmoscope and other diagnostic equipment essential to the evaluation of the eye is required.
 - e. Orthopedic equipment must be appropriate for the caseload of the facility.
 - f. Necropsy equipment must be available to perform adequate, routine gross pathologic examinations, and collection of specimens for histopathology examination. A histopathology service must be available.
 - g. Dental equipment must be adequate to perform routine dental examinations and care.
 - iii. Staff
 - a. Professional and ancillary staff must be adequate to handle the caseload.
 - iv. Diagnostic laboratories
 - a. Diagnostic laboratory equipment must be available to perform routine diagnostic and microbiologic tests appropriate for the caseload.
 - v. Records
 - a. A record keeping system must be in place to ensure adequate documentation.
- E. Food Animal Practice
 - i. Physical Facility
 - a. The physical plant should support general food animal practice and herd health population medicine.
 - b. Examination areas and stall space must be adequate to accommodate the caseload including facilities for handling neonates.
 - c. Treatment areas must be adequate for restraint and safe management of all species of food animals. Areas for intensive care, special procedures, and isolation should be available.

- ii. Equipment
 - a. Ambulatory equipment must be available to provide good on-the-farm management of both individual animals and herd health problems.
 - b. Radiology and ultrasound must be available and adequate for the proper evaluation of food animal species.
 - c. Endoscopy equipment is recommended.
 - d. Necropsy equipment must be adequate to perform routine gross pathological examinations on the farm and in the hospital.
- iii. Staff
 - a. Professional and ancillary staff must be adequate to handle the caseload.
- iv. Diagnostic laboratories
 - a. Diagnostic laboratory equipment must be adequate to perform routine diagnostic and microbiologic tests appropriate for the caseload.
- v. Records
 - a. A record keeping system must be in place to ensure adequate documentation and rapid retrieval of information about any animal or population of animals.

APPENDIX B: SHELTER MEDICINE PRACTICE REQUIREMENTS

Complete information can be found in the documents “Certification in ABVP Shelter Medicine Practice” and “Frequently Asked Questions about Certification in Shelter Medicine Practice” which are available for download on the ABVP website after logging in.

Additional Information for Residency Program Directors

The crucial elements of an ABVP residency program include provision of the following:

- An adequate caseload to support well rounded experience in all facets of the RVS
- Primary case responsibility, with regular opportunities for patient follow up
- Direct supervision by board certified veterinarians
- Necessary equipment and facilities to support the caseload and training program

A shelter medicine residency must include a minimum of one hundred fifty weeks of intensive postgraduate supervised training. Residents are required to visit and interact with a wide variety of animal shelters in order to gain broad experience in population level care and day-to-day shelter practice through a variety of clinical experiences including cruelty and outbreak investigation, management consultation, and the provision of behavioral, medical, and surgical care in animal shelters. In addition, Residents are required to participate in additional clinical rotations in dermatology, ophthalmology, behavior, internal medicine, surgery, avian/exotics/zoological medicine, clinical pathology, necropsy, and community practice. Participation in clinical rounds, journal clubs, disaster response, and communication training are also required.

Caseload

In Shelter Medicine Practice (SMP), the caseload encompasses both individual animals as well as populations of animals. In both cases, opportunities for patient follow up are required.

- **Shelter practice caseload:** Experience intended to provide Residents with training in individual animal care in the context of a population. Residents are expected to hone their clinical skills in the day-to-day practice of shelter medicine in animal shelters. Residents must spend the equivalent of at least twenty training weeks in shelter practice.
- **Shelter population caseload:** Experience intended to provide Residents with training in population level care in an animal shelter setting. Residents are expected to become knowledgeable and gain clinical experience in a wide variety of sheltering models. Specific required clinical activities (e.g., consultations,

outbreak management, protocol development, etc.) are detailed in the Additional Specific Requirements for Residency Training Programs.

Direct Supervision by Qualified Individuals

In most cases the Program Director provides direct supervision for the Resident. The Residency Committee recognizes, however, that the many areas of training required for SMP, which typically require a variety of off-site locations, may necessitate oversight by multiple different supervisors depending on the program and the specific area of training. The Residency Committee also recognizes that it may not be possible to predict with certainty precisely where specific types of training will be carried out and/or who will serve as the supervisor for a given activity. However, it is essential that the Program Director have reasonable plans in place for the provision of each required element of training, and whenever possible, specific training locations and supervisors should be listed on the Program application.

In all cases, Supervisors should be true experts in the area(s) they are supervising (i.e., highly experienced, credentialed professionals).

- Organizing committee (OC) members who are supervising Residents must become board certified in SMP within three (3) years (i.e., must pass the certification examination in 2016 or 2017).
- Non-OC member veterinarians who regularly supervise Residents must pass credentials within two (2) years (i.e., must pass credentials in 2016 or 2017) and the certification examination within three (3) years of passing credentials.
- ABVP, at its discretion, may make exceptions for individuals who hold a related certification.
- At the discretion of ABVP, Residents may also receive some elements of their training under the supervision of highly experienced, credentialed individuals with specific expertise in a particular area of the required training program (e.g., a certified applied animal behaviorist who oversees shelter behavior training).

Collaboration

The Residency Committee recognizes that Shelter Medicine is a new field with broad and diverse requirements for specialized knowledge and training. As such, the Committee recognizes that it is difficult to provide quality, mentored training in all of the required areas. For this reason, the Residency Committee strongly encourages SMP residency programs to collaborate by participating in Resident exchange programs, national rounds, and other training opportunities outside of the primary training site.

Facilities & Equipment

- Access to multiple animal shelters (case load and follow up)
- Access to electronic shelter records
- Access to state of the art laboratory testing and diagnostic equipment
- On site necropsy facilities (at shelter(s) and/or practice base) with pathology service available
- Shelter facilities for SMP weeks must include exam, treatment, and surgery areas
- Ambulatory equipment to support shelter consultation and ambulatory medical services
- Supplies for diagnostic testing in disease outbreaks
- Behavior assessment tools
- Environmental monitoring equipment (sound, humidity, temperature)
- Adequate professional and support staff to support the caseload and training program

Summary of Shelter Medicine Residency Program

Shelter Medicine Residency Progress Check List

Resident _____

Institution and Date Initiated _____

Advisor _____

Shelter Medicine Residency Requirements

#	Item	Months In Program →								Completed (%)
			0	6	12	18	24	30	36	
	Send letter introducing the residency candidate along with a copy of the candidate's current curriculum vitae to the Residency Committee Chair prior to the start of the residency program (Advisor responsibility)									
	Receive and review Shelter Medicine residency requirements, activity logs and progress checklist with Resident Advisor									
	Receive reading list									
	<i>Intensive Clinical Training in the Specialty of Shelter Medicine</i>									
1	Minimum 84 Weeks of Clinical Training in Shelter Medicine* [Indicate no. of weeks and level of supervision: Direct (D) or Indirect (I)] *Items 2-15 below are required experiences that must be completed within these 84 weeks									
2	Visit at least 50 animal shelters in at least 3 regions of the following 5 regions: western United States; mid western United States; northeastern United States; southern United States, International (maintain activity log)									
3	Participate in shelter practice for at least 20 training weeks (maintain activity and case logs of all clinical rotations including shelter practice)									
4	Participate in at least 3 comprehensive shelter consultations with primary responsibility for at least 1 section of each and overall responsibility for at least 1 comprehensive consultation (maintain activity log)									
5	Participate in at least 9 targeted shelter consultations including all major areas of consultation as defined in section V (maintain activity log)									
6	Design at least 5 shelter protocols, including at least 1 infectious disease protocol; Implement at least 1 of these protocols at a shelter									
7	Respond to at least 60 telephone/email consultation requests (maintain activity log)									
8	Advise on at least 9 disease outbreaks, including at least 3 site visits and at least 1 outbreak of at least 3 of the following: dermatophytosis, canine distemper virus, canine parvovirus, feline parvovirus, and one "unknown" cause outbreak (maintain activity log)									
9	Visit at least 5 different HQRVSN programs of at least 3 of the following different types: stationary, mobile, MASH, non-surgical or other (maintain activity log)									
10	Participate in HQRVSN practice under direct supervision for at least 4 weeks									
11	Participate in the investigation of at least 2 single animal cases involving alleged criminal abuse or neglect including live animal examination for documentation (maintain activity log)									
12	Participate in the investigation of at least 1 multi-animal case involving alleged criminal abuse or neglect (maintain activity log)									
13	Perform at least 1 forensic necropsy (can be wet lab) (maintain activity log)									
14	Participate in response to 1 natural or other disaster (field conditions, simulation or wet lab)									
15	Complete a basic credentialing course for participation in disaster response									

#	Item	Months In Program →							Completed (%)
		0	6	12	18	24	30	36	
	Other Required Clinical Rotations (maintain activity and case logs for all clinical rotations)								
16	At least 2 weeks- Dermatology								
17	At least 1 week- Ophthalmology								
18	At least 2 weeks- Behavior practice with boarded behaviorist								
19	At least 4 weeks- Behavior in shelter with approved supervisor								
20	At least 2 weeks- Avian/exotics/zoological medicine								
21	At least 2 weeks- Small animal internal medicine								
22	At least 1 week- Clinical Pathology								
23	At least 1 week- Necropsy								
24	At least 1 week- Community Practice								
	Education and Other Scholarly Activities								
25	Attend/participate in clinical rounds on a daily basis during the clinical training period; periodically lead rounds discussions an average of once every other week								
26	Attend at least 60 hours of formal conferences (eg. journal clubs or seminars in shelter medicine) on a regular basis								
27	Deliver a formal presentation at journal club or seminar at least once per year								
28	Attend at least 1 major veterinary medical meeting with a dedicated shelter medicine track (maintain activity log)								
29	Attend at least 1 national animal sheltering professional conference (maintain activity log)								
30	Deliver at least 6 formal presentations to professional audiences and/or shelter staff; at least 1 presentation must be delivered to a primarily veterinary audience and at least 1 must be delivered to a primarily shelter audience (excluding journal club and resident research presentations)								
31	Complete a minimum of 6 hours of formal instruction in communication (including didactic and structured interaction)								
	Publication Requirements								
32	Prepare at least 1 first author publication relevant to shelter medicine in a peer reviewed journal								
33	Prepare at least 1 first author article related to shelter medicine for a lay audience								

The following formal application form is available for download on the ABVP website.

Organizations wishing to establish an ABVP-recognized veterinary specialty residency program must submit a letter of intent to the Chair of the ABVP Residency Committee. Completion of this application will serve as such a letter for Shelter Medicine Practice (SMP); no other formats will be acceptable.

This application and any supporting documents must be submitted to the Chair of the Residency Committee by the Program Director at each of the following time points:

- Upon initial request to become an ABVP-recognized SMP residency program
- Upon each acceptance of a new Resident

- Any time significant changes to the facilities, staff, schedule, or scope of program are made

Resident Advisers must achieve status as ABVP-SMP Diplomates within the first three (3) years of the certification period.

This application must be completed in its entirety upon each application, including appended documents where indicated. Incomplete applications and those with spelling or grammatical errors will be returned for correction prior to review.

Once complete applications have been received, they will be independently reviewed by the Residency Committee and other ABVP Diplomates as deemed necessary by the Chair. The Chair may request clarification or revisions to the proposed program prior to approval. Appeals of adverse decisions are directed to the ABVP Executive Director.

Completed application packets should be submitted electronically to the Chair of the ABVP Residency Committee and the ABVP Executive Director

DEFINITIONS

Residency Subcommittee: The ABVP Shelter Medicine Practice Residency subcommittee, which is responsible for approving residency programs and providing program oversight as specified by the policies and procedures of ABVP.

Program Director: The veterinarian responsible for overseeing a shelter medicine residency training program at a given institution.

Resident Adviser: The veterinarian responsible for a Resident's program. The Resident Adviser will sign all documentation verifying completion of program requirements.

Supervisors: ABVP Shelter Medicine Practice Diplomates, shelter medicine faculty, or other individuals approved by the Program Director and Residency Committee.

Training Week: A week's experience is defined as a minimum of forty (40) hours. A Resident may not claim more than one training week in any seven (7) day calendar week.

Direct supervision: The Resident and Supervisor are concurrently managing cases in clinical practice or on-site consultation. The Supervisor is physically available for consultation.

Indirect supervision: The Resident and Supervisor, although participating together, are not concurrently physically involved in clinical practice or on-site consultation. To qualify for indirect supervision, the Resident and Supervisor must have direct contact (e.g., in person, phone, web) for at least four (4) hours per week.

Supervision of remote consultation and field experience: In cases in which the Resident and the Supervisor are not physically working in the same location, regular and significant direct communication is required. Depending upon the level of supervision, such experiences may be considered as either directly or indirectly supervised.

Training Experiences: Some credentialing requirements must be completed on-site, some must be completed off-site, and some may be completed in a part-time manner.

On-Site Training Experiences: For those requirements that require on-site supervision, the Supervisor and the Resident must be working at the same physical location (e.g., teaching hospital, shelter, practice) during the time under supervision. On-site experiences may fall in both the category of Direct and Indirect Supervision.

Off-Site Training Experiences: Off-site experiences (e.g., shelter consultation and other field experiences) are those in which the Resident and the Supervisor do not share a common workspace, but have regular and significant direct communication. Off-site experiences may be classified as either Direct or Indirect Supervision.

Part-Time Experiences: Part-time experience is permitted, where cumulative experiences over time may accrue to account for a block of time. An example would be when a Resident completes forty (40) hours of necropsy in small allotments of time during the course of their program. It is the Resident's responsibility to document their experiences with an activity log, which is signed off on by the appropriate Supervisor.

Associated Specialties: When Residents are completing required training in associated specialties (such as dermatology or ophthalmology), they must be directly supervised by a Diplomate in that specialty except as specified.

Date of application: [Click here to enter a date.](#)

Resident name: [Click here to enter text.](#)

Resident Adviser: [Click here to enter text.](#)

Note: CV must be provided for Resident and Resident Adviser; see Appendix 1.

1. **Program director:** [Click here to enter text.](#)

Note: CV must be provided for program director; see Appendix 1.

2. **Program Description**

a. Program name: [Click here to enter text.](#)

b. What is the duration of the training program? 104/156/208 weeks

c. Will the Clinical Training program be continuous? YES/NO

d. Does the training program include graduate studies? YES/NO

i. If YES, please indicate the degree being sought: [Click here to enter text.](#)

e. Does the training program include a concurrent residency in another specialty? [Choose an item.](#)

i. If YES, please indicate the concurrent residency training program:
[Click here to enter text.](#)

3. **Primary Training Site**

Facility Name

Address

City, State, Zip, Country

Phone

Fax
E-mail
Website

4. Personnel

- a. List professional personnel (i.e., those with a DVM or equivalent degree) involved in the eighty-four weeks of Clinical Training in Shelter Medicine.

<u>Name</u>	<u>Degree(s)/Certifications</u>	<u>Is this person responsible for direct supervision of Residents?*</u>
Click here to enter text.	Click here to enter text.	Choose an item.
Click here to enter text.	Click here to enter text.	Choose an item.
Click here to enter text.	Click here to enter text.	Choose an item.
Click here to enter text.	Click here to enter text.	Choose an item.
Click here to enter text.	Click here to enter text.	Choose an item.
Click here to enter text.	Click here to enter text.	Choose an item.
Click here to enter text.	Click here to enter text.	Choose an item.
Click here to enter text.	Click here to enter text.	Choose an item.
Click here to enter text.	Click here to enter text.	Choose an item.
Click here to enter text.	Click here to enter text.	Choose an item.

**A current CV must be provided for each individual providing direct supervision of Residents; see Appendix 1.*

- b. List paraprofessional personnel (i.e., those without a DVM or equivalent degree) involved in the eighty-four weeks of Clinical Training in Shelter Medicine.

<u>Name</u>	<u>Degree(s)/Certifications</u>	<u>Is this person responsible for direct supervision of Residents?*</u>
Click here to enter text.	Click here to enter text.	Choose an item.
Click here to enter text.	Click here to enter text.	Choose an item.
Click here to enter text.	Click here to enter text.	Choose an item.
Click here to enter text.	Click here to enter text.	Choose an item.
Click here to enter text.	Click here to enter text.	Choose an item.
Click here to enter text.	Click here to enter text.	Choose an item.
Click here to enter text.	Click here to enter text.	Choose an item.
Click here to enter text.	Click here to enter text.	Choose an item.
Click here to enter text.	Click here to enter text.	Choose an item.
Click here to enter text.	Click here to enter text.	Choose an item.

**A current CV must be provided for each individual providing direct supervision of Residents. See Appendix 1.*

- c. List ancillary and support staff in direct support of the training program. List only those individuals providing program support, not those involved in Resident training (those involved in Resident training should be listed in Section 4.a or 4.b above).

<u>Name</u>	<u>Degree(s)/Certifications</u>	<u>Job Title</u>
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.

5. Caseload

- a. Provide an estimate of the Resident’s anticipated caseload per week of shelter practice (minimum twenty weeks). The numbers should reflect cases in which the Resident is the primary clinician.

<u>Case Type</u>	<u>Dogs</u>		<u>Cats</u>		<u>Other Species</u>	
	No.	%	No.	%	No.	%
Wellness						
Medical						
Surgical						
Emergency						
Population level care (e.g., 1 population of 100 dogs = 1 case of population level care)						

- b. Provide an estimate of the anticipated caseload described in 5.a that will be available for follow-up to case resolution or the maintenance of a long-term management plan. The numbers should reflect cases in which the Resident is the primary clinician.

<u>Case Type</u>	<u>Dogs</u>	<u>Cats</u>	<u>Other Species</u>
	%	%	%
Wellness			
Medical			
Surgical			
Emergency			
Population level care (e.g., 1 population of 100 dogs = 1 case of population level care)			

- c. Please describe the location(s) where Residents will serve as primary clinicians as described in 5.a and 5.b. If a location makes up less than 10% of total primary caseload, include it in the row labeled “Other.”

<u>Location of Primary Caseload</u>	<u>Percentage of Total Primary Caseload</u>	<u>Predominant Practice Type</u>
Facility Name Address City, State, Zip		Choose an item.

Facility Name Address City, State, Zip		Choose an item.
Facility Name Address City, State, Zip		Choose an item.
Facility Name Address City, State, Zip		Choose an item.
Other		
TOTAL	100%	

Note: “Remote” refers to cases that are managed while not physically at the same location as the animal or population. “Field” refers to cases that are managed outside of the primary training site, but in which the clinician is in the same physical location as the animal or population.

6. Training Schedule

a. Shelter Medicine Practice (84 week minimum)

<u>Shelter Medicine</u>	<u>Number of weeks</u>	<u>Number of weeks under direct supervision</u>	<u>Person(s) providing direct supervision*</u>
Regional shelter visits	Click here to enter text.	Click here to enter text.	Click here to enter text.
Shelter practice	Click here to enter text.	Click here to enter text.	Click here to enter text.
Comprehensive shelter consultations	Click here to enter text.	Click here to enter text.	Click here to enter text.
Targeted shelter consultations	Click here to enter text.	Click here to enter text.	Click here to enter text.
Protocol design	Click here to enter text.	Click here to enter text.	Click here to enter text.
Telephone/e-mail consultation	Click here to enter text.	Click here to enter text.	Click here to enter text.
Disease outbreaks	Click here to enter text.	Click here to enter text.	Click here to enter text.
HQHVSN clinic visits	Click here to enter text.	Click here to enter text.	Click here to enter text.
HQHVSN practice	Click here to enter text.	Click here to enter text.	Click here to enter text.
CAN investigation (Individual)	Click here to enter text.	Click here to enter text.	Click here to enter text.

CAN investigation (Multi-animal)	Click here to enter text.	Click here to enter text.	Click here to enter text.
Forensic necropsy	Click here to enter text.	Click here to enter text.	Click here to enter text.
Natural disaster response	Click here to enter text.	Click here to enter text.	Click here to enter text.
Disaster response didactic training	Click here to enter text.	Click here to enter text.	Click here to enter text.
<u>TOTAL</u>	Click here to enter text.	Click here to enter text.	

**A current CV must be provided for each individual providing direct supervision of Residents. See Appendix 1.*

- i. Estimate how Indirect Supervision will be maintained during Clinical Training in Shelter Medicine; indicate the anticipated percentage distribution of time per week for each contact modality (e.g., 20% hours in person, 40% via internet, 40% via phone contact).

<u>Contact Modality</u>	<u>Estimated % of time per week</u>	
	<u>Primary Facility Training</u>	<u>Off-site Training</u>
In person	Click here to enter text.	Click here to enter text.
Internet	Click here to enter text.	Click here to enter text.
Telephone	Click here to enter text.	Click here to enter text.
Other: Please specify.	Click here to enter text.	Click here to enter text.
<u>TOTAL</u>	100%	100%

- b. Required Clinical Rotations (16 week minimum)

<u>Clinical Rotations</u>	<u>Number of Weeks</u>	<u>Location*</u>
Dermatology	Click here to enter text.	Choose an item.
Ophthalmology	Click here to enter text.	Choose an item.
Behavior practice	Click here to enter text.	Choose an item.
Shelter behavior	Click here to enter text.	Choose an item.
Avian/exotic/zoological medicine	Click here to enter text.	Choose an item.
Small animal internal medicine	Click here to enter text.	Choose an item.
Clinical pathology	Click here to enter text.	Choose an item.
Necropsy	Click here to enter text.	Choose an item.
Community practice	Click here to enter text.	Choose an item.
<u>TOTAL</u>	Click here to enter text.	

**A description of each off site training facility and proposed activities must be provided for each off site location. If multiple rotations will be conducted at the*

same facility, one off-site training experience application can be submitted. See Appendix 2.

7. Program Summary

<u>Requirement</u>	<u>Number of Weeks</u>
Clinical training in shelter medicine	Click here to enter text.
Required clinical rotations	Click here to enter text.
Education and scholarly activities	Click here to enter text.
Vacation	
Other: Please specify.	
<u>TOTAL*</u>	Click here to enter text.

Note: Total should equal duration of training program as described in 2.b.

**APPENDIX I
CURRICULUM VITAE**

Resident Adviser, program director and individuals providing direct supervision as described in 4.a, 4.b, and 6.a must provide a CV using the following template. CVs must be limited to three (3) pages.

1. Name

Click here to enter text.

2. Address

3. Phone Number(s)

4. E-mail Address

Click here to enter text.

5. Formal Education

College Attended	Start Date	End Date	Degree Awarded
Click here to enter text.	Mo/Year	Mo/Year	
Click here to enter text.	Mo/Year	Mo/Year	
Click here to enter text.	Mo/Year	Mo/Year	
Click here to enter text.	Mo/Year	Mo/Year	
Click here to enter text.	Mo/Year	Mo/Year	
Click here to enter text.	Mo/Year	Mo/Year	
Click here to enter text.	Mo/Year	Mo/Year	

6. Other Veterinary Training (e.g. non-degree graduate programs, internships, residencies, research appointments, fellowships, and certificates)

Program Description	Start Date	End Date
Click here to enter text.	Mo/Year	Mo/Year
Click here to enter text.	Mo/Year	Mo/Year
Click here to enter text.	Mo/Year	Mo/Year
Click here to enter text.	Mo/Year	Mo/Year
Click here to enter text.	Mo/Year	Mo/Year

Click here to enter text.	Mo/Year	Mo/Year
Click here to enter text.	Mo/Year	Mo/Year

7. Publications

8. Professional Memberships (e.g., veterinary and other professional societies, academies, and groups)

List current memberships ONLY, followed by level of involvement

E.g. Association of Shelter Veterinarians, member

9. Community Activities

List current activities ONLY, followed by level of involvement

10. Honors and Awards

APPENDIX II

OFF-SITE TRAINING EXPERIENCE

Please complete the following information for each secondary training site listed in 6.b.

1. Location

Name

Address

City, State, Zip, Country

Phone

E-mail

Website

Contact person

- 2. Describe the role this training site will play in meeting residency training requirements and the specific activities in which the Resident will participate.**

3. Briefly describe why this training cannot be accomplished at the primary training site.

4. What is the duration of this off-site training experience? [Click here to enter text.](#)

5. Please list professional (i.e., DVM or equivalent) and paraprofessional (i.e., non-DVM) personnel who will provide direction supervision* of Residents at this site.

<u>Name</u>	<u>Degree(s)/Certifications</u>
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.

**A current CV must be provided for each individual providing direct supervision of Residents. See Appendix 1.*

6. Will Residents and Supervisors share a common workspace at this site? YES/NO

6.1. If NO, describe how “regular and significant direct communication” with the Supervisor will be maintained.

7. Letter of commitment

Please attach a letter of commitment from a representative of the organization agreeing to provide the off-site training experience. The letter should describe the physical facility, available equipment pertinent to the training topic, and a detailed plan for the Resident training experience. Letters from individuals who will act as direct supervisors of the Residents during the experience are preferred.