ABVP

American Board of Veterinary Practitioners

Residency Handbook

Volume 2 (2025)

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This Handbook is in effect for Residents who began/begin their training program between January 16, 2025 and January 15, 2026.

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DEFINITIONS AND ABBREVIATIONS

ABVP	American Board of Veterinary Practitioners (www.abvp.com)
ABVS	American Board of Veterinary Specialties (https://www.avma.org/about/councils-committees-task-forces-and-trusts/american-board-veterinary-specialties)
Advisor	A person who is responsible for supervision and training of an ABVP Resident as well as fulfilling all requirements for paperwork, deadlines, etc.
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)
Candidate	A person whose application and credentials have been accepted and is eligible to sit for the certification examination.
Credentials	Documents and materials that must be submitted and approved by relevant ABVP committees to determine eligibility to sit for the certification exam. Credentials materials include applicant evaluation forms, case report(s) and/or publication, etc. See current Applicant Handbook for details.
Diplomate	A veterinary specialist who is board certified by an ABVS-recognized veterinary specialty organization.
RACE	Registry of Approved Continuing Education (https://www.aavsb.org/ce-services/)
Resident	A veterinarian enrolled in an ABVP-approved training program under the supervision of an Advisor and the ABVP Residency Committee.
RVS	Recognized Veterinary Specialty (e.g. Canine and Feline Practice, Equine Practice)
RVSO	Recognized Veterinary Specialty Organization (e.g. ABVP, ACVIM)
VSOC	Veterinary Specialty Organizations Committee (https://www.avma.org/about/councils-committees-task-forces-and-trusts/veterinary-specialty-organizations-committee)

MISSION STATEMENT

The American Board of Veterinary Practitioners (ABVP) is committed to recognizing and advancing excellence in species-specialized veterinary practice.

VISION STATEMENT

Excellence in veterinary care throughout the world.

CURRENTLY APPROVED RECOGNIZED VETERINARY SPECIALTIES

The Diplomates of ABVP have a common desire and willingness to deliver superior, comprehensive, multi-disciplinary veterinary service to the public. They are veterinarians who have demonstrated expertise in the broad range of clinical subjects relevant to their practice and display the ability to communicate medical observations and data in an organized and appropriate manner. ABVP currently awards certification in 12 Recognized Veterinary Specialties (RVS):

1. Avian Practice
2. Beef Cattle Practice
3. Canine and Feline Practice
4. Dairy Practice
5. Equine Practice
6. Exotic Companion Mammal Practice
7. Feline Practice
8. Fish Practice
9. Food Animal Practice
10. Reptile and Amphibian Practice
11. Shelter Medicine Practice
12. Swine Health Management

DEFINITION OF A RESIDENCY

An ABVP Residency is a training program that allows a veterinarian to acquire advanced knowledge, skills, and experience in species-specific practice under the direct supervision of an ABVP Diplomate and/or other Diplomates, specialists, and mentors. The objective is to promote proficiency in the science and art of veterinary medicine, surgery, and related disciplines, ultimately culminating in certification by ABVP in the trainee's relevant RVS. Residency training programs provide individuals with opportunities to pursue careers in clinical and specialty practice, teaching, research, and/or public service.

PROGRAM APPROVAL REQUIREMENTS

A. An ABVP Residency consists of a minimum of two (2) years of full-time, supervised species-specific training and clinical practice. Crucial elements include provision of the following:

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

Additional details regarding caseload, facility, and equipment requirements can be found in DESCRIPTION OF RESIDENCY PROGRAM.

B. An ABVP Diplomate of the same RVS in good standing serves as the Residency Advisor; responsibilities of the Resident Advisor are further detailed in ADVISOR REQUIREMENTS AND RESPONSIBILITIES. If such Diplomate is not available, the Board of Directors (BOD) may be petitioned to allow one of the following to serve as Residency Advisor:

- ABVP Diplomate of a different RVS in good standing
- Diplomate of a different RVSO in good standing
- Diplomate of the European Board of Veterinary Specialists, Fellow of the Australian College of Veterinary Scientists, or Diplomate of the Royal College of Veterinary Surgeons; in good standing.

C. An ABVP Resident must complete at least twelve months of full-time clinical practice in an internship or equivalent clinical experience before starting the residency.

D. Applications for new ABVP residency programs are evaluated by the ABVP Residency Committee and may be approved, disapproved, or returned for revision. If an application names a Residency Advisor who is not a Diplomate of the same RVS, then the BOD evaluates the proposed Advisor and votes on approval or disapproval. Additional details regarding the application process can be found in APPLICATIONS FOR NEW RESIDENCY PROGRAMS below.

E. Fees associated with Residency Training Programs are listed in FEES below.

DESCRIPTION OF RESIDENCY PROGRAM

A. All residency programs must supply opportunities for training and clinical experience in the following disciplines:

i. Medicine and Surgery, including but not limited to:

- Anesthesiology
- Cardiology

- Dermatology
- Endocrinology
- Neurology
- Nutrition
- Ophthalmology
- Pharmacology
- Toxicology

ii. Diagnostic imaging (radiology, ultrasound, advanced imaging techniques)

iii. Pathology (clinical, gross, histo-)

iv. Preventative and population-based medicine

v. Behavior, husbandry, and environmental management

Individual RVSs may also require opportunities for training and clinical experience in additional disciplines relevant to the RVS (e.g. epidemiology, genetics, oncology). The current RVS job task analysis (JTA) shall be used to design residency program topics and experience.

B. The duration of the residency program must consist of a minimum of 100 weeks of full-time training and clinical practice.

i. A two (2)-year program allows up to two (2) weeks per year (four (4) weeks total) of time off for vacation and other activities. A three (3)-year program allows six (6) weeks of time off.

ii. A minimum of 70% of the Resident's time must consist of training and clinical practice directly related to the RVS. A maximum of 30% of time may consist of related rotations, externships, continuing education, or other training activities.

a. A two (2)-year program must include a minimum of 70 weeks of clinical practice and a maximum of 30 weeks of related training. A three (3)-year program may include graduate studies, research, classes, or other activities. The 70- week clinical practice minimum requirement still applies.

b. Programs that include advanced degrees, certificates, concurrent residencies, etc. also require a minimum of 100 weeks of clinical practice and related training. These can be scheduled over the entire three (3)- or four (4)-year periods.

iii. Residents must follow the version of the Residency Handbook in effect at the start of their Residency Training Program. Residents must follow the version of the Applicant Handbook in effect at the time they submit Credentials.

C. Additional requirements for specific RVS programs are as follows:

i. Avian Practice

a. Caseload:

- Training must include an adequate caseload of birds, with a minimum of ten (10) total medical and surgical cases per week (not including routine visits). Exposure to a wide variety of avian species is necessary. Training in aviculture and population-based medicine is highly desirable.

b. Physical Facility:

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

c. Equipment:

- Monitoring equipment for surgical and intensive care patients (respiratory and cardiac).
- Incubator with heat control, oxygen cage.
- Electrocardiogram
- Ultrasound
- Radiology: A 300 MA 125 KVP radiograph unit.
- Rapid hematology, chemistry and microbiologic diagnostic service.
- Anesthesia: Isoflurane/sevoflurane system with adequate scavenging equipment.
- Surgery: standard surgical instrumentation and appropriate instruments for microsurgery.
- Orthopedic instrumentation appropriate for management of routine orthopedic cases.
- Electrosurgery unit.
- Fiberoptic endoscopy.
- Ophthalmologic equipment for routine evaluation.

d. Staffing:

- Professional and ancillary staff must be adequate to manage the caseload.

e. Record Keeping:

- A system of keeping records must be in place to ensure adequate documentation and rapid retrieval of information about any patient or flock. The problem oriented medical

record (POMR) system is recommended. The record system must support population-based analysis.

ii. Beef Cattle Practice

a. Caseload:

- Training must include exposure to both individual animals and populations, with a minimum of ten (10) medical or surgical cases and/or herd visits per week.
- Training must include a variety of operations including (cow/calf and feedlot).
- Exposure to both ambulatory and in-hospital (facility working area) practice is recommended.
- Herd records and data analysis, economics, epidemiology, statistics, facility evaluation (handling equipment, environments, etc.), genetics, reproduction, welfare, and regulatory issues must be included in the training.

b. Physical Facility:

- The physical plant should support general food animal practice and herd health population medicine.
- Examination areas and stall space must be adequate to accommodate the caseload including facilities for handling neonates.
- Treatment areas must be adequate for restraint and safe management of all species of food animals. Areas for intensive care, special procedures, and isolation should be available.

c. Equipment:

- Ambulatory equipment must be available to provide good on-the-farm management of both individual animals and herd health problems.
- Radiology and ultrasound should be available and adequate for the proper evaluation of food animal species.
- Necropsy equipment must be adequate to perform routine gross pathological examinations on the farm.
- Diagnostic laboratory equipment must be able to perform routine diagnostic and microbiologic tests appropriate for the caseload.

d. Staffing:

- Professional and ancillary staff must be adequate to manage the caseload.

e. Record Keeping:

- A record keeping system must be in place to ensure adequate documentation and rapid retrieval of information about any animal or population of animals.

iii. Canine and Feline Practice

a. Caseload:

- Training must include an adequate caseload of both dogs and cats, with a minimum of twenty (20) medical or surgical cases per week (not including routine visits such as healthy pet examinations). Fear-Free and Cat-Friendly Practice guidelines should be followed.
- In addition to supervised clinical practice, training should include exposure to specialist-level practice in areas such as ophthalmology, dermatology, neurology, orthopedics, cardiology, nephrology/urology, endocrinology, oncology, behavior, and toxicology. Training in these areas may be accomplished with clinical rotations under the supervision of other board-certified specialists, external rotations or visits to specialty practices, continuing education lectures, labs, and hands-on opportunities.

b. Physical Facility

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

c. Equipment

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

d. Staffing:

- Professional and ancillary staff must be adequate to manage the caseload.

e. Record Keeping:

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

iv. Dairy Practice

a. Caseload:

- Training must include exposure to both individual animals and populations, with a minimum of ten (10) medical or surgical cases and/or herd visits per week.
- Training must include a variety of dairy species (Holstein, Jersey, etc.) and operation types (milking, youngstock, etc.).
- Exposure to both ambulatory and in-hospital practice is recommended.
- Herd records and data analysis, economics, epidemiology, statistics, facility evaluation (milking systems, environments, etc.), genetics, reproduction, welfare, and regulatory issues must be included in the training.

b. Physical Facility:

- The physical plant should support general dairy cattle practice and herd health population medicine.
- Examination areas and stall space must be adequate to accommodate the caseload including facilities for handling neonates.
- Treatment areas must be adequate for restraint and safe management of all dairy cattle types. Areas for intensive care, special procedures, and isolation should be available.

c. Equipment:

- Ambulatory equipment must be available to provide good on-the-farm management of both individual animals and herd health problems.
- Radiology and ultrasound must be available and adequate for the proper evaluation of food animal species.
- Endoscopy equipment is recommended.
- Necropsy equipment must be adequate to perform routine gross pathological examinations on the farm and in the hospital.
- Diagnostic laboratory equipment must be able to perform routine diagnostic and microbiologic tests appropriate for the caseload.

d. Staffing:

- Professional and ancillary staff must be adequate to manage the caseload.

e. Record Keeping:

- A record keeping system must be in place to ensure adequate documentation and rapid retrieval of information about any animal or population of animals.

v. Equine Practice

a. Caseload:

- Training must include an adequate caseload of horses, with a minimum of ten (10) medical or surgical cases per week (not including routine visits such as vaccinations). Exposure to both ambulatory and in-hospital practice is highly desirable.
- In addition to supervised clinical practice, training should include exposure to specialist-level practice in areas such as ophthalmology, dermatology, neurology, orthopedics, cardiology, nephrology/urology, endocrinology, oncology, behavior, and toxicology. Training in these areas may be accomplished with clinical rotations under the supervision of other board-certified specialists, external rotations or visits to specialty practices, continuing education lectures, labs, and hands-on opportunities.

b. Physical Facility:

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

c. Equipment:

- Digital radiology and ultrasound equipment must be available and adequate for the proper evaluation of the caseload presented to the facility.
- Anesthesia equipment must include gas anesthesia delivery system with an adequate scavenging system. Anesthesia and intensive care monitoring equipment must be available for the routine monitoring of surgical and intensive care patients. These should include electrocardiogram and blood pressure monitoring.
- Endoscopy equipment - a flexible endoscope of sufficient length and quality to properly evaluate the upper respiratory tract is required.
- Ophthalmic equipment - an ophthalmoscope and other diagnostic equipment essential to the evaluation of the eye is required.
- Orthopedic equipment must be appropriate for the caseload of the facility.

- Necropsy equipment must be available to perform adequate, routine gross pathologic examinations, and collection of specimens for histopathology examination.
- Dental equipment must be adequate to perform routine dental examinations and care.

d. Staffing:

- Professional and ancillary staff must be adequate to manage the caseload.

e. Record Keeping:

- A record-keeping system must be in place to ensure adequate documentation.

vi. Exotic Companion Mammal Practice

a. Caseload:

- Training must include an adequate caseload of small mammals, with a minimum of ten (10) total medical or surgical cases per week (not including routine visits).
- Exposure to a wide variety of mammalian species is necessary including rabbits, ferrets, and rodents (hamsters, gerbils, guinea pigs, chinchillas, rats, mice, etc.).

b. Physical Facility:

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

c. Equipment:

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

d. Staffing:

- Professional and ancillary staff must be adequate to manage the caseload.

e. Record Keeping:

- A system of keeping records must be in place to ensure adequate documentation and rapid retrieval of information about any patient or flock. The problem oriented medical record (POMR) system is recommended. The record system must support population-based analysis.

vii. Feline Practice

a. Caseload:

- Training must include an adequate caseload of cats, with a minimum of twenty (20) medical or surgical cases per week (not including routine visits such as healthy pet examinations). Exposure to shelters or rescues, catteries, colonies, and other cat populations is highly desirable.
- In addition to supervised clinical practice, training should include exposure to specialist-level practice in areas such as ophthalmology, dermatology, neurology, orthopedics, cardiology, nephrology/urology, endocrinology, oncology, behavior, and toxicology. Training in these areas may be accomplished with clinical rotations under the supervision of other board-certified specialists, external rotations or visits to specialty practices, continuing education lectures, labs, and hands-on opportunities.
- Certification of the training facility as a Cat-Friendly Practice and low-stress handling are highly desirable.

b. Physical Facility:

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

c. Equipment:

- Imaging equipment including x-ray, ultrasound (in-clinic or access), and intraoral dental radiography capable of diagnosis in all sizes of dogs and cats.
- Anesthesia equipment - gas anesthesia with adequate scavenging system along with routine monitoring of anesthetized patents with respiratory and cardiac monitors including blood pressure.
- Intensive care equipment for triage and monitoring of critical cases.

- Ophthalmology equipment - equipment essential to perform a thorough examination of the eye.
- Orthopedic instrumentation - must be appropriate for the management of all orthopedic cases.
- Diagnostic laboratory - rapid hematology, chemistry, and microbiologic tests must be available.

d. Staffing:

- Professional and ancillary staff must be adequate to manage the caseload.

e. Record Keeping:

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

viii. Food Animal Practice

a. Caseload:

- Training must include exposure to both individual animals and populations, with a minimum of ten (10) medical or surgical cases and/or herd visits per week.
- Training must include a variety of species including cattle (dairy and beef), swine, sheep, and goats.
- Exposure to both ambulatory and in-hospital practice is necessary.
- Herd records and data analysis, economics, epidemiology, statistics, facility evaluation (milking systems, environments, etc.), genetics, reproduction, welfare, and regulatory issues must be included in the training.

b. Physical Facility:

- The physical plant should support general food animal practice and herd health population medicine.
- Examination areas and stall space must be adequate to accommodate the caseload including facilities for handling neonates.
- Treatment areas must be adequate for restraint and safe management of all species of food animals. Areas for intensive care, special procedures, and isolation should be available.

c. Equipment:

- Ambulatory equipment must be available to provide good on-the-farm management of both individual animals and herd health problems.
- Radiology and ultrasound must be available and adequate for the proper evaluation of food animal species.
- Endoscopy equipment is recommended.

- Necropsy equipment must be adequate to perform routine gross pathological examinations on the farm and in the hospital.
- Diagnostic laboratory equipment must be able to perform routine diagnostic and microbiologic tests appropriate for the caseload.

d. Staffing:

- Professional and ancillary staff must be adequate to manage the caseload.

e. Record Keeping:

- A record keeping system must be in place to ensure adequate documentation and rapid retrieval of information about any animal or population of animals.

ix. Reptile and Amphibian Practice

a. Caseload:

- Training must include an adequate caseload of reptiles and amphibians. A guideline is a minimum of ten (10) total medical or surgical cases per week (not including routine visits).
- Exposure to a wide variety of species is necessary.
- Training in general herpetology, natural history, husbandry, herpetoculture, and individual/population preventative medicine is necessary.

b. Physical Facility:

- Examination rooms sufficient in number and size to accommodate the caseload.
- Treatment areas and areas for intensive care, special procedures, isolation, and good nursing care.
- Surgical suites sufficient in number and size to accommodate caseload.
- Necropsy space for routine post-mortem examination.
- Hospital enclosures to accommodate terrestrial, semi-aquatic, and aquatic species at appropriate environmental temperatures.

c. Equipment:

- Radiology: A 300 MA 125 KVP radiograph machine.
- Ultrasonography
- Gas anesthesia equipment – Isoflurane/sevoflurane system with adequate scavenging equipment.
- Standard surgical instrumentation including appropriate instruments for very small patients. Radiosurgery and/or laser surgery capability recommended.
- Monitoring equipment for surgical and intensive care case patients: Doppler heart rate monitor required; pulse oximetry, capnography, electrocardiography recommended.

- Ophthalmologic equipment sufficient for routine evaluation.
- Orthopedic instrumentation appropriate for the management of routine orthopedic cases.
- Endoscopy system, minimally including laparoscopic capability, ideally also including flexible endoscopy.
- Rapid hematology, chemistry, and microbiologic diagnostic service.

d. Staffing:

- Professional and ancillary staff must be adequate to manage the caseload.

e. Record Keeping:

- A system of keeping records must be in place to ensure adequate documentation and rapid retrieval of information about any patient. The problem oriented medical record (POMR) system is recommended.

x. Shelter Medicine Practice

a. Caseload:

- Must encompass both individual animals in the context of a population as well as population level care in an animal shelter. In both cases, opportunities for patient follow-up are required.
- Training opportunities must be provided to allow residents to hone clinical skills in day-to-day practice of Shelter Medicine in animal shelters, for a minimum of 44 weeks.
- Residents must have experiences that allow them to become knowledgeable and gain clinical experience in a wide variety of sheltering models. A complete listing, including additional specific requirements (e.g. consultations, outbreak management, protocol development) for Shelter Medicine Residents can be found in Appendix C.
- Reasonable plans must be in place for the provision of each required element of training. The many areas of training required typically require a variety of off-site locations, which may necessitate oversight by multiple different supervisors. In all cases, Supervisors should be true experts (i.e. highly experienced, credentialed professionals) in the area(s) they are supervising.
- SMP residency programs are strongly encouraged to collaborate by participating in Resident exchange programs, national rounds, and other training opportunities outside of their primary training site.

b. General Facility:

- Access to multiple animal shelters.
- On-site necropsy facilities (at shelter(s) and/or practice base) with pathology services available.
- Shelter facilities for SMP weeks must include exam, treatment, and surgery areas.

c. Equipment:

- Access to state-of-the-art laboratory testing and diagnostic equipment
- Ambulatory equipment to support shelter consultation and ambulatory medical services
- Supplies for diagnostic testing in disease outbreaks
- Environmental monitoring equipment (sound, humidity, temperature)

d. Staffing:

- Professional and ancillary staff must be adequate to manage the caseload and training program.
- Residents must have access to specialists for supervision via focused clinical rotations or consultation on cases in the following disciplines: dermatology, ophthalmology, veterinary behavior, avian and small mammal practice, and internal medicine.

e. Record Keeping:

- Access to electronic shelter records must be in place. Residents should have access to at least one record keeping system that allows rapid retrieval of information about individual animals and population of animals.

xi. Swine Health Management

SHM residents must pass the ABVP SHM Entrance Examination prior to commencing their residency program.

a. Engagements:

- SHM residencies must provide a sufficient number and diversity of "engagements" across the duration of the program. Engagements are consultative interactions with client(s), producer(s), or swine-industry professional(s) related to the care, health, and productivity and/or welfare of pigs, either individuals or populations. Engagements are the primary form of tracking daily appointments, as opposed to "cases" in other RVSs. Tracking engagements recognizes the important roles that swine veterinarians have in maintaining the wellbeing of animals and populations while accounting for their situational complexities of working with owners, managers, caretakers and production systems.

b. Caseload:

- Training must include exposure to both individual animals and populations, with a minimum of one (1) engagement per day of clinical training on average. For each engagement, residents should have 3-4 accompanying log entries on average, in any of the four categories listed below. In addition to number, quality, depth and diversity will be taken into consideration when reviewing a resident's log entries to assess the adequacy of clinical training.
- *Individual cases*: a medical or surgical problem involving an individual or a group of animals with similar signalment, history, presenting signs and recommendations.

- *Population/herd cases*: a medical or productivity-based problem affecting an entire population/herd, or a portion of the herd such as a stage of production (e.g. breeding, farrowing, nursery, finisher) or pens/rooms within a stage of production (e.g. week 2 post weaning). Such cases may be observed recurring over time or as single events.
- *Necropsies*: post-mortem examinations performed on farm or in a laboratory setting for which the resident has a primary or assisting role. The pigs may have died naturally or be euthanized, and must be in a sufficiently fresh state that the interpretation of lesions is not impaired (i.e. minimal autolysis). Submission of appropriate samples to a diagnostic laboratory is encouraged if deemed rewarding but is not necessary in every case.
- *Procedures*: other activities undertaken on the day of the engagement or in the days that follow (up to a maximum of 3 months). Procedures may include but are not limited to: biosecurity reviews, quality assurance audits/validations, export/regulatory inspections, welfare audits, surgical activities, health inspections, blood sampling, oral fluid sampling, insurance inspections, pregnancy examinations, productivity, facility or environmental assessments, reviews of production records, preparation of visit reports, health assurance reporting (documentation for genetics companies), phone or virtual consultations, in-person consultations.

c. Training Site:

- The primary clinical training sites must be a multi-person, swine specialty veterinary practice (independent or within a larger swine business or institution) providing access to multiple farms/clients, management systems, and workers with a variety of personality and communication styles. Clinical training sites may be academic institutions, veterinary practices or production companies.

d. Experienced Gained:

- SHM residents must have training that allow them to become knowledgeable and gain clinical experience across all stages of production as well as in peripheral industry segments (AI centers, slaughter plants, etc.) and allied industry partners including diagnostic laboratories, research facilities, producer organizations, and animal health suppliers.

e. Records:

- A record keeping system must be in place to ensure adequate documentation and rapid retrieval of information about any animal or population of animals. Records must be maintained according to state/provincial veterinary medical regulations and be sufficient to provide adequate defense in the event of liability or malpractice allegation(s).

f. Diagnostics:

- Residencies must have access to a full-service diagnostic laboratory (internal or external) facilitating routine diagnostic testing appropriate for the caseload, and non-routine diagnostic testing when required. In addition, diagnostic support/extension specialists (e.g. pathologies, microbiologists, etc.) must be available for consultation as required.

g. Equipment:

- The resident must have access to all supplies required for diagnostic investigations performed on and off the farm, and access to any specialized equipment required for non-medical (environmental, surgical) investigations. In addition, appropriate methods of sanitizing any equipment that is used in multiple farms must be readily available.

h. Pharmacy:

- Residents must have access to a pharmacy (internal or external) ensuring that any animal health products prescribed or recommended are supplied on a timely basis and in concordance with the regulatory authorities in their practice jurisdiction.

i. Nutritional Support:

- Residents must have access to nutritional consultants and feed specialists, as required for their caseload.

j. Genetics Industry Support:

- Residents must be provided opportunities to work with genetics suppliers providing experience and enhancing their understanding of terminology, genetic selection and breeding practices, common genetic lines and breeds, health assurance practices, and genetic technologies.

k. Research Training:

- SHM residencies must provide some form of clinical research training to enhance understanding of epidemiology, trial design, data management, statistical analysis, reporting or critical review of peer-reviewed literature.

l. Knowledge Resources:

- Residents must have access to a variety of swine information resources including but not limited to the current issues of:
  - Open access journals such as *Journal of Swine Health and Production*, and *Porcine Health Management*,
  - Commonly used swine textbooks such as *Swine Disease Manual* and *Diseases of Swine*.
  - Searchable literature databases, such as *PubMed* and *CABI.*

m. Logging Requirements:

- SHM residents have specific requirements for logging relevant training experiences, distinct from those described in RESIDENT REQUIREMENTS AND RESPONSIBILITIES below.
- Residents should download the current templates and follow the detailed instructions included therein to ensure adherence to the requirements.

n. SHM residents are strongly encouraged to collaborate and engage in resident exchange programs, regional and national industry organizations, and other swine training opportunities outside of their primary training site.

RESIDENT REQUIREMENTS AND RESPONSIBILITIES

A. The Resident must participate in all aspects of case management including receiving, examining, diagnosing, treating, performing procedures and surgery, discharging, and all aspects of client communication including follow-up. Exposure to emergency cases and critical care is required. The Resident may be the primary clinician or assistant, with at least 50% of training comprised of cases for which they served as the primary clinician.

B. Each Resident receives access to their Prolydian account after their Residency Advisor formally introduces them to the Residency Committee with a welcome letter, copy of their CV, and their veterinary diploma. Once this introduction occurs, the Resident will receive a welcome letter from the ABVP office and access to their Prolydian account.

C. Residents are responsible for logging their experiences throughout the course of their residency. Entering/uploading the required documentation immediately for the semi-annual evaluations should begin immediately and continue regularly throughout the year. Residents should not wait and try to enter/upload materials at the end of the cycle. All documentation/records must be uploaded by January 15 at 11:59 PM Central Time and July 15 at 11:59 PM Central Time. Residents can manage their semi-annual evaluations via the relevant portions of the Prolydian account at any time via a computer or mobile device.

D. During the training program, the Resident tracks cases, procedures, continuing education, and other required experiences and uploads details of these activities as specified in the documentation procedures outlined in this section. At six (6)-month intervals, the Residency Committee reviews the entire submission. All training activities must take place between the starting and ending date of the residency. Cases, procedures, presentations, continuing education, etc. are not accepted if they occur before or after the official residency dates.

For Residents submitting credentials in the January 2026 cycle or later this documentation is provided in lieu of submitting the Practice Synopsis, Self-Report Job Form, and Continuing Education Logs as part of their Credential application.

The following are detailed instructions and guidelines for each requirement (in alphabetical order). SHM residents have specific requirements for logging relevant training experiences, distinct from those described for other RVSs within this Handbook. SHM Residents should download the current templates and follow the detailed instructions included therein to ensure adherence to the requirements.

i. Advisor Letter

a. The Resident sends a request to the Residency Advisor, via Prolydian, to write a letter to the Residency Chair detailing the progress of the training program, including strengths and weaknesses, as well as any questions, comments, concerns, and issues, following the template provided by ABVP. Advisor letters are submitted via the Resident's Prolydian account after the Resident makes a request. It is the Resident's responsibility to create a request in Prolydian in a timely manner so that the Resident Advisor can submit their letter by the deadline.

ii. Case Log

a. This log applies to all Residents in all RVSs, except SHM.

b. Each medical and surgical case that the Resident is involved with is logged. Descriptions should be concise but also include enough detail so that the committee can readily follow what was done. Logging routine cases such as healthy animals seen only for vaccination or preventative care is optional and can be done at the discretion of the Resident in consultation with the Resident Advisor. Routine cases may be included although the committee will not evaluate these entries unless there are obvious concerns.

   - For Shelter Medicine Residents, routine procedures performed on the same day, such as healthy pre-surgical exams and spay/neuter or vaccination clinics, can be grouped into a single entry specifying number, procedure(s), and date of completion.

c. Enter the date the case was first seen (or later date if recheck). Case numbers and identifying information are optional but helpful.

d. Enter the signalment (age, sex, breed, species, other information).

e. Enter the main problem or problem list and either differential diagnosis or final diagnosis (if known).

f. Enter a brief description of any diagnostic, medical, or surgical procedures performed.

g. Enter the case outcome including results of diagnostics or procedures and case status (discharged, improved, worsened, died, euthanized, etc.).

h. Select the type of case (medical, surgical, or combined surgical and medical).

i. Select the Resident's role (primary or assistant).

j. Select who supervised the case management or consulted on the case (Advisor, other Diplomate or specialist, other faculty or house officer, or none of the above).

k. Select the system(s) from the supplied list. More than one may be selected.

l. If the Resident performs a non-routine procedure, this information is entered into the Case Log. Residents should indicate the special procedure(s) performed and provide a brief description. Descriptions should be concise but also include enough detail so that the committee can readily follow what was done.

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

m. Before submission, the case log should be proofread for accuracy and spelling. Errors in grammar, misspelling, typos, etc. reflect poorly on the Resident and will be considered by the Residency Committee as part of the evaluation.

iii. Herd Management Log

a. This log applies to Residents in Food Animal, Beef Cattle, and Dairy Practice.

b. The Resident is required to fill out this log for all visits involving populations of animals rather than individual cases.

c. Enter the date of the herd visit and a case/herd number if available. Case numbers and identifying information are optional but helpful.

d. Enter the signalment of the animals seen. A range of ages, sexes, breeds, etc. may be entered.

e. Enter the client complaint, problem, or request (reason for herd visit).

f. Enter the main problem or problem list and either differential diagnosis or final diagnosis (if known).

g. Describe the economic significance of the problem/diagnosis or effect on finances.

h. Enter the recommendations made as a result of the herd visit.

i. Enter the steps taken or planned to monitor the herd and follow up on recommendations.

iv. Mortality Log

a. This log applies to all residents in all RVSs, except SHM. It is a separate worksheet within the overall Case log file.

b. Any case that the Resident participated in and in which the patient dies or is euthanized must be listed. These include cases that are dead on arrival or presented for post-mortem exam. Necropsies should be offered on all cases, and the Resident must gain experience in performing and interpreting gross examination and collection of tissues and samples for histopathology and other diagnostic procedures. Participation in a pathology service and/or morbidity and mortality rounds can help fulfill this requirement.

- Shelter Medicine Residents do not need to log animals arriving at the shelter dead on arrival or shelters animals who were euthanized, unless they were previously involved in the clinical management of that individual animal.

c. Enter the date of death and case number.

d. Select the species and enter the signalment.

e. Enter the main problem or problem list and either differential diagnosis or final diagnosis (if known).

f. Enter an explanation for why the complication or death occurred.

g. Check if necropsy was performed.

h. If applicable, enter the final diagnosis and results of any post-mortem diagnostics.

i. Select the type of case (medical, surgical, or combined surgical and medical)

v. Population Case Log Workbook

a. This log applies to Residents in Shelter Medicine Practice only.

b. The Resident is required to fill out the appropriate sheets for remote consultations, targeted consultations, comprehensive consultations, outbreak management, protocols, program tours, disaster response field experiences and forensic field experiences.

vi. Presentation Evaluation Form

a. This form applies to all Residency Training Programs in all RVSs.

b. The Residency Advisor or designated person(s) must evaluate each formal presentation given by a Resident and fill out the standard Presentation Evaluation Form. This form is available on the ABVP website under Forms and Documents / Resident.. Be sure to check for the most current, updated form.

c. Items 1-5 on the form should be filled out by the Resident and Items 6-10 by the Advisor or designated evaluator.

d. The Resident Advisor should be present and fill out the evaluation form. If not available, the Advisor may designate another person to attend and evaluate. The alternate should be a Diplomate, specialist, or mentor. It may not be another Resident or a veterinary technician.

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

vii. Presentation Log

a. This log applies to all Residents in all RVSs, except SHM.

b. The following applies to all Residents EXCEPT those in a Shelter Medicine Practice residency program:

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

c. The following applies to Shelter Medicine Residents ONLY:

- The Resident is required to create and deliver a minimum of six (6) presentations on shelter medicine topics to professional audiences, including shelter staff. At least one (1) must be delivered to primarily veterinarians or veterinary students and at least one (1) must be delivered to primarily shelter staff or volunteers. Up to 50% of the presentation for SMP Residents may be met with presentations to shelter professionals. The minimum length of each presentation is fifteen (15) minutes and

presentations may be delivered in-person or remotely. Leading journal club does not count towards this presentation requirement but should be logged as informal CE.

viii. Progress Summary Form

a. This log applies to all Residents in all RVSs. Specific Progress Summary Forms vary amongst RVSs and a general description of the information required is provided below. Detailed directions are also included within each section of the Progress Summary Form.

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

c. The form has multiple sections and all need to be filled out.

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

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

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

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

ix. Record of Continuing Education

a. This log applies to all Residents in all RVSs, except SHM.

b. The Resident is required to obtain a minimum of 100 hours of CE, consisting of both formal and informal CE opportunities, during the training program. The CE must be directly relevant to the RVS.

c. A minimum 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.

- Internet-based coursework, videos, journal-based quizzes, etc. will be accepted only for the number of hours credited by the sponsoring organization.
- Coursework such as college classes are not considered formal CE unless they are RACE-approved or accepted for state licensure requirements. Such classes may be acceptable as informal CE if directly relevant to the RVS.

d. The informal CE requirement must be met by attending and participating in topic rounds, journal clubs, seminars, lectures, labs, workshops, etc. All Residents must participate in at least four (4) hours of informal CE each month, averaging one (1) hour of informal CE per week. Case rounds should be scheduled as often as needed so that the Advisor and Resident can collaborate on case management and learning opportunities.

e. Giving presentations, leading rounds, teaching, etc. are not considered to be CE. These activities are listed in the Presentation Log.

f. The Record of Continuing Education log is used to track both formal and informal CE.

g. Enter the date of the CE followed by the title of the program, conference, or meeting.

h. Enter the city and state/province (or select International) of the CE event.

i. Enter the first and last name of the speaker/presenter. More than one (1) name may be entered if multiple people presented the CE.

j. Enter the topic or title of the session.

k. Enter the number of credit hours awarded by the CE event.

l. Select the type of CE.

m. Be sure to list each session or topic on a separate line even if given by the same speaker or included at the same event. Do not group multiple hours or topics on a single line.

E. Semiannual evaluation

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

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

F. Annual Surveys

i. The Resident is strongly encouraged to complete a brief annual survey from ABVP regarding their experiences in their training program in the preceding 12 months. Resulting data will be used to better understand what has been working well and where there is potential to enhance resident experiences in ABVP-approved residency training programs.

G. Credentials evaluation

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

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

b. In a typical three (3)-year residency starting and ending in July, Residents will have completed 30 months by the credentials deadline (January 15).

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

ii. Residents must download and follow the version of the Residency Handbook in effect at the time their training program began. Residents must use the current version of the Applicant Handbook in effect at the time they submit their credentials application. These are available for download on the ABVP website. Failure to use the correct Handbooks may result in failure of the application. Unless alternate requirements or exceptions for Residents are explicitly stated in the Applicant Handbook, Residents must fulfill all requirements and processes described within the current version of the Applicant Handbook.

iii. The deadline for credentials submission is January 15 at 11:59 Central Time. Late applications are not accepted. If the January 15 deadline is missed, the Resident will have to wait and apply the following year. There are no exceptions to these deadlines.

iv. Residents submitting credentials will submit three (3) applicant evaluation forms and the required manuscripts. The logs and other documentation provided to the Residency Committee throughout the training period will be accepted in lieu of the veterinary diploma, curriculum vitae, synopsis of veterinary practice experience, self-report job form, and continuing education documentation.

   a. For Residents in all RVSs EXCEPT for Shelter Medicine Practice: In addition to the above, Residents must also submit manuscripts to secure 100 points as described in the Applicant Handbook. Manuscripts include case summaries (worth 10 points each, maximum 10 accepted), case reports (worth 50 points each, maximum 2 accepted), and publications (worth 50 points, maximum 1 accepted). Details on these documents can be found in the current Applicant Handbook.

   b. For Shelter Medicine Residents ONLY: In addition to the above, Residents must have 1 peer-reviewed scientific publication AND 1 layperson publication accepted by the Credentials Committee, as well as 1 case report OR 5 case summaries.

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

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

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

   c. The deadline for submitting proof of acceptance of a publication is August 15 just prior to the examination in 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. Credentials Committee approval of the publication is required to complete the requirement and for the Resident to be eligible to sit for the exam.

Manuscripts still in the review process are not considered accepted. Conditional letters (revisions still required) are not considered accepted.

ADVISOR REQUIREMENTS AND RESPONSIBILITIES

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

i. Supervision includes consultation, discussion, assistance, evaluation, and critique of the Resident's knowledge, clinical and technical proficiency, communication skills, and overall progress. Professional behavior and collegiality are also important aspects of training and development of specialists. Advisors are expected to be well versed in the content contained in this Resident Handbook as well as the Applicant Handbook, and to serve as a source of information for their trainee(s).

ii. Residents should receive regular, frequent, and consistent in-person supervision and mentorship. Direct supervision, where the Resident Advisor or a designated, approved supervisor, is readily available for consultation is expected for approximately 75% of the Resident's clinical training weeks. This should be accomplished primarily through physical proximity, with an option for teleconferencing that includes observations when needed. ABVP will provide Resident Advisors with training and resources to support their development as mentors. Resident Advisors will also have the opportunity to join a voluntary, virtual group of other Advisors and Program Directors to help build community and provide peer-to-peer support.

iii. The Advisor must review and verify the Resident's logs (including case, procedures, mortality, presentation, CE) on a regular basis. Frequent and regular (e.g. monthly) review of the logs and other training activities with the Resident is strongly encouraged. At each six (6)-month cycle the Advisor should review all logs with the Resident before submission. Any errors must be corrected before final submission.

iv. When the Resident gives a presentation, the Advisor should be present to observe, take notes, and fill out the Presentation Evaluation Form. Advisors are expected to attend at least 50% of their Resident's presentations. If absent, the Advisor should designate another faculty member or mentor to attend and complete the Evaluation Form.

v. The Advisor is responsible for writing a letter every six (6) months detailing the progress of the training program, strengths and weaknesses, and concerns or issues; a sample letter can be found on ABVP's website. It is the Advisor's responsibility to write a thorough letter and the Resident's responsibility to ensure that this letter is uploaded before the deadline. Late submissions are not accepted. The deadlines are January 15 and July 15 before 11:59 PM Central Time. Letters should not be written in advance or postdated. Letters must be original and relevant to the six (6) month time frame for each submission. Content should not be copied and pasted from previously submitted letters.

vi. The Resident Advisor is required to complete a brief annual survey from ABVP regarding their respective ABVP residency training program(s) over the preceding 12 months. Resulting data will be used to better understand what has been working well and where there is potential to enhance experiences for Residents and Advisors.

vii. At the end of the residency, a final Resident Advisor letter and certificate of completion must be submitted. The certificate must include the institution or practice name, starting and ending dates of the residency, the name of the RVS, the resident's full name and Advisor's full name, and the Advisor's actual handwritten signature. A sample certificate is available on the ABVP website. Certificates should be emailed to the Residency Chair and ABVP's Executive Director.

B. Continued approval of existing programs requires satisfactory adherence to ABVP Residency Requirements. ABVP reserves the right to request additional information and take further action, up to and including probation or disapproval of Residency Training Programs, if the Resident Advisor does not fulfill the responsibilities listed above. Probation may involve increased communication and documentation of steps taken to address specific areas of concern. ABVP reserves the right to withdraw approval of any residency program if specific concerns are not adequately addressed. Residents in unapproved programs will not be able to submit credentials through the residency pathway, or to sit for the certifying examination if they have already passed credentials through the residency pathway. Residents in unapproved programs are still eligible to pursue certification via the Practitioner Pathway, meeting all requirements as specified in the current Applicant Handbook.

APPLICATIONS FOR NEW RESIDENCY PROGRAMS

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

B. The first step in starting a new residency is to email info@abvp.com with the contact person's name, telephone number, and Recognized Veterinary Specialty which the proposed residency will serve. Details regarding program application, forms, etc. will be provided as follow-up from this initial contact.

CONTINUING APPROVED RESIDENCY PROGRAMS

A. When a new Resident is identified, an introductory letter from the Advisor and a copy of the Resident's CV and veterinary diploma must be sent to the Residency Committee Chair and the Executive Director for approval. This is done by completing a form available on ABVP's website on the "Become a Specialist" page. This must be done before starting the residency. If notice is not sent, then the Resident is considered unapproved. ABVP will not retroactively approve a Resident. After approval, the Executive Director will send a welcome letter to the Resident. The residency officially starts only after receipt of the welcome letter.

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

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

D. Continued approval of existing programs requires satisfactory adherence to ABVP Residency Requirements.

CONCURRENT RESIDENCY PROGRAMS

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

i. Concurrent residencies are a minimum of three (3) years' duration.

ii. The caseloads for all species must be sufficient during the entire residency program and meet the guidelines stated elsewhere in this Handbook.

iii. All requirements for each RVS must be completed before the certification examinations. Only one (1) examination may be taken in a given year. Diplomate status is not conferred in either RVS until successful completion of all residency and credentialing requirements for both RVSs.

a. Residents may attempt credentialing in one RVS during the second year of a 3-year program. If credentials are accepted, the earliest date to attempt examination is during the third year of a 3-year program.

b. Residents may attempt credentialing in the second RVS of a combined residency during the third year of a 3-year program. If credentials are accepted, the earliest date to attempt examination is during the fourth year or after the program has been completed.

c. All residency requirements must be completed and submitted by the January 15 and July 15 deadlines. Late submissions will not be accepted and no reviews will be done outside of the regular schedule. The only exception is that proof of publication acceptance may be submitted past these deadlines but not later than August 15.

EVALUATION OF PROGRESS

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

i. Advisor letter

a. Must describe progress in the Resident's clinical abilities, knowledge base, communication skills, and other requirements over the past six (6) months. Any concerns or issues that have come to the attention of the Advisor or that have previously been raised by the Residency Committee (e.g. deficiencies noted in previous semiannual evaluations) must be included along with how they have been or will be addressed.

b. If the letter is evaluated as too brief or not descriptive (not acceptable), the Advisor will need to submit an improved letter. There may be instructions to submit an improved letter in a reasonable time period, before the next semiannual evaluation deadline . See Section B below for details about potential probationary processes. If subsequent letters are still not acceptable, then disapproval of the residency is possible.

ii. Logs and Other Required Documentation

a. The Resident is responsible for providing accurate and concise yet thorough information for all cases, presentations, and continuing education hours obtained. The Advisor is responsible for reviewing the logs and progress summary form and verifying that the information is accurate, and Resident is responsible for coordinating time with the Advisor and access to the logs to facilitate this review.

b. Case Log and Herd Management Log

- Case logs are evaluated for appropriate diagnostic and therapeutic procedures along with outcomes. The number, complexity and variety of cases as well as the procedures performed must meet the guidelines. Spelling, grammar, and medical terminology must be correct.
- The case log may be disapproved (not acceptable) if insufficient cases are seen or if the Resident is not exposed to a variety of cases. Disapproval is also possible if specialty- level practice is not demonstrated, if insufficient procedures are performed or if they are primarily routine instead of specialty-level, or if cases are not diagnosed and treated according to current standards. The Resident must be the primary clinician on the majority of cases.

c. Mortality Log

- The Resident is responsible for encouraging clients to allow necropsies. The training program should supply funding for post-mortem exams and diagnostics if the owners are unwilling to pay.
- In addition to a gross necropsy, tissues and other samples should be submitted from each case for histopathology and other diagnostic tests.
- The mortality log should document all findings and whether or not histopathology or other diagnostics were performed. The necropsy results and the Resident's interpretation are required for each case.
- The mortality log may be disapproved (not acceptable) if insufficient cases are seen or if the Resident is not performing or interpreting post-mortem procedures.

d. Presentation Log

- The presentation log may be disapproved (not acceptable) if the minimum number required by the RVS is not completed and documented during the program.

e. Presentation Evaluation Forms

- The Advisor is responsible for attending each presentation and filling out the evaluation form. If the Advisor is not available, a designated person may attend and complete the form.
- The Resident is responsible for reviewing and uploading the completed form.
- If the form is incomplete or not provided, then disapproval is possible.

f. Progress Summary Form

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

g. Record of Continuing Education

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

B. The Residency Committee is responsible for ensuring adequate progress and that all requirements are being met. Therefore, the Chair of the Committee will send an evaluation report to each Resident and Advisor after the semiannual evaluations have been completed. Written feedback will be provided to Residents and Advisors within three (3) months of submission (i.e. April 15 and October 15).

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

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

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

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

v. If the same item or items are evaluated to be Not Acceptable at the next cycle, then the entire residency program may be placed on probation or ABVP approval may be withdrawn. Probation may involve increased communication and documentation of steps taken more frequently than every six (6) months. ABVP reserves the right to withdraw approval of any residency program. Residents in unapproved programs will not be able to submit credentials through the residency pathway, or to sit for the certifying examination if they have already passed credentials through the residency pathway. Exceptions to this policy may be considered on a case-by-case basis by the Residency Committee and the Board of Directors. Residents in unapproved programs are still eligible to pursue certification via the Practitioner Pathway, meeting all requirements as specified in the current Applicant Handbook.

C. Checklist

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

FEES

A. The annual maintenance fee for existing residency programs is $100.00 per resident each year. Resident Advisors, Program Directors, and other ABVP Diplomates providing clinical supervision

for Residents must remain in good standing, which includes paying annual Diplomate dues. Annual maintenance fees and Diplomate dues can be paid online through Prolydian.

B. Deadlines

i. The annual maintenance fee is due on or before July 1 each year. The annual maintenance fee is waived for Residents with 45 days or fewer remaining in their training period when maintenance fees are due.

C. Failure to submit payments

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

a. After that time, if payment for all residents currently enrolled in the program is not received, the entire residency is considered in arrears and resident activity will not be accepted.

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

c. Training programs in arrears risk the ability of their trainees to successfully complete ABVP residency requirements. ABVP reserves the right to withdraw approval of any residency program, including for non-payment of annual maintenance fees. Residents in unapproved programs will not be able to submit credentials through the residency pathway, or to sit for the certifying examination if they have already passed credentials through the residency pathway. Residents in unapproved programs are still eligible to pursue certification via the Practitioner Pathway, meeting all requirements as specified in the current Applicant Handbook.

APPENDIX A: SHELTER MEDICINE PRACTICE (SMP) RESIDENCY REQUIRED EXPERIENCES

The following activities and experiences are required of Shelter Medicine Residents, in addition to those described elsewhere in this handbook.

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
Shelter Clinical Practice	Complete a minimum of 44 training weeks providing direct clinical care to individual animals in the context of a population and including daily population management activities such as daily rounds. Shelter clinical practice must include: • At least 4 weeks of high-quality, high-volume spay/neuter (HQHVSN) practice • At least 4 weeks of community medicine or access to care practice • At least 2 weeks of behavior practice with a board-certified veterinary behaviorist

	• At least 4 weeks of shelter behavior practice with an approved supervisor
	• Shelter relevant casework in the following specialty areas with the supervision or support of the board-certified specialist in that discipline:
	  ○ avian/exotics/zoological medicine (minimum 20 cases)
	  ○ ophthalmology (minimum 20 cases)
	  ○ dermatology (minimum 20 cases)
	  ○ clinical pathology and diagnostic testing
	  ○ necropsy, including sample collection

Cruelty Investigations	Participate in the evaluation or ongoing care of animals in at least two (2) alleged cruelty investigations involving an individual animal. These cases do not need to include an intent to pursue charges. Participate in the evaluation or ongoing care of animals in at least one (1) multiple animal / large scale case (defined as involving 10 animals or more) of alleged cruelty. Such cases do not need to include an intent to pursue charges and are inclusive of situations such as animal hoarding. Perform at least one (1) detailed live animal forensic exam under field conditions with appropriate documentation and record keeping.
Forensic Necropsy	Perform at least one (1) forensic necropsy with appropriate documentation and record keeping. Field experience is ideal but it is recognized that the opportunity to participate in a forensic necropsy may not occur; therefore, a wet lab is an acceptable substitute.
Disaster Response	Participate in the response to at least one (1) natural or human-caused disaster. Field experience is ideal but it is recognized that the opportunity to participate in a disaster response may not occur; therefore, a wet lab is an acceptable substitute.
Comprehensive Consults	Participate in at least three (3) comprehensive shelter consultations, with primary responsibility for at least 1 section of each and overall responsibility for at least 1 comprehensive consultation.

Targeted Consults	Complete at least 9 targeted consultations in 9 distinct areas of the 14 major SMP consultation topics. Consultations extend beyond acute management of an individual case or population and include evaluation of current processes; providing recommendations impacting protocols, policies, or procedures; and follow-up. Consultations must be completed at two (2) or more different organizations. Up to four (4) can be provided remotely.
Outbreak Management	Manage or advise on at least 6 cases necessitating infectious disease outbreak management. 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. Outbreak management log must include at least: • Three (3) involving multiple affected animals • Three (3) managed or advised on-site • Three (3) different infectious diseases
Remote consults	Respond to at least 60 telephone, email, or videoconferencing consultation requests
Protocol Development	Design and implement 5 protocols. One (1) of these must be on the management of infectious disease and the other four (4) may be in any of the categories of the 14 major consultation areas.
Site Visits	Visit 30 shelters, HSHVSN clinics, or access to care clinics in 3 of 5 geographic regions (regions within the country or countries within their region; a US map can be found in the Applicant Handbook). Visits may range from a brief visit with only access to public-facing part of the facility to an in-depth tour that includes a description of program operations and access beyond the public-facing part of the facility. At least 15 of the visits must be of the in-depth type. These visit locations must be separate from where the resident completes their other requirements. A single organization cannot count for multiple site visits unless they occupy different campuses across a region.

	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.
Continuing Education	Complete at least 100 hours of continuing education, including at least 30 hours of formal CE and regular (weekly) participation in informal CE activities such as journal clubs or topic rounds. Leading journal club is logged as CE, not as a presentation. Residents should lead journal club at least once a year.
Major CE Meetings	Attend at least one (1) major veterinary medical meeting with a dedicated shelter medicine track. Attend at least one (1) national or regional animal sheltering professional conference.
Disaster Coursework	Complete the following online FEMA training sessions: • 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
Shelter Behavior Coursework	Complete the online Fear Free Shelters program (core modules).
Communications Training	Complete a minimum of six (6) hours of formal instruction in communication (including didactic and structured interaction) in communication topics, such as change management, leadership, etc. These should include at least 2 hours on DEI topics. These 6 hours are in addition to minimum requirements otherwise noted for formal and informal CE.
Publications	Residents are required to publish 2 documents: • One (1) peer-reviewed first author publication, adhering the ABVP requirements for all RVSs • One (1) first author publication related to shelter medicine for an audience that may include shelter/animal care personnel or

	affiliated professional audiences, such as attorneys or law enforcement.
Case report (1) or Case Summaries (5)	Submit either one (1) case report OR five (5) case summaries (can submit up to six (6), five (5) must pass). 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. 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. If case summaries are submitted, one (1) must be on outbreak management, and the remaining four (4) should each highlight the Resident's knowledge in distinct categories from the list of 14 provided. Case summaries can be further development of the cases and activities listed in the population case log (e.g. consultations, outbreaks) but they must be distinct subjects from those detailed in the publications.