



Applicant's Handbook

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Glossary

ABVP	American Board of Veterinary Practitioners (www.abvp.com)
ABVS	American Board of Veterinary Specialties (https://www.avma.org/ProfessionalDevelopment/Education/Specialties/Pages/default.aspx)
Appeals	A formal request to a higher authority requesting a change in or confirmation of a decision
Applicant	A person who has submitted an application, application fee, and all credentials materials before deadlines
AVMA	American Veterinary Medical Association (https://www.avma.org/Pages/home.aspx)
Candidate	A person whose application and credentials have been accepted and is eligible to sit for the certification examination
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
HQHVS	High Quality, High Volume, Spay-Neuter
RACE	Registry of Approved Continuing Education (http://www.aavsb.org/RACE/)
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 (RVSSs):

- 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:** Shelter medicine practice is defined as teaching, consulting on, and/or providing population and individual based care for animals at-risk in the community - including medical care for animals within a shelter or rescue setting, HQHVSN for shelter or client-owned pets, or other community-focused accessible veterinary care for owned animals.
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. A streamlined credentialing option is now available for existing ABVP Diplomates seeking an **additional** RVS certification. Details of the streamlined credentialing pathway can be found on page 21.

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 IX.

Credentials Documents

1. **Veterinary Diploma - (uploaded as a PDF)**
2. **Curriculum Vitae (Uploaded as a PDF)**
 - 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** (Prolydian onscreen, fillable form)
 - Summarize each practice experience applicant has 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. Each practice experience should include 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). A separate synopsis of clinical practice should be included for every practice experience listed on the applicant's Curriculum Vitae.
4. **Self-Report Job Experience**
 - Fill out form completely. This form in 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.
- For Practitioners, all 90 hours of CE must be formal CE. 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 any 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. **Shelter Medicine Practice** applicants must also submit additional materials at the time of their application. See the Shelter Medicine Practice Checklists at the end of this document.
8. **Case Reports, Case Summaries, and Publications**
- **All case submissions must describe a different topic and must be within the RVS to which the candidate is applying.**
 - Canine/Feline Applicants may submit multiple case reports on the same species, but case summary submissions should represent both species.
 - Avian, Exotic Companion Mammal, Reptile/Amphibian, and Fish RVS case reports must address different taxa. Case summaries may have a duplicate taxa, but the sum total of the CS submissions must include two or more taxa in the RVS.
 - Shelter Medicine Practice
 - Each case report/case summary/publication may be about a population of animals or an individual animal; however, cases focusing on an individual animal must have population implications and the impact of the management of that animal on the overall population must be discussed in the report.
 - Applicants must secure **100 points** to complete credentialing in any of the following combinations: (Shelter Medicine applicants have separate requirements listed on page 11 and Section IX)
 - Case summaries are worth 10 points each (maximum 10 accepted)
Applicants may submit one extra case summary for every 5 required (submit 6 for 5 or submit 12 for 10)
 - Case reports are worth 50 points each (maximum 2 accepted)
Applicants may submit up to 2 case reports (no extras allowed)

- Publications are worth 50 points each (maximum 1 accepted)
Applicants may submit one extra publication
- Possible point combinations:
 - 10 case summaries (may submit up to 12) **OR**
 - 2 case reports (may submit up to 2) **OR**
 - 1 publication (may submit up to 2) plus 5 case summaries (may submit up to 6) **OR**
 - 1 case report (no extra) plus 1 publication (may submit up to 2) **OR**
 - 1 case report (no extra) plus 5 case summaries (may submit up to 6)
- If previous case submissions have been accepted, the applicant need only resubmit further cases to total the number of points needed.
- **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:
 - 9 case summaries (minimum 7 CS plus 2 extra) **OR**
 - 3 case summaries (minimum 2 CS plus 1 extra) 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 only submit one (1) extra case summary for every five (5) required case summaries. Submitting extra case reports is not permitted.

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 (no extra) **OR**
- 2 publication (minimum 1 plus 1 extra) **OR**
- 6 case summaries (minimum 5 CS plus 1 extra)

Applicants who have applied under previous guidelines but still have years of eligible submissions may use the previous rules for writing case reports only if a previous case report is resubmitted. Case reports never previously submitted 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.

- **Shelter Medicine Practice** Practitioner Pathway Applicants must submit
 - either 1 publication (may submit up to 2) OR 1 case report (no extra)

- AND 5 case summaries (may submit up to 6; outbreak mgt must pass)
- **Shelter Medicine Practice** Residency Pathway Applicants must submit
 - 1 peer-reviewed scientific publication (may submit up to 2)
 - AND 1 layperson publication
 - AND either 1 case report (no extra) OR 5 case summaries (may submit up to 6; outbreak mgt must pass)

General Submission Guidelines (Case Report 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 complete credentialing within three (3) years, the applicant must resubmit all required documents and may not re-use any case report or summary that was previously submitted.
3. Anonymity is required. Submitted cases are only to be identified by an applicant identification number that will be automatically generated when a new application is started. The applicant must remove any reference of their name, hospital, shelter, client, location, or any other identifying information anywhere in the manuscript, including on images (X-rays) and within the document properties (see File -> Properties) menu information when viewing the electronic file. If absolutely necessary, location is allowed in the endnotes. Cases are evaluated anonymously by members of the ABVP Credentials Committee. If identifying information of any kind is found, the case submission may be automatically rejected with no further evaluation.
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. If the applicant chooses to use a case that was previously published in a journal, it must be rewritten in ABVP format.
6. The case reports and summaries are the applicant's opportunity to communicate medical observations and data in an organized and appropriate manner 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.
7. 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.

8. 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.**
9. Submissions should be double spaced and size 11 or 12 font. Acceptable fonts styles include either Times New Roman, Arial, Calibri or Helvetica.
10. Abbreviations: Generally, 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.
11. If specialists or others assisted in the case, the applicant must list and describe their participation without including names or locations to preserve anonymity
12. Use generic or chemical names in text.
13. Tradenames, brands, specialized equipment, and proprietary information must be cited in the endnote section.
14. 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).
15. 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
16. 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 their ability to manage a case from beginning to end as a window into their practice.
2. Case reports do not need to focus on unusual cases. Although these cases may be interesting, they may not be ideal to demonstrate a veterinarian's skills.
3. Case reports should be within the RVS for which certification is sought.
4. The narrative portion of the case reports may not exceed 19,000 words. (This does not include 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** - literature reviews should include any significant concepts, 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 should 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 and nothing needing 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. Cite endnotes with lower case letter superscripts in the order in which they appear in the text (example: ^a, ^b, ^c, ...).
- 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. Cite published works with numeral superscripts in the order in which they appear in the text (example: ^{1, 2, 3}, ...) with the superscript placed at the end of the sentence in which cited work appears. If a reference is repeated, use the same number for that reference everywhere it appears.
- Laboratory results/imaging
 - Lab results and imaging are labeled, legible, and in chronological order in a section **at the end of the report.**

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 written as a complete narrative. Outlines, short-hands or other abbreviated writing styles are prohibited.
3. Case summaries must be between 1700-2000 words. (not including references, endnotes, tables or figure descriptions).
4. 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 (see page 10).
5. 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?
6. Case summaries should be within the RVS to which the applicant is applying.
7. Each CS must reflect a different aspect of the applicant's clinical practice.
8. For **Shelter Medicine Practice (SMP)**
 - Of 5 Case Summaries, one (1) must be on outbreak management and the remaining four (4) should each highlight applicant knowledge in distinct categories from **the following list**:
 - i. Management and record keeping
 - ii. Population management
 - iii. Animal handling
 - iv. Facilities
 - v. Sanitation
 - vi. Medical health
 - vii. Surgery, including HQHVSN (shelter or owned pets), and dentistry
 - viii. Forensics
 - ix. Behavior and mental well-being
 - x. Euthanasia
 - xi. Animal transport and relocation programs
 - xii. Disaster response
 - xiii. Public health
 - xiv. Programs and services for community animals (e.g. intake diversion/safety net, accessible veterinary care clinics)
 - The SMP category should be included in the title of the case summary
 - SMP Case Summaries can be further development of the cases and activities listed in the population case log (e.g. consultations, outbreaks) but must be distinct subjects from those detailed in other manuscripts (i.e. the case report or publication).

- SMP Case Summaries may be about a population of animals or an individual animal; however, cases focusing on an individual animal must have population implications and the impact of the management of that animal on the overall population must be discussed in the report.
- SMP manuscripts should reflect the expertise and ability of the applicant to use medical principles in the management of shelter animals and/or community populations.

Format

1. Title
 2. Introduction
 3. Treatment/Management/Prognosis
 4. Case history and presentation
 5. Case management and outcome
 6. Discussion
 7. References and endnotes
 8. 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. **Shelter Medicine Practice** cases should include medical principles in the management of shelter animals and/or community populations.
 - Case history and presentation
 - Include a complete but brief description of the patient or population, the chief complaint, and relevant history and clinical findings. **Shelter Medicine Practice** cases must include basic information regarding the shelter's intake, housing, and population or other aspects pertinent to the case presented. **Shelter Medicine Practice** applicants must describe their role in the management of the case (e.g., staff veterinarian, consultant, etc.).
 - 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. **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.

- Discussion
 - This section should be a constructive evaluation of the case, including deficiencies, mistakes and/or complications. There should be a brief description of notable or relevant things that went wrong, what may have been done differently in retrospect and how the case could have been improved. New material should not be added in this section.
- 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 and imaging 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: ^a, ^b, ^c, ...).
 - 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: ^a, ^b, ^c,)
 - If more than 26 endnotes are required, continue the sequence with double letters (e.g., ^{aa}, ^{bb}, ^{cc}).
- Reference Section
 - Cite published works with numeral superscripts in the order in which they appear in the text (example: ¹, ², ³, ...). The numerical superscript should be placed at the end of the sentence in which cited work appears. 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>

Examples of Previously Accepted Case Reports and Case Summaries can be found at:

<https://abvp.connect.prolydian.com/forms-and-documents>

Publications Accepted by ABVP

The following list of journals are recognized as acceptable for applicants to publish a manuscript and subsequently submit for case review by the credentialing committee. Applicants may request approval of journals not on this list by submitting a request PRIOR to **January 1st** via email to credentials@abvp.com. To be approved, journals must have an editorial board AND all submissions submitted to the journal must undergo a peer-review/referee process. Journal approval does NOT guarantee the review committee will accept the publication.

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

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
- Publication of a manuscript in a peer-reviewed scientific journal does not guarantee the manuscript will be approved by the Credentials Committee. All publications are subject to a full review and are not automatically accepted.
- Requirements for acceptance of a publication:
 - The applicant must be the primary (first) 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

- 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.

Streamlined Credentialing Pathway for Existing Diplomates

- Current, active ABVP diplomates seeking an additional board certification in a different RVS are only required to earn 50 case points via either one (1) case report, five (5) case summaries (may submit up to 6) or 1 publication (may submit up to 2) to pass credentialing.
- Streamlined Credentialing Pathway submission requirements are as follows:

Current / Initial Private Practitioner Credentialing Requirements	Streamlined Additional RVS Credentialing Requirements
Copy of Veterinary Diploma	Copy of Veterinary Diploma <i>(this requirement is waived)</i>
Curriculum Vitae	Updated Curriculum Vitae
Synopsis of Veterinary Practice	Updated Synopsis of Veterinary Practice
Self-Report Job Experience	Completed Self-Report Job Experience for the new RVS certification. In addition, the applicant must attest to having 400 hours of the new RVS experience with ill animals over the preceding 12 months to application.
Continuing Education Documentation (90 hours of CE in the RVS over the last five years)	Continuing Education Document (90 hours of CE in the new RVS over the last five years)
Applicant Evaluation Forms (x three)	Application Evaluation Forms (x three) <i>(this requirement is waived)</i>
100 ABVP Writing Points. These writings document the applicant's medical acumen and / or contribution to the scientific knowledge base.	50 ABVP Writing Points. These writings document the applicant's medical acumen and / or contribution to the scientific knowledge base.
<ul style="list-style-type: none"> Publications are worth 50 points apiece. Maximum accepted points = 50. Applicant can submit up to one. 	<ul style="list-style-type: none"> *Publication (as lead author, meeting the guidelines for accepted journal / publications, etc.) are allowed to be the 50 writing points for additional RVS credentialing.
<ul style="list-style-type: none"> Case summaries are worth 10 points apiece. Maximum accepted points = 100. Applicant can submit up to 12. 	<ul style="list-style-type: none"> Case summaries are worth 10 points apiece. Maximum accepted points = 50. Applicant can submit up to six.
<ul style="list-style-type: none"> Case reports are worth 50 points apiece. Maximum accepted points = 100. Applicant can submit up to two. 	<ul style="list-style-type: none"> Case reports are worth 50 points apiece. Applicant can submit up to two.

**** Diplomates who choose to submit a publication as their sole writing points submission for streamlined credentialing must ensure the publication is a demonstration of case management skills. Publications that do not highlight case management are not suitable submissions using the streamlined credentialing pathway.***

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. Upon resubmission, the entire case summary or case report will be reviewed and scored in its' entirety. There is no guarantee that a resubmitted case 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 had an ABVP mentor guide them through the application process. To request a mentor to assist with your application, go to <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 not eligible for revision and resubmission. Additional attempts to credential must be an entirely new credentials application and application fee. The new application cannot include any previous case reports, case summaries, publications, or applicant evals.

All cases and publications must be uploaded on the Prolydian platform in PDF format. 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 **IX** 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. RVS Credentialing Examinations are administered online annually on the first Saturday of November. Exceptions are the Swine Health Management Certification Examination which is given annually at the American Association for Swine Veterinarians (AASV) Conference, and the Swine Entrance Examination which is given online annually prior to the AASV Conference.
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 one (1) month 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.
14. The ABVP complies with the Americans with Disabilities Act of 1990. Should a candidate require special accommodations, related to a disability, in order to sit for the examination, the Request for Special Accommodations for the ABVP Certification Examination form must be completed and returned with the examination application.

On-Site Exam Rules

A. Examination Site:

1. With the exception of the Swine Health Management Credentialing Examination, all RVS examinations are given through a remote webcam-based proctor service at a location of the examinees choosing.
 2. Examinees must be alone in the room and may not leave their seat once an examination section commences. Examinees may leave the room only once they have submitted the current exam section.
 3. The computer must be connected to a power-source. The webcam, speakers, and microphone must remain on throughout the test.
 4. No headphones, phones, smartwatches, papers, books, reference materials, calculators, or scratch paper are allowed. Walls should be free of any items that could be misconstrued as containing information pertaining to the examination. A virtual calculator and virtual 'scratch paper' are available for the examinees to use throughout the examination.
 5. A water bottle is allowed. Examinees may be asked to show their water bottle to the proctor if they choose to have one.
 6. Talking is not allowed. See the below section on 'Communication within the Exam'.
 7. The Proctor must be able to see the examinee for the duration of the test.
 8. Each examination may include a Statement of Confidentiality that candidates must agree to at the time the exam is administered.
- B. Proctors and Communication within the Exam:
1. Proctors are authorized to maintain secure and proper exam administration procedures, including termination of the examination if there has been a clear breach of confidentiality.
 2. Proctors may make note of any suspicious movements, activity, sounds, or other anomalies that occur throughout the examination. Any and all marked events are reviewed by the Examination Chair prior to acceptance of the candidate's examination score.
 3. Talking is not allowed, except when it is necessary to notify the Proctor of a connectivity issue, medical emergency, or other emergency concern. No questions regarding the content of the examination may be asked during the testing period. Candidates should listen carefully to instructions given by the examiner and read any directions that may be provided. If you encounter a question that you believe is misleading or deficient in accuracy, there is a comment box to record your concerns for the Exam Vice Chair to review during the post-exam review period.

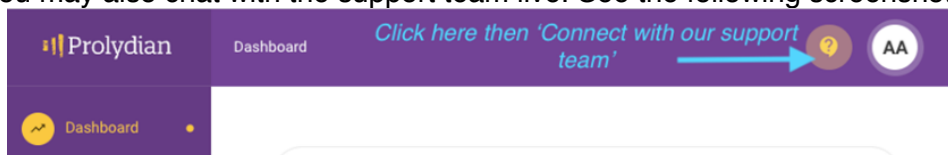
Examination: Special Circumstances

Connectivity Issues and Personal Medical Emergency Procedures

ABVP realizes that unavoidable circumstances such as unforeseen weather, connectivity difficulties, or medical emergencies may prevent you from connecting to

and completing the examination. If you are unable to connect to the examination proctor, take the following steps:

1. For unforeseen medical and non-computer related emergencies:
 - a. Call the ABVP office (800.697.3583) and inform the personnel there of the predicament. Obtain the name of the individual with whom you speak.
 - b. Submit a letter of explanation to the ABVP office at info@abvp.com.
2. For issues related to connectivity:
 - a. Contact support+abvp@prolydian.com. They will work to connect you with your proctor and gain access to the examination interface.
 - b. You may also chat with the support team live. See the following screenshot:



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

Candidate Illness Occurring During an ABVP Examination

- A. If a candidate experiences illness during the administration of an examination:
The Proctor will inquire as to the candidate's willingness or ability to resume the examination. The candidate may not leave the view of the webcam during this recovery period and must continue to abide by all rules mandated by the proctoring service.
- B. If the candidate feels capable of resuming the examination: The Proctor will record the time taken and reason for the delay.
- C. If the candidate cannot complete the examination:
The examination will not be graded. The candidate will be informed that an opportunity will be afforded to re-sit that portion of the examination at the NEXT SCHEDULED administration of that specific exam. The usual re-examination fee will be charged.

If the illness occurs when the candidate is sitting for the examination for the first time, three (3) more opportunities to retake the examination will be offered in successive years without need to repeat credentialing. If the illness occurs when the candidate is sitting for the exam for the second time, there will be two (2) more opportunities for a re-take without need for re-credentialing. If the candidate is sitting

for the exam for the third time, an opportunity to re-sit the examination at the NEXT SCHEDULED exam date without re-credentialing will be offered. The usual re-examination fee will be charged in all cases.

- D. Examination eligibility will be extended ONLY ONCE for reason of illness during the taking of an examination. If the candidate has previously been excused for illness and normal eligibility is exhausted, further opportunities will not be offered without re-credentialing.

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 2% 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 (MOC) requirements before the 10-year limit expires. Information can be found in the MOC Handbook on the ABVP website.

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.

P.O. Box 1868
Mt. Juliet, TN 37121
USA
+1-800-697-3583
info@abvp.com

VII. Appendices

Tips for selecting a case report or summary

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, ECGs, 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, ECGs) 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 presented.
- **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.

VIII. Swine Health Management Applicants

- 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 prior to 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 Regent and/or 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 Regent and/or Credentials 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 Regent and/or 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.
 - 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.

SHM Credentialing Exam Construction

- The SHM certifying exam is made up of three sections:
 - Practical- six (6) questions, fifty (50) pts each, total three hundred (300) pts.
 - Essay- four (4) questions, seventy-five (75) pts each, total three hundred (300) pts.
 - Oral- six (6) questions, fifty (50) pts each, total three hundred (300) pts.

IX. Shelter Medicine Practice Application Checklists

Shelter Medicine Practitioner Pathway Applicant Checklist

SMP Categories for Manuscripts and Consultations

1. Management and record keeping
2. Population management
3. Animal handling
4. Facilities
5. Sanitation
6. Medical health
7. Surgery, including HQHVSN (shelter or owned pets), other shelter surgery, and dentistry
8. Forensics
9. Behavior and mental well-being
10. Euthanasia
11. Animal transport and relocation programs
12. Disaster response
13. Public health
14. Programs and services for community animals (e.g. intake diversion/safety net, accessible veterinary care clinics)

Requirement	Details	Documentation
Eligibility	<p>Applicants must have a minimum of 4.5 years of experience in shelter medicine practice before submitting credentials and a minimum of 5 years of post-graduation experience before sitting for the certification examination.</p> <p>Shelter medicine practice is defined as teaching, consulting on, and/or providing population and individual based care for animals at-risk in the community - including medical care for animals within a shelter or rescue setting, HQHVSN for shelter or client-owned pets, or other community-focused accessible veterinary care for owned animals.</p>	<ul style="list-style-type: none"> • Veterinary diploma • CV • Practice synopsis • Self-report job experience • Three applicant evaluation forms, with one evaluation ideally from a ABVP Shelter Medicine Practice diplomate. <p>These are the same requirements as other RVSS</p>

HQHVSN experience	Complete the equivalent of 4 weeks in HQHVSN practice, including use of HQHVSN surgical techniques and ability to complete at least 20 spay-neuter surgeries within a surgery day.	Practice synopsis
Site visits	<p>Complete at least 15 tours of programs separate from where the applicant completes all other requirements. The tour must be guided, extend beyond the public-facing part of the facility, and include an overview of program operations as captured in the case log. Visits can include animal shelters, HQHVSN programs (stationary, mobile, or MASH), and client-facing community services.</p> <p>The term animal shelter includes open and limited admission facilities, private non-profit and municipal organizations, foster-based rescues, sanctuaries, transport programs, and other variations on these models.</p> <p>Visited programs must represent at least:</p> <ul style="list-style-type: none"> • Two geographic regions (regions within the US – see FAQs – or countries) • Ten brick and mortar shelters, including at least two private non-profit organizations and two municipal organizations • Three HQHVSN programs of at least two different types 	Population case log: Site Visit Section
Targeted Shelter Consultations	<p>Complete at least 9 targeted consultations in 9 of the 14 SMP listed consultation areas.</p> <p>Consultations must be completed at two or more different organizations.</p> <p>Consultations extend beyond acute management of an individual case or population (e.g., outbreak response) and include evaluation of current processes; recommendations impacting protocols, policies, or procedures; and follow-up. Up to four (4) can be provided remotely.</p> <p>Applicants may include consultations for which they received expert support if they led formulation and implementation of recommendations.</p>	Population case log: Targeted consultation section

Outbreak Management	<p>Manage or advise on at least 6 cases necessitating infectious disease outbreak management.</p> <p>The response must involve multiple affected animals or clearly demonstrate comprehensive risk assessment of the population and management to prevent spread when only one animal or litter is affected.</p> <p>Outbreak management log must include at least:</p> <ul style="list-style-type: none"> • Three involving multiple affected animals • Three managed or advised on-site • Three different infectious diseases 	<p>Population case log: Outbreak management section</p>
Protocol Development	<p>Design and implement 5 protocols.</p> <ul style="list-style-type: none"> • One (1) of these must be on the management of infectious disease • and the other four (4) in any of the categories of the 14 major consultation areas. 	<p>Population case log: Protocol development section</p> <p>For each protocol, also submit the protocol itself as a PDF document (total 5)</p>
Cruelty Investigations	<p>Participate in the evaluation or ongoing care of animals in at least two (2) alleged cruelty investigations. These cases do not need to include an intent to pursue charges and are inclusive of situations such as animal hoarding.</p> <p>Cases must include at least one (1) large scale case (defined as 10 animals or more).</p> <p>Practitioners must perform at least one (1) detailed live animal forensic exam under field conditions with appropriate documentation and record keeping. The record should clearly demonstrate that physical evidence was collected as part of the exam.</p>	<p>Population case log: Cruelty case section</p> <p>In addition, practitioners should upload a copy of a record of a detailed live animal forensic exam with identifying information removed or redacted. The record should list what physical evidence was collected. The evidence itself need not be included -- e.g. a list of photo views, but not the photos themselves.</p>
Forensic necropsy	<p>Perform at least one (1) forensic necropsy (can be wet lab) with appropriate documentation and record keeping.</p> <p>Field experience is ideal but it is recognized that the opportunity to participate in a forensic</p>	<p>Population case log: Cruelty case section</p> <p>In addition to the log Include a copy of your actual medical record for one (1) forensic necropsy with any identifying</p>

	necropsy may not occur; therefore simulation or wet lab is an acceptable substitute.	information removed. This report should include all gross and laboratory findings, assessment, communication and follow up (if applicable).
Disaster response fieldwork	<p>Participate in the response to at least one (1) natural or human-caused disaster (can be wet lab).</p> <p>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.</p>	Population case log: Disaster response section
Disaster response coursework	<p>Complete the following online FEMA training sessions:</p> <ul style="list-style-type: none"> • IS-100.C: Introduction to Incident Command System • IS-200.C: Basic Incident Command System for Initial Response • IS-700.B: An Introduction to the National Incident Management System • IS-10.A: Animals in Disasters: Awareness and Preparedness • IS-11.A: Animals in Disasters: Community Planning 	Certificates of completion (total 5)
Shelter Behavior Coursework	Complete the online Fear Free Shelters program (4 core modules)	Certificate of completion (4 modules)
Presentations	<p>Deliver at least three (3) presentations on shelter medicine topics to professional audiences including shelter staff.</p> <p>At least one (1) must be delivered to primarily veterinarians and at least one (1) must be delivered to primarily shelter staff or volunteers.</p> <p>Presentations may be given in-person or remotely.</p>	Presentation Log
Continuing education	<p>A minimum of 90 formal hours meeting the CE requirements as defined in the Applicant Handbook for all RVSs must be fulfilled.</p> <p>In addition, practitioners must attend (in-person or virtual) at least one (1) major</p>	Continuing Education Log

	veterinary medical meeting with a dedicated shelter medicine track and one (1) national or regional animal sheltering conference.	
Manuscripts - Shelter Medicine Practice manuscripts should reflect the expertise and ability of the applicant to use medical principles in the management of shelter animals and/or community populations.		
Case Report or Publication (1)	<p>All SMP Practitioner Pathway applicants must submit either one (1) ABVP style case report or one (1) publication.</p> <p>Case reports may be about a population of animals or an individual animal; however, cases focusing on an individual animal must have population implications and the impact of the management of that animal on the overall population must be discussed in the report.</p>	Submit all manuscripts following detailed instructions provided in the main part of the handbook
Case Summaries (5)	<p>All SMP Practitioner Pathway applicants must submit five (5) case summaries</p> <ul style="list-style-type: none"> • One (1) on outbreak management and • the remaining four (4) each highlighting applicant knowledge in distinct categories from the list of 14 provided. <p>Case summaries can be further development of the cases and activities listed in the population case log (e.g., consultations, outbreaks, forensics, disaster response, etc) but must be distinct subjects from those detailed in other manuscripts (i.e. the case report or publication).</p> <p>Case summaries may be about a population of animals or an individual animal; however, cases focusing on an individual animal must have population implications and the impact of the management of that animal on the overall population must be discussed in the report.</p>	Submit all manuscripts following detailed instructions provided in the main part of the handbook and encompassing the instructions for Shelter Medicine Practice.

Shelter Medicine Residency Pathway Credentials Application Checklist

SMP Categories for Manuscripts and Consultations

1. Management and record keeping
2. Population management
3. Animal handling
4. Facilities
5. Sanitation
6. Medical health
7. Surgery, including HQHVSN (shelter or owned pets), other shelter surgery, and dentistry
8. Forensics
9. Behavior and mental well-being
10. Euthanasia
11. Animal transport and relocation programs
12. Disaster response
13. Public health
14. Programs and services for community animals (e.g. intake diversion/safety net, accessible veterinary care clinics)

Requirement	Details	Documentation
Eligibility	<p>Residents must fulfill all applicant requirements for credentialing in addition to the specific residency requirements. Residents are only eligible to apply for credentialing during their final year of training.</p> <ul style="list-style-type: none"> In a typical two (2)-year residency starting and ending in July, Residents will have completed thirteen months of their training by the application deadline (September 1) and eighteen months by the credentials deadline (January 15). In a typical three (3)-year residency starting and ending in July, Residents will have completed twenty-five months of their training by the application deadline (September 1) and 30 months by the credentials deadline (January 15). If residencies begin and end in months other than July, the same deadlines apply. For example, if a two (2)-year residency starts in January or February, the Resident is first eligible to apply during the second year (September 1) with a credentials deadline of January 15 which may fall after 	<ul style="list-style-type: none"> Veterinary diploma CV Practice synopsis Self-report job experience Three applicant evaluation forms, with one evaluation ideally from a ABVP Shelter Medicine Practice diplomate.

	the residency has been completed. For other timelines you must contact the Residency Chair for specific information about eligibility and deadlines.	
Resident Advisor Credentials Eligibility Letter	<p>The Resident Advisor reviews the Resident's stage of training, required logs, and publication status and writes a letter attesting that the Resident is on track to finish in time for the Fall exam.</p> <p>The Resident Advisor attaches an up-to-date copy of the Residency Progress Summary Form that is also submitted biannually throughout the Residency. This summary form should clearly indicate which requirements are still to be completed.</p>	Resident Advisor Letter for Credential Submission which includes a copy of the Residency Progress Summary Form.
Disaster Response Coursework (5)	<p>Complete the following online FEMA training sessions:</p> <ul style="list-style-type: none"> • IS-100.C: Introduction to Incident Command System • IS-200.C: Basic Incident Command System for Initial Response • IS-700.B: An Introduction to the National Incident Management System • IS-10.A: Animals in Disasters: Awareness and Preparedness • IS-11.A: Animals in Disasters: Community Planning 	Certificates of Completion (5)
Shelter Behavior Coursework	Complete the online Fear Free Shelters program (core modules)	Certificates of completion
Continuing Education (90)	<p>Residents must have a minimum 100 hours of CE, consisting of both formal and informal CE opportunities.</p> <ul style="list-style-type: none"> ▪ A minimum of thirty (30) hours must be formal CE. This requirement must be met by attending and participating in RACE-approved programs; national conferences, forums, and symposiums; state conferences; and high-quality regional or local meetings. ▪ All Residents must participate in at least four (4) hours of informal CE per month. The 	<p>Continuing Education log</p> <p>Residents should add a column to the CE log and distinguish whether a CE event is formal or informal CE.</p>

	informal CE requirement must be met by attending and participating in topic rounds, journal clubs, seminars, lectures, labs, workshops, etc	
Presentations (6)	<p>Deliver at least six (6) presentations on shelter medicine topics to professional audiences including shelter staff.</p> <p>At least one (1) must be delivered to primarily veterinarians and at least one (1) must be delivered to primarily shelter staff or volunteers.</p> <p>Presentations may be given in-person or remotely.</p> <p>Journal club presentations do not count towards this requirement.</p>	Presentation Log
Major CE meetings	<p>Residents must attend at least one (1) major veterinary medical meeting with a dedicated shelter medicine track</p> <p>and one (1) national or regional animal sheltering professional conference.</p>	Continuing Education Log
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. These 6 hours are in addition to minimum requirements noted above for formal and informal CE.	Continuing Education Log
<u>Manuscripts-</u> All Shelter Medicine Practice manuscripts should reflect the expertise and ability of the applicant to use medical principles in the management of shelter animals and/or community populations.		
Publications (2)	<p>All SMP Residents must submit one (1) peer reviewed scientific publication and one (1) publication written for a layperson audience.</p> <p>Manuscripts still in the review process are not considered accepted.</p> <p>Conditional letters (revisions still required) are not considered accepted.</p>	<p>If the manuscripts have already been published, a copy of the manuscript (s) should be submitted at the time of the Credentials Application (Jan 15) of the final year of training.</p> <p>If the manuscript is not yet published, the Resident must submit proof of</p>

		<p>acceptance prior to being eligible to take the exam. The deadline for submitting proof of acceptance of an unpublished manuscript is August 15 just prior to the examination in October or November. A letter from the editor of the journal stating final acceptance is required. This letter must be sent as an email attachment to the Residency Chair with a copy to the ABVP Executive Director.</p>
Case Report (1) or Case Summaries (5)	<p>All SMP Residents applicants must submit either one (1) case report OR five (5) case summaries.</p> <p>Case reports and case summaries may be about a population of animals or an individual animal; however, cases focusing on an individual animal must have population implications and the impact of the management of that animal on the overall population must be discussed in the report.</p> <p>If they choose case summaries</p> <ul style="list-style-type: none"> • One (1) must be on outbreak management and • the remaining four (4) should each highlight applicant knowledge in distinct categories from the list of 14 provided. <p>Case summaries can be further development of the cases and activities listed in the population case log (e.g. consultations, outbreaks) but must be distinct subjects from those detailed in other manuscripts (i.e. the case report or publications).</p>	<p>Submit all manuscripts following detailed instructions provided in the main part of the handbook for all RVs and encompassing the specific instructions for Shelter Medicine Practice.</p>
<p>Please note, extensive Shelter Medicine Practice Residency logs and other items are already submitted as part of the bi-annual Residency review process that detail site visits, consultation,</p>		

forensics, and other activities. Re-submission of LOGS is NOT required for the Resident Credentials Application specifically. See the Residency Handbook for details on these requirements.

Frequently Asked Questions about Certification in Shelter Medicine Practice

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 4.5 years of full-time practice experience before application and 5 years of experience before examination. The 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. What are the five geographic regions used for program tours/site visits?

See the map below + international locations are the 5th region.

