



**ABVP**  
AMERICAN BOARD OF  
VETERINARY PRACTITIONERS

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# Applicant Handbook

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## Glossary

|           |   |
|-----------|---|
| ABVP      | American Board of Veterinary Practitioners ( <a href="http://www.abvp.com">www.abvp.com</a> )   |
| ABVS      | American Board of Veterinary Specialties<br>( <a href="https://www.avma.org/ProfessionalDevelopment/Education/Specialties/Pages/default.aspx">https://www.avma.org/ProfessionalDevelopment/Education/Specialties/Pages/default.aspx</a> ) |
| 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<br>( <a href="https://www.avma.org/Pages/home.aspx">https://www.avma.org/Pages/home.aspx</a> )  |
| Candidate | A person whose application and credentials have been accepted and is eligible to sit for the certification examination  |
| BOD       | Governing body of ABVP  |
| 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<br>( <a href="http://www.aavsb.org/RACE/">http://www.aavsb.org/RACE/</a> )  |
| RVS       | Recognized veterinary specialty (e.g. Avian Practice, Cardiology)   |
| 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 12 recognized veterinary specialties (RVS's):

- Avian Practice
- Beef Cattle Practice
- Canine and Feline Practice
- Dairy Practice
- Equine Practice
- Exotic Companion Mammal Practice
- Feline Practice
- Fish 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

To be eligible for ABVP certification, veterinarians must have:

1. 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**
2. Met the education, training, and experience requirements established by ABVP, **and**
3. Demonstrated unquestionable moral character and ethical professional behavior

There are three pathways available to be eligible to apply:

1. **Practitioner** – applicants must have a minimum of 4.5 years of experience before submitting credentials and a minimum of 5 years of post-graduation experience before sitting for the certification 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 5 years
  - a. **For Shelter Medicine Practice**, practitioners must have completed at least five years of clinical practice experience before application and at last six years of clinical practice before examination. Five of the six years of clinical practice experience must be Shelter Medicine focused. Acceptable Shelter Medicine focused clinical experience includes:
    - i. Full-time employment (35-40 hours per week) in an animal shelter or animal shelters for five years or equivalent (e.g. half-time for 10 years).
    - ii. A specialty internship in Shelter Medicine will count as one year of qualifying experience.
    - iii. A specialty fellowship in Shelter Medicine will count as qualifying experience for the duration of the fellowship, or up to two years (whichever is shorter).
    - iv. Employment as a Shelter Medicine consultant or outreach veterinarian where the candidate spends the majority of their full-time effort working with animal shelters or related Shelter Medicine cases.
    - v. Employment as a faculty member teaching Shelter Medicine to veterinary students, where the faculty member is in regular consultation with animal shelters.
2. **Residency** – applicants enrolled in ABVP-approved residency programs must have a minimum of 2.5 years of experience including completion of at least one-half of the training program before submitting credentials and a minimum of 3 years of post-graduation experience before sitting for the certification examination
3. **Hybrid** – applicants enrolled in ABVP-approved hybrid credentialing programs must have a minimum of 3.5 years of experience including completion of at least one-half of the program before submitting credentials and a minimum of 4 years of post-graduation experience before sitting for the certification examination

The annual application deadline for submitting credentials is January 15. The annual certification examination is scheduled on the first Saturday in November. Successful candidates are expected to sit for the exam in the same year as credentials submission.

## **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 violation regarding an ABVP applicant, candidate, or Diplomate, this information will be reviewed by the Executive Director, President, and/or the Board of Directors. If the ethical violation is determined to be credible, the Executive Director will forward the allegation to the ABVP Ethics Committee for further investigation. The chair of the committee will forward findings and recommendations to the Board of Directors. The Board may then:

1. require appropriate corrective actions to remedy the violation, or
2. impose punitive measures, which may include, but are not limited to, suspension or denial of eligibility for credentialing or examination; suspension or denial of eligibility for Maintenance of Certification; and suspension or revocation of Diplomate status

## **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 violations, 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 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 can only sit for one (1) certification exam per year.

## **Appeals Process for Credentials and Examination**

Applicants, Candidates, or Diplomates have the right to appeal any adverse decision 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

The deadline for submitting an appeal is 14 days after receipt of the adverse decision. The appeal must include a letter stating one (1) or more grounds for overturning the decision along with an explanation and documentation of the justification for reconsideration. Appeals must be in writing and submitted to the Executive Director who will then forward to the ABVP Appeals Committee for investigation and evaluation.

For appeals of denial of credentialing, a final written decision will be emailed to the appellant no later than seven (7) weeks before the scheduled examination date. For appeals regarding examination or maintenance of certification results, a final written decision will be emailed to the appellant no later than 12 weeks after receipt of the appeal.

## **Extension Requests**

Candidates have three (3) years and three (3) attempts to successfully complete the examination process. Requests for extensions beyond three (3) years are discouraged. The Board of Directors only considers extensions for circumstances of extreme hardship such as illness or disability. Extensions are generally granted for reason of military deployment. Candidates must have made two (2) attempts at certification and be in the final year of eligibility in order to request an extension. If approved, an extension to sit for the exam is for one (1) year only.

Requests for extensions must be submitted in writing to the Executive Director. A final written decision will be emailed to the appellant no later than 30 days after receipt of the appeal.

## III. Application Instructions

### Required Credentials Documents

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, Case Summaries, and/or Publications
- Additional required documentation for Shelter Medicine Practice applicants as described in section VII.

### Credentials Documents

1. **Veterinary Diploma - a digital image will be uploaded**
2. **Curriculum Vitae**
  - Provide the following information in order in a separate document. No special formatting or layout is required. Please note: an applicant's CV must include the required items listed below, there is no need to remove additional information that may be listed. If an applicant does 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 a license(s) is held 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
3. **Synopsis of Clinical Practice**
  - Summarize each practice experience and identify each practice location worked, size and scope of each practice (# vets, list of species serviced, average # patients seen daily, classification of practice [general, referral, full-service, relief, spay/neuter, etc]), employment dates and average hours per week worked. Included with each practice experience should be a description of the applicant's individual caseload and a % breakdown of how the applicant spent time (appointments, surgery, imaging, rehab, lab,



emergency, etc). Caseload description should include the types of cases seen on a regular basis and a list of procedures that are part of the applicant's normal repertoire (limit individual caseload description to <1000 characters)

#### 4. **Self-Report Job Experience**

- Fill out form completely. This form is an onscreen, fillable form

#### 5. **Continuing Education** (Submit all CE using the Excel template on Prolydian website)

- 90 hours of continuing education within five (5) years of application date are required
- 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 the applicant does not have enough to equal (1) hour, then divide the number of minutes by 60 to determine the correct amount. For example, a 20-minute CE lecture would be  $20/60=0.33$  hour
- List each title of the lecture(s) separately even if given by the same speaker
- List the name and date of the meeting
- List the number of hours per lecture
- Every single lecture, making up 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 (1) hour or multiple hours, but 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 errors
- CE must support the RVS in which certification is sought.
- Examples of formal CE include
  - RACE- or state licensing board-approved meetings.
  - If the applicant is a speaker at a qualifying CE meeting, the applicant 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 the state licensing board
- Practice management and non-scientific topics are unacceptable CE hours.

## 6. Applicant Evaluation Forms

- Three (3) evaluations are required. At least one (1) 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 2). All three (3) evaluations must be from veterinarians who are familiar with the applicant's professional abilities, competence, ethics, and integrity
- Evaluations cannot be from family members
- Evaluations cannot be from veterinarians who are employees or subordinates
- All evaluations MUST be submitted online. They must provide the evaluator's e-mail address, employer name, and employer address. Once this information is submitted, the evaluator will receive confirmation that the evaluation has been received
- The system will notify the applicant when an evaluation has been received on their behalf. The applicant will have no access to view the evaluation itself
- All three (3) evaluations must be submitted by the evaluators by January 15 at 11:59 PM Central Time. It is entirely the responsibility of the applicant to ensure all evaluations are completed and submitted on time. Evaluations not received by the deadline will cause the application to fail

## 7. Case Reports, Case Summaries, and Publications

- Applicants must secure 100 points
  - Case summaries are worth 10 points each, maximum 10. Initial applicants may submit up to 12
  - Case reports are worth 50 points each, maximum 2. Initial applicants may submit up to 2
  - Publications are worth 50 points each, maximum 1. Initial applicants may submit up to 2
- Possible point combinations:
  - 10 case summaries (may submit up to 12 for initial application) **OR**
  - 2 case reports (may submit up to 2 for initial application) **OR**
  - 1 publication (may submit up to 2 for initial application) plus 5 case summaries (may submit up to 6 for initial application) **OR**
  - 1 case report (may submit 1) plus 1 publication (may submit up to 2 for initial application) **OR**
  - 1 case report (may submit 1) plus 5 case summaries (may submit up to 6 for initial application)
- If previous submissions have been accepted, the applicant may submit further submissions to total only the number of points needed. The applicant may not submit extra items
- If previous submissions have not been accepted and the applicant is submitting again, the applicant may not submit extra items, only items that total the number of points needed
- **These point totals and combinations do not apply to Shelter Medicine applicants.** Refer to section VII of this handbook for details on

required documentation, including case reports, short reports, and publications.

**Example #1:** In the first year of submitting credential items, an applicant submitted 12 case summaries. 3 were accepted, for a total of 30 points. The following year, the applicant may submit:

- 7 case summaries **OR**
- 2 case summaries plus a case report or publication **OR**
- 1 case report plus 1 publication **OR**
- 2 case reports

It is acceptable to submit 2 case reports, or a case report plus a publication, because a single case report or publication is only worth 50 points. The applicant is not required to score exactly 70 points, however, the applicant may not submit 'extra' submissions, as is allowed for the initial application

**Example #2:** In the first year of submitting credential items, an applicant submitted 2 case reports. One (1) was accepted, for a total of 50 points. The following year, the applicant may submit:

- 1 case report **OR**
- 1 publication **OR**
- 5 case summaries

Applicants who have applied under previous guidelines but still have years of eligible submissions may use the previous rules for writing case reports only for resubmissions. New cases must follow the new format. If according to the new points guidelines an existing applicant has already acquired 50 points, any of the new options may be used to reach 100 points.

## **General Submission Guidelines (Case Reports and Case Summaries)**

1. Literature reviews, research reports, and retrospective studies are not acceptable as case reports or case summaries
2. Each case must have been first seen and managed within five (5) years of the date of submission (January 15). If an applicant is re-applying because of failure to credential within three (3) years, the applicant may not re-use any case report or summary that was previously submitted
3. Anonymity is required. The applicant must not include their 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. Submitted case reports are only identified by an applicant identification number. The ID number will be automatically generated once the applicant starts a credentials application. Make sure images

- (such as radiographs) do not include any names or identification. Case reports and summaries are evaluated anonymously by members of the ABVP Credentials Committee. If identifying information of any kind is found, the submission case report will automatically fail and not be further reviewed
4. ABVP case report format is different from professional journals. Instructions must be followed exactly and in the correct order. Failure to follow instructions may result in point deductions or failure of the case.
  5. The case reports and summaries represent the applicant's ability to communicate medical observations and data in an organized and appropriate manner
  6. If the applicant chooses to use a previously published case , it must be rewritten in ABVP format
  7. Case reports and summaries are designed to allow the Credentials Committee to evaluate the applicant's ability to recognize problems, formulate differential diagnoses, and develop and implement appropriate diagnostic, therapeutic and preventive plans
  8. 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 may adversely affect the evaluation of the case submission
  9. All case submissions must be uploaded in PDF format. **ABVP is not responsible for formatting or presentation errors created during the file conversion process of a document that was uploaded in a non-PDF format.**
  10. Submissions should be double spaced and size 11 or 12 font. Times New Roman, Arial, and Helvetica are considered acceptable fonts. There should be one (1) inch margins on all sides
  11. 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
  12. If specialists or others assisted in the case, list and describe their participation but do not include their names or locations to preserve anonymity
  13. Use generic or chemical names in text
  14. Tradenames, brands, specialized equipment, and proprietary information must be cited in the endnote section
  15. Doses and dosages must be given in metric units (e.g. mg/kg). All dosages must include route of administration and interval (e.g. 10 mg/kg, IV, q 12 h)
  16. All laboratory work should be reported in tables. Each individual table should include:

- Number and title of table
  - Name of test performed
  - Test result with units of measure
  - Normal reference range for laboratory used with units of measure
17. Tables, radiographs, ultrasound images, echocardiograms, photomicrographs, line drawings, should include a legend describing each image. Arrows or markers are recommended to point out significant parts of the image.

## Case Reports

1. Case reports should highlight the applicant's skill as a diagnostician and case manager. This is a window into how the applicant practices
2. Case reports do not need to focus on unusual cases. Although these cases may be interesting, they may not be ideal to show skills as a veterinarian
3. Case reports should be within the RVS for which certification is sought
4. Case reports may be no longer than 19,000 words, not including references, endnotes, or tables

## Format

1. Title
  2. Introduction of topic
  3. Literature review
  4. Case report
  5. Discussion
  6. Endnotes
  7. References
  8. Laboratory results/imaging/tables
- Introduction of the topic
    - This section is a brief overview of the paper, typically no more than one (1) paragraph to introduce the general concept of the case
  - Literature review
    - This section should provide a more thorough examination of the disease process(es), including most common presentation, differential diagnoses, physical and diagnostic test findings, treatments, monitoring, and prognosis. Literature cited should be current and high quality. State and discuss no more than the three (3) top clinical problems. Include a complete, concise, and thorough description of the pathophysiology, typical history and presentation, differential diagnoses, and diagnostic approach for each clinical problem. Include a complete synopsis of the treatment and management options for the clinical problem or diagnosis, and current recommended therapies/procedures. Discuss the expected outcome and prognosis
      - **SHELTER MEDICINE PRACTICE** cases 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 an animal in a typical home environment.

- Case report
  - This section is the actual description of the applicant's case, from start to finish. Include history, physical exam findings, chronological case management details, diagnostic findings, treatments, and follow up details. Include a complete description of the patient or population, the chief complaint, and relevant history and clinical findings. Include all relevant procedures, medications, complications, co-morbidities, and justification for deviations from standard procedures. Outcome will include patient or case outcome, results of clinical procedures or medical management, and full follow up of the case
    - **SHELTER MEDICINE PRACTICE** cases must include basic information regarding the shelter's intake, housing, and population as well as other aspects pertinent to the case presented. Population cases must include relevant baseline and follow-up data in tabular form. **SHELTER MEDICINE PRACTICE** applicants must describe their role in the management of the case (e.g., staff veterinarian, consultant, etc.) including; when they became involved and which aspects of the case were within and outside their control. Cases with limited or peripheral involvement by the applicant are not appropriate.
- Discussion and critique
  - There are no perfect cases. The discussion area is a place to examine what went wrong, what may have done differently in retrospect, how this case could have been improved. New information may not be added in this section, ie, nothing that would need a reference should be added to this section. Include a complete constructive evaluation of case deficiencies, mistakes, and/or complications. Identify potential changes to be made in future cases
    - **SHELTER MEDICINE PRACTICE** applicants must include an 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.). Implications and applications for management of similar cases in other types of shelter settings must be included. Limitations of the case management due to the applicant's role (e.g., consultant, part-time staff, etc) must be included, if applicable.
- Endnotes
  - Trade names, brands, specialized equipment, and proprietary information must be properly cited in the endnote section

- References
  - References should be current, applicable, and comprehensive for all of the problems identified and discussed. Reference citations must have been published within ten (10) years prior to submission unless it is the newest edition of that textbook or journal and only if the information is relevant and not available elsewhere in a more current version.
- Laboratory results/imaging
  - Lab results are labeled, legible, and in chronological order in a section **at the end of the report.**
- Additional requirements for **SHELTER MEDICINE PRACTICE** case reports are listed in section VIII (page 32).

## Case Summaries

1. Case summaries are meant to be a concise communication of case management and decision making, with a more narrow and focused literature search
2. Case summaries must be between 1400-1700 words (not including references, endnotes, tables or figure descriptions).
3. May not use same case or diagnosis for case summary and a case report. Case summaries from RVSs that see multiple species, should be a representative sampling of relevant species
4. Case summaries will be evaluated by the following:
  - Does this demonstrate ability to practice ABVP caliber veterinary medicine or surgery?
  - Is the case challenging enough to demonstrate range and depth of clinical expertise?
  - Is the case management thorough and appropriate from beginning to end? Is the case summary presentation done professionally, with minimal errors, and succinctly communicates all relevant case information?
  - Does this summary encompass current diagnostic, therapeutic, and clinical management techniques that ABVP caliber veterinarians utilize in their practice?
5. Each CS must reflect a different aspect of the applicant's clinical practice
6. Case summaries should be within the RVS to which the applicant is applying.
7. Case summaries are not accepted for Shelter Medicine Practice applicants.

## Format

1. Title
2. Introduction
3. Treatment/Management/Prognosis
4. Case history and presentation
5. Case management and outcome
6. References and endnotes
7. Lab data/imaging

- Introduction
  - The introduction should include a complete, concise, and thorough description of the pathophysiology, typical history and presentation, differential diagnoses, and diagnostic approach to the case
- Treatment/Management/Prognosis
  - The section will include a complete synopsis of the treatment and management options for the clinical problem or diagnosis, and current recommended therapies/procedures
- Case history and presentation
  - Include a complete but brief description of the patient or population, the chief complaint, and relevant history and clinical findings
- Case management and outcome
  - This section should include all relevant procedures, medications, complications, co-morbidities, and justification for deviations from standard procedures. Include patient or case outcome, results of clinical procedures or medical management, and full follow up of the case
- References
  - At least one (1) reference but no more than five (5) references from available literature, preferably peer-reviewed although well-regarded textbooks are acceptable. Endnotes are in proper format and are included where appropriate
- Lab data/imaging
  - Lab results should be labeled, legible, and in chronological order in a section at the **end of the report**
- Endnotes
  - Cite endnotes with lower case letter superscripts in the order in which they appear in the text (example: <sup>a</sup>, <sup>b</sup>, <sup>c</sup>, ... )
  - Use endnotes for, 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
      - For products and equipment, provide complete information in the endnote, including manufacturer's name and location (i.e., city, state, and country [if other than the United States])
      - 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: <sup>a</sup>, <sup>b</sup>, <sup>c</sup>, )
  - If more than 26 endnotes are required, continue the sequence with double letters (e.g., <sup>aa</sup>, <sup>bb</sup>, <sup>cc</sup>)



- Reference Section
  - Cite published works with numeral superscripts in the order in which they appear in the text (example: <sup>1, 2, 3</sup>, ...). If a reference is repeated, use the same number for that reference everywhere it appears
  - Journal titles in the Reference section should be in italics 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 3 authors, only the first 3 authors should be listed, followed by et al
    - Reference citations must have been published within ten (10) years prior to submission unless it is the newest edition of that textbook or journal and only if the information is relevant and not available elsewhere in a more current form
  - References must be numbered, typed, and listed at the end of the case report, immediately after the endnotes
  - Use a separate page for the list of references
  - The following is the style used for common types of references:

Examples of Case Report and Case Summary Formatting can be found at:  
<https://abvp.com/wp-content/uploads/2022/02/Case-Report-Format-Examples.pdf>

## Publications Accepted by ABVP

American Journal of Veterinary Research  
Animals  
Animal Genetics  
Animal Reproductive Science  
Animal Welfare  
Anthrozoos  
Aquaculture  
Applied Animal Behavior Science  
Avian Pathology  
BMC Veterinary Research  
Bovine Practitioner  
Canadian Journal of Animal Science  
Canadian Journal of Veterinary Research  
Canadian Veterinary Journal  
Chelonian Conservation & Biology  
Clinical Techniques in Small Animal Practice  
Clinical Theriogenology  
Comparative Medicine  
Compendium for Continuing Education - Equine  
Compendium of Continuing Education for the Practicing Veterinarian  
Conservation Physiology  
Copeia  
Diseases of Aquatic Organisms  
Equine Veterinary Education  
Equine Veterinary Journal  
Emerging Infectious Disease  
Exotic DVM (subject to review for sufficient length/depth)  
FACETS  
Fish and Shellfish Immunology  
Forensic Science International: Reports  
Frontiers in Veterinary Science  
In Practice  
International Journal of Applied Research in Veterinary Medicine  
Journal of the American Animal Hospital Association  
Journal of the American Association for Laboratory Animal Science  
Journal of the American Veterinary Medical Association  
Journal of Animal Science  
Journal of Applied Animal Welfare Science  
Journal of Aquatic Animal Health  
Journal of Exotic Pet Medicine  
Journal of Feline Medicine & Surgery  
Journal of Fish Diseases  
Journal of Forensic Sciences  
Journal of Shelter Medicine and Community Animal Health  
Journal of Swine Health and Production  
Journal of Veterinary Behavior: Clinical Applications and Research  
Journal of Veterinary Dentistry  
Journal of Veterinary Diagnostic Investigation  
Journal of Veterinary Emergency & Critical Care  
Journal of Veterinary Internal Medicine  
Journal of Veterinary Medical Education  
Journal of Veterinary Pharmacology and Therapeutics  
Journal of Virology  
Journal of Wildlife Diseases  
Journal of Zoo and Aquarium Research  
Journal of Zoo and Wildlife Medicine  
Journal of Zoology  
Livestock Production Science  
Livestock Science  
Pathogens and Disease  
PLOS ONE  
Preventive Veterinary Medicine  
Research in Veterinary Science  
Scientific Reports  
Seminars in Avian and Exotic Pet Medicine  
The Bovine Practitioner  
Theriogenology  
Transboundary and Emerging Diseases  
Vaccine  
Vet Therapeutics  
Veterinary Anesthesia and Analgesia  
Veterinary Clinical Pathology  
Veterinary Clinics of North America  
Veterinary Dermatology  
Veterinary Parasitology  
Veterinary Pathology  
Veterinary Record  
Zoonosis and Public Health

**\*Applicants may seek approval to submit journals not included on this list by submitting a request PRIOR to submitting their credentials application. To be approved, the applicant must provide evidence that the journal has an editorial board AND all submissions submitted to the journal undergo a peer-review/referee process. Requests for journal approval can be submitted to the chair of the credentials committee via email: [Credentials@abvp.com](mailto:Credentials@abvp.com). Approval of the journal by the Credential Chair does NOT guarantee the review committee will accept the publication.**

- Acceptable publications in a refereed veterinary journal will include:
  - Original research
  - Comprehensive Retrospective studies that contribute **new** material
  - Case Reports that contribute **new** material
  - Online publications are acceptable as long as they meet the above requirements
- Publications that are **NOT** acceptable:
  - Conference proceedings are not permitted, unless published in ABVPs approved journal list
  - 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
  - Review articles are not permitted
  - Guidelines and position statements
- 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:
  - The applicant must be the primary author. The manuscript topic must be in the RVS for which the applicant is seeking certification
  - The topic of the publication must make a meaningful contribution to the literature of the RVS to which the applicant is applying. Specifically, the publication will be evaluated on the following:
    - A case or population report must include a thorough literature review and assimilation of background information regarding the described case(s)
    - 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
  - The topic of the publication must be different than that of the case report
  - 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 publication as it appears in the journal. The citation (name of journal, date, volume, and issue numbers) must be included with the paper or as a separate file
  - If the publication has not yet appeared in print, upload the following:
    - An electronic copy of the official letter from the journal verifying the manuscript has been accepted for publication
    - An electronic copy of the manuscript in the final format (PDF file) that is identical to how it will appear in the journal
- Current diplomates seeking an additional RVS certification that choose to submit a publication as their sole case submission for credentialing **must ensure the publication is a demonstration of case management skills. Publications**

**that do not highlight case management are not suitable for submission using the streamlined credentialing pathway for current diplomates**

- Applicants should be aware that the duration of the review process at many journals could exceed twelve months
- The manuscript must have been published within five (5) years of the date of application. For example, if the application date is January 15, 2024, the date of publication cannot be prior to January 15, 2019
- 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

## **Timeline**

### Submission

The deadline for credentials submission is January 15 at 11:59 PM Central Time. Late submissions are not accepted. Failure to meet the deadline means the applicant must wait until the following year to submit a credentials application.

### Notification of Results

It takes approximately four (4) months to review all credentials materials. Final decisions are emailed to applicants no later than June 1. Applicants who successfully pass all credentials requirements become Candidates for the certification exam. The deadline for exam registration and payment of exam fees is September 1.

Applicants whose credentials are not accepted will receive a written summary and explanation of which materials passed and failed. Applicants are eligible to resubmit an application along with the re-application fee the following year by the deadline of January 15.

Resubmissions only need to include the materials that failed. It is not necessary to submit documents (such as copy of diploma, CV, etc.) that were accepted unless there are revisions (such as a change of address or employment).

For case reports and case summaries that were not accepted, the Credentials Committee will provide feedback to the candidate detailing why the case was unsuitable. If the committee identifies the case as eligible for revision and resubmission, the candidate is strongly advised to follow the committee's feedback to increase the likelihood the case may be accepted when resubmitted. Only those sections that failed need to be revised, but the entire case report or case summary must be resubmitted. There is no guarantee that the revised sections will be accepted even if the weaknesses or deficiencies in the originals are addressed. In situations where either the case itself is

not commensurate with ABVP standards or the report/summary has extensive flaws, the committee may recommend against resubmission. Approximately 50% of first-time applicants' credentials are accepted. Successful applicants often have requested an ABVP mentor to guide them through the application process. To request a mentor to assist with your credentials application, use the following link:  
<https://abvp.com/veterinary-certification/specialist-process/>

Applicants have no more than three (3) years and three (3) attempts to successfully complete credentialing. Applications that fail three (3) times are no longer eligible for revision and resubmission. If applicants wish to make another attempt, an entirely new credentials application and application fee are required. The new application cannot include any previously submitted case reports, case summaries, publications, or applicant evaluation forms.

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

**All credentials items are to be submitted on the Prolydian platform in PDF format (examples at the end of the document). Failure to upload files in PDF format will result in point deductions.** Certain additional documentation required for Shelter Medicine Practice applicants are to be submitted in Prolydian in a format other than PDFs; see section VIII for additional details.

## **IV. Examination Process**

Only Candidates who have successfully completed the credentialing process along with Diplomates attempting Maintenance of Certification are eligible to sit for the exam. Registration and payment of the exam fee is required before September 1. Late registrations and/or payments may not be accepted and the Candidate or Diplomate will have to wait until the next exam is offered the following year.

1. The exam is administered online annually on the first Saturday of November
2. Dates are subject to change. It is the responsibility of Candidates and Diplomates to verify the exact dates and deadlines which are published on the ABVP website and in the ABVP newsletter
3. Each RVS designs and administers a separate exam
4. Most RVS exams are given in two (2) parts on a single day
5. Most RVS exams 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
6. An item may or may not have an image associated with it
7. Some RVS exams have short answer, matching, and essay type questions
8. Exam blueprints are available that specify the approximate percent of the exam devoted to areas of study. Blueprints are available online in Prolydian
9. Candidates and Diplomates will receive logistical information about the examination platform at least two (2) weeks prior to the exam
10. Statements of confidentiality and adherence to ethical integrity must be signed as part of the examination
11. Smart phones, books, and other reference materials are not allowed during the exam. Online proctors will monitor for any evidence of using prohibited materials during the exam
12. The results will be emailed within 45 days of the exam. Results will not be given over the phone
13. Candidates and Diplomates that are unsuccessful may retake the examination the following year following registration and payment of fees. Only three (3) attempts over a three (3)-year period are allowed. Failure to pass the exam in three (3) attempts results in withdrawal of Candidate or Diplomate status. A new attempt at credentials or maintenance of certification is required

### **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 set based on the Angoff Method. Any examination that has not undergone complete Angoff Method evaluation, will have a standard passing point set as 70% raw score. Examinees will be notified of the approximate expected passing point no later than 72 hours prior to the examination date.

The Chair of the Examination Committee reports the recommended passing points to the BOD along with score distributions, statistical analyses of candidate performance and previous passing points for similar examinations. For examinations with passing points set by the Angoff method, the passing points may be lowered a maximum of 1% by the BOD. If an examination has not undergone the Angoff method, the Exam Vice Chair for that RVS is consulted and a suggested passing point is determined for the examination which is no higher than 70%. Reports of the scores are reported to the BOD on separate spreadsheets for each RVS examination. The Chair does not disclose individual candidate scores prior to determination of the passing point. The BOD, after consideration of the recommendations of the Examination Committee and supporting data, approves the passing point for each examination. Passing point adjustments will always be made in favor of the examinee and will not be set higher than the Angoff Method. For examinations in which the Angoff Method has not been completed for all items, the passing point will be set no higher than 70%.

## **Understanding Test Results**

Confidential exam results are emailed within 45 days following the examination. No results are given over the phone.

Examinees who fail the exam are given their overall score along with the passing point. Sub-scores will be identified for each knowledge domain to assist with future study.

## **V. Certification**

Candidates whose credentials are accepted and who pass the certification examination are granted Diplomate status, with all rights and responsibilities of AVMA-recognized board-certified specialists. ABVP Diplomate status is time-limited to 10 years. To continue being board-certified specialists all Diplomates are required to complete Maintenance of Certification requirements before the 10-year limit expires. Information can be found in the Maintenance of Certification Handbook. We suggest consulting this handbook as soon as you become a Diplomate to understand the requirements and process.

New Diplomates will receive a printed certificate suitable for framing. Names will appear as:

Pat Smith, DVM (or VMD)

Additional initials (MS, MBA, etc) can be added upon request. Verification of spelling is requested before certificates are printed.

The 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.

### **Annual Diplomate Fees**

ABVP requires annual Diplomate renewal fees for administrative support and to maintain certification functions. These fees are payable every year on July 1.



## **VI. 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 at [www.abvp.com](http://www.abvp.com).

P.O. Box 1868  
Mt. Juliet, TN 37121  
USA  
+1-800-697-3583  
[info@abvp.com](mailto:info@abvp.com)

## VII. Appendices

- Residencies and Training Programs
  - ABVP-approved residencies and hybrid credentialing programs are available at select veterinary colleges, institutions, and private practices
  - A Residency Handbook is available that contains deadlines and instructions for completing all residency requirements. This handbook can be found on the ABVP [website](#)
- Approved International Veterinary Specialty Colleges and Boards
  - A Diplomate of the European Board of Veterinary Specialists
  - A Fellow of the Australian College of Veterinary Scientists
  - A Diplomate of the Royal College of Veterinary Surgeons
- Instructions for Endnotes and References
- Tips for selecting a case report or summary
  - The case reports and summaries are a means for the applicant to showcase professional expertise and ability to use medical principles in diagnosis and treatment. Here are some points to consider
    - Showcase expertise. Referral and consultation with specialists are 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 the applicant's own ability to recognize and manage medical or surgical problems, and to interpret clinical findings. If the applicant is personally adept at some advanced diagnostic or therapeutic modality, then choosing a case in which those skills are applied can strengthen the case report
    - 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
    - Choose a case that has significant supportive documentation for 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
    - 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
- 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 the applicant is thinking of submitting a case report, think prospectively. When a promising case presents, be sure to document findings and be thorough in management. A good case report is a key component to successfully credentialing and should be a priority as Diplomate status is sought
  - Do not choose cases that are too similar. Avoid writing up only surgery cases, or just endocrine cases, etc. If applying to an RVS that includes more than one (1) species, applicants are encouraged to submit cases that represent each of those species and a variety of case types.
- Common Reasons Case Reports and Summaries Fail
    - **Not following directions.** This Applicant Handbook provides very specific instructions regarding the organization, presentation and formatting of the case reports and case summaries. 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 and case summary 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:
      - failure to follow instructions
      - failure to provide all laboratory work performed in table form
      - failure to follow laboratory data reporting instructions
      - failure to provide supporting documentation (e.g. radiographs, photographs, ECG's) in the manner directed
      - failure to provide anonymity with radiographs and ultrasound images
      - failure to list drugs and dosages according to instructions
    - 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
    - **Poor case selection.** Unacceptable case reports and summaries are often marked "Recommending choosing a different case" or "Case is not

suitable for ABVP". This may be due to flaws in the case management that fall below the standard of care expected for Diplomate status. Perfection is not a requirement and the discussion sections allow the author to critique or explain their case management. However, if there are fatal flaws that reflect a poor overall level of understanding or case management, credential review teams will indicate those deficiencies. Similarly, if the case presented was not sufficiently challenging to determine whether the applicant's abilities are consistent with Diplomate status, the submission is likely to be judged "Not challenging enough/Case is too easy to demonstrate clinical acumen." Case economics are another reason submissions 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 clinical acumen (diagnostics and interpretation) and technical abilities (medical and surgical judgments) are necessary for proper applicant evaluation

- **Grammar, Spelling, Syntax, Punctuation.** Case reports and summaries reflect not only professional expertise, but also ability to clearly 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 to use the spelling and grammar check provided by most word processing programs. Read the paper carefully and slowly looking for errors. If the applicant's writing skills are not strong, or if English is not the applicant's first language, enlist the help of someone with sound literary skills to review organization, sentence structure, and clarity of the ideas presenter
- **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
- **Poor literature review.** The literature review should be current and relevant. Some textbooks may be referenced, but primary literature sources should be the focus of the review and used whenever possible. Older references may be appropriate to lay groundwork, but the author is expected to include the most relevant information from within the last ten (10) years unless there is nothing more current.
- **Failure to include required criteria.** The instructions in this Applicant Handbook include specific topics to be covered in each section. Reviewers are required to consider these particular criteria in their assessments. The grading forms used by reviewers to assess the submissions are available under Forms and Documents within each applicant's Prolydian account
- **Not 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).

- Exam tips and study suggestions
  - 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
  - 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 under Forms and Documents within each applicant's Prolydian account
  - Practice taking multiple-choice tests by using materials in journals, textbooks, or study guides
  - Focus study time on topics and areas that are less familiar. Applicants should not spend excessive time and energy reviewing topics they are already knowledgeable about
  - Most of the exam items will be clinically relevant and are designed to test for knowledge important to a specialist in private clinical practice. A limited number of items will test knowledge of anatomy, physiology, mechanisms, etc
  - Exam fatigue is common. Alertness and stamina are required to successfully complete the entire examination in the time allotted
  - There is no universal study system to 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 five (5) years away from school, the need to concentrate 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
  - There may be visual aids for some 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

- Start early. Most successful candidates begin regular, systematic study as soon as they are notified that they are eligible to sit for the examinations
- 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
- Use the examination blueprints to help focus on areas of greatest weight
- 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 unsuccessful on the first attempt, develop study habits that address the weakest disciplines
- Exam blueprints, study guides, and item writing guides are available under Forms and Documents within each applicant's Prolydian account
- 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. 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 Practice Applicants
    - Practitioner pathway applicants for Shelter Medicine Practice may submit two (2) case reports, or one (1) case report and one (1) publication. Applicants choosing to submit two (2) case reports must describe different topics in those cases, but are not required to report on different species. In addition, at least one of the two cases **MUST** focus on a population of animals. Shelter Medicine Practice cases focusing on individual animals must have population implications and the impact of the management of that animal on the overall population must be discussed in the report. All Shelter Medicine Practice manuscripts should reflect the professional expertise and ability of the applicant to use medical principles in the management of shelter animals and populations. Short reports for additional experiences are also required.
    - Residency pathway applicants for Shelter Medicine Practice must submit one (1) publication and one (1) case report; the case report may be an individual animal or population-level case.
- 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:
    - At least five (5) years of documentable experience in swine practice prior to first credentials submission

- Residency/completion of an MS degree, plus at least one (1) year of swine practice
- 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. The exam 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 familiarity 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
  - 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](mailto:info@abvp.com)
  - 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
  - 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.

- 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
- 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 to the credentials application
- Remove personal information
  - 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:
    - Right click on the icon of the PDF document
    - Select 'Properties'
    - Navigate to the 'Details' tab
    - Pay particular attention to the line labeled "Author" or "Owner". This is a frequent location of name or initials and this is the information that needs to be removed
    - 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 the name from the 'Author' field
      6. Click 'OK'
      7. Save the document



## VIII. Shelter Medicine Practice Requirements

In addition to the case report / publication requirements, the additional credentialing requirements for Shelter Medicine Practice applicants (both practitioner pathway and residency pathway) are detailed below.

### **Narrative Descriptions of Additional Specific Requirements for Practitioner Applicants**

#### 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 Experiences

Practitioners must visit at least 12 different animal shelters in at least two of the following five regions: western United States; mid-western United States; northeastern United States; southern United States, international. Visits should include both municipal and private shelters and 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; 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.

##### Documentation

All shelter visits should be documented in the Population Case Log Template in Prolydian.

## Shelter Consultations & Protocol Development

*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.*

### Objectives

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:

1. Shelter Management and Record Keeping
2. Facility Design and Environment
3. Population Management
4. Sanitation
5. Medical Health and Physical Well-being (including animal transport programs when applicable)
6. Behavioral Health and Mental Well-being (including group housing and animal handling)
7. Euthanasia
8. Shelter Animal Spay / Neuter
9. Public Health
10. Management of Specific Infectious Diseases (e.g., respiratory disease, diarrhea, dermatophytosis, canine or feline parvovirus)
11. 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 Experiences

#### Targeted Consultations

Practitioners are required to participate in at least eight targeted consultations, including at least one consultation in eight of the 11 major consultation areas enumerated above. Clinical activities to meet this requirement may be conducted at one or more shelters.

Note: in this context, 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.

#### Protocol development

Practitioners must design a protocol for a specific shelter on at least five 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.

#### Documentation

All consultations should be documented in the Population Case Log Template in Prolydian. Additional documentation in the form of short reports is required for three targeted consultations, each in a different consultation area. Submission of five written protocols is required as part of the credentials packet.

### 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 Experiences

Practitioners must advise on at least six cases necessitating infectious disease outbreak management, including on site management in at least three of these cases.

#### Documentation

All outbreaks should be documented in the Population Case Log Template in Prolydian. Additional documentation in the form of a short report is required for one of these outbreak management cases.

## High Quality, High Volume Spay-Neuter (HQHVSN) Program Visits and Experience

***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.***

### 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 Experiences

#### HQHVSN program visits

Practitioners must visit at least three different high volume spay-neuter programs of at least two 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 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.

### Documentation

All HQHVSN program visits should be documented in the Population Case Log Template in Prolydian. Relevant HQHVSN experience should be documented in the self-report job form.

## 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 commonly seen in shelters, the types of assets and logistics required for investigating multi-animal events (e.g., 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.

### Required Experiences

***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 (e.g., 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.***

Practitioners must participate in the investigation of at least one single animal case and at least one multi-animal case involving alleged criminal abuse or neglect. Practitioners must perform at least one detailed live exam under field conditions and at least one forensic necropsy (can be wet lab) with appropriate documentation and record keeping. Practitioners must participate in physical evidence collection for at least one case (can be wet lab).

### Documentation

Short reports are required for one single animal and one multi-animal cruelty case. Submission of the forensic necropsy medical record is required.

## 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.

### Required Experiences

***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.***

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

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

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

Completion of all five of these sessions satisfies the requirement for a “basic credentialing course in disaster response”.

#### Documentation

Certificates of completion for each FEMA session must be submitted as part of the credentials packet submissions. A short report is required for a disaster response or wet lab/table-top exercise. Relevant field experience should be documented in the Population Case Log Template in Prolydian, if applicable.

#### Continuing Education Meetings

CE requirements as defined in the Applicant Handbook must be fulfilled. In addition, 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.

#### Documentation

CE records should be submitted via the Continuing Education Log template in Prolydian.

#### Presentations to Professional Audiences and Shelter Staff

Practitioners must give at least three formal presentations to veterinary audiences and / or shelter staff. Conferences given within a veterinary practice or hospital; at a veterinary school or hospital; at an animal shelter; or at a regional, state or national meeting are acceptable. **A record of presentations should be submitted via the Presentation Log template in Prolydian.**

## Checklist of Specific Requirements for Shelter Medicine Practice Applicants

| # | Item   | Documentation Required  | ✓ |
|---|--|---|---|
| 1 | <p>Visit at least 12 animal shelters in at least two regions of the following five 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. A United States map delineating regions may be found at the end of this document.</i></p>  | Record each visit in Population Case Logs.  |   |
| 2 | <p>Participate in at least eight targeted shelter consultations, representing 8/11 of the major areas / topics of consultation defined in this handbook.</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 in Case Logs<br/>Provide a Short Report** (SR) of three of these. Each SR must address a different consult area / topic.</p> <p><b>**Detailed guidelines for writing short reports and evaluation rubrics are available on the ABVP website.</b></p> |   |
| 3 | Design at least five shelter protocols, including at least one infectious disease protocol.  | Include a copy of the actual protocols with any identifying information removed. Be sure to include at least one infectious disease protocol.   |   |
| 4 | <p>Advise on at least six cases necessitating infectious disease outbreak management, including on-site management in at least three 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 #10 for more information.</i></p>   | Record each outbreak management activity in Case Logs; Provide an SR of one of the on-site cases.   |   |
| 5 | Visit at least three different HQHVSN programs of at least two of the following different types: stationary, mobile, MASH, non-surgical or other.  | Record each visit in Case Logs.   |   |
| 6 | Participate in HQHVSN practice for at least two weeks.   | Record participation on the job self-report form.   |   |
| 7 | Participate in the investigation of at least one 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 one multi-animal case involving alleged criminal abuse or neglect.  | Provide an SR of the case. Do not include any patient identification information.   |   |

| #  | Item  | Documentation Required  | ✓ |
|----|---|---|---|
| 9  | Perform at least one 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 one 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 the following online FEMA training sessions to fulfill the requirement for a basic credentialing course for participation in disaster response: <ul style="list-style-type: none"> <li>• IS-100 C: Introduction to Incident Command System</li> <li>• IS-200 C: Basic Incident Command System for Initial Response</li> <li>• IS-700 B: National Incident Management System (NIMS): An Introduction</li> <li>• IS-10 A: Animals in Disasters: Awareness and Preparedness</li> <li>• IS-11 A: Animals in Disasters: Community Planning</li> </ul> | Provide a copy of your certificates of completion.  |   |
| 12 | Attend at least one major veterinary medical meeting with a dedicated shelter medicine track.   | Maintain ABVP CE documentation form.  |   |
| 13 | Attend at least one national animal sheltering professional conference.   | Maintain ABVP CE documentation form.  |   |
| 14 | Deliver at least three 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 three to six bulleted learning objectives and should not exceed 250 words. |   |

**\*\*SHELTER MEDICINE PRACTICE SHORT REPORT (SR): 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 years prior to submission of a certification application.***

The required sections for each Short Report are:

1. Header “Shelter Medicine Practice 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:

1. Adequately demonstrate your ability to practice ABVP-caliber veterinary medicine and surgery within your RVS.
2. Be sufficiently challenging for you to demonstrate the range and depth of your clinical expertise within your RVS.
3. Demonstrate your ability to clearly communicate in a professional style and have a minimum of spelling, punctuation and grammatical errors.
4. 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.
5. Each SR must illustrate a different topic and type of case within the required categories.
6. No introduction 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.
7. At least one but no more than two 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 authors, only the first three should be listed followed by "et al."

## Format and Style

1. Short reports must be entered in Prolydian via the excel template.
2. Each SR must not exceed 500 words. Word count does not include title and reference(s).
3. For drugs and products, use generic or chemical names.
4. Use metric units throughout the short report for all doses, measurements and temperatures. Do not use ANY English units.
5. 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).
6. Do NOT use a portion of a tablet size (1/4 of a 200mg tablet).
7. 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

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

## Abbreviations

1. As a general rule, abbreviations other than standard abbreviations and units of measures are strongly discouraged.
2. A term should be abbreviated only if it is used at least three 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.
3. 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 for each type of Short Report are available on the ABVP website.

## **Narrative Descriptions of Additional Specific Requirements for Resident Applicants**

### Shelter Visits

#### Objectives

Residents 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

Residents must visit at least 50 different animal shelters in at least three of the following five 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; 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.

#### Documentation

Documentation is via relevant logs submitted biannually to the residency committee.

### Shelter Consultations

*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.*

#### Objectives

Residents 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 (e.g., respiratory disease, diarrhea, dermatophytosis, canine or feline parvovirus)
- 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

##### Comprehensive Site Consultations

Residents are required to participate in three on-site comprehensive consultations covering the areas listed above. Primary responsibility for information gathering and communication is required for at least one section on each comprehensive consultation; overall responsibility is required for at least one comprehensive consultation.

##### Targeted Site Consultations

Residents are required to participate in at least nine targeted consultations, including at least one consultation in each of the above listed major consultation areas unless covered as a section leader in the course of a comprehensive consultation. A maximum of three targeted consultations at any single facility may be counted towards this requirement.

##### Remote consultations

Residents must complete at least sixty telephone, email, or video consultations covering a wide variety of questions from the field pertaining to shelter animal health and to public health.

## Protocol development

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

## Documentation

Documentation of all consultations and protocol development is via relevant logs submitted biannually to the residency committee.

## 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. Residents 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

Residents must advise on at least nine outbreaks, including on site management in at least three of these cases. Outbreaks must involve at least three of the following diseases: dermatophytosis, canine distemper virus, canine parvovirus, feline parvovirus, or one “unknown” case outbreak or mock exercise involving a different pathogen.

### Documentation

Documentation is via relevant logs submitted biannually to the residency committee.

## High Quality, High Volume Spay-Neuter (HQHVSN) Program Visits and Surgical Experience

***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.***

### Objectives

Residents 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

#### HQHVSN program visits

Residents must visit at least five (5) different high volume spay-neuter programs of at least three (3) 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

Residents must spend the equivalent of at least four (4) training weeks directly supervised by an approved supervisor actively participating in HQHVSN practice. Training should emphasize developing skill in performing HQHVSN techniques and developing awareness of differing management styles for operating HQHVSN clinics.

### Documentation

Documentation is via relevant logs submitted biannually to the residency committee.

## Cruelty Investigations

### Objectives

Residents 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 (e.g., 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. Residents 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, residents 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.

### Required Training Experiences

***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 (e.g., a resident 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.***

Residents must participate in the investigation of at least two (2) single animal cases and at least one (1) multi-animal case involving alleged criminal abuse or neglect. Residents 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. Residents must participate in physical evidence collection for at least one case (can be wet lab).

### Documentation

Documentation is via relevant logs submitted biannually to the residency committee. Submission of the forensic necropsy medical record is required as part of the credentials submission.

## Disaster Preparedness and Response

### Objectives

Residents 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. Residents are expected to gain experience in the practical and logistical issues involved in a disaster response including rescue, transport and sheltering of companion animals.

### Required Training Experiences

***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.***

Residents must participate in response to one natural or other disaster (field conditions, simulation or wet lab). Residents 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 five of these sessions satisfies the requirement for a “basic credentialing course in disaster response”.

### Documentation

Documentation is submission of certificates of completion for each session at time of credentials submission.

### Clinical practice requirements

Residents must have the following clinical practice experiences, equivalent of at least:

- 20 training weeks in shelter practice;
- 2 weeks in dermatology, directly supervised by a board-certified veterinary dermatologist;
- 1 week in ophthalmology, directly supervised by a board-certified veterinary ophthalmologist;
- 2 weeks in behavior, directly supervised by a board-certified veterinary behaviorist;
- 4 weeks in shelter animal behavior, directly supervised by an approved supervisor
- 2 weeks in avian, exotics, or zoologic medicine, directly supervised by a board-certified avian, exotics, or zoological medicine specialist
- 2 weeks in internal medicine, directly supervised by a board-certified small animal internist
- 1 week in clinical pathology, directly supervised by a board-certified veterinary clinical pathologist
- 1 week performing necropsies, directly supervised by a board-certified veterinary pathologist
- 1 week in community practice actively managing outpatient cases, directly supervised by an approved supervisor

Documentation is via relevant logs submitted biannually to the residency committee.



## Continuing Education and other scholarly activities

CE requirements as defined in the Applicant Handbook must be fulfilled; 100 hours of continuing education must be obtained during the residency program. In addition, residents must fulfill the following requirements with documentation via relevant logs submitted biannually to the residency committee.

### Clinical rounds

Residents must attend and participate in clinical rounds on a daily basis during the clinical training period. Residents should periodically lead rounds discussions on average of once every other week.

### Journal clubs and formal conferences

Residents must attend formal conferences such as journal clubs or seminars in shelter medicine and related disciplines on a regular basis. A minimum of 60 hours in attendance is required. The resident must give a formal presentation at such a conference at least once per year.

### Continuing education meetings

Residents must attend at least one major veterinary medical meeting with a dedicated shelter medicine track and one national or regional animal sheltering professional conference.

### Presentations to Professional Audiences and Shelter Staff

Residents must give at least six (6) formal presentations to veterinary audiences and/or shelter staff. Conferences given within a veterinary practice or hospital; at a veterinary school or teaching hospital; at an animal shelter; or at a regional, state or national meeting are acceptable. At least one presentation must be delivered to a primarily veterinary audience and at least one must be delivered to a primarily shelter audience. Journal club presentations and presentation of resident research do not count towards this requirement.

### Communications training

Residents must complete a minimum of six (6) hours of formal instruction in communication (including didactic and structured interaction) emphasizing understanding and developing skills necessary for successful communication, negotiation and conflict resolution.

# 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.

## **4. I am applying through the practitioner route and would like to apply clinical experiences and other required activities that I performed more than five 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 five years preceding application. Once the credentials materials are submitted, you will have three attempts (three 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 three-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 years of full-time practice experience before application and six 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 years. The equivalent part-time experience is acceptable and should be calculated using 35 hours per week as “full time effort” (i.e., 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 five 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 (i.e., 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 five 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 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 eight 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.

**10. 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.