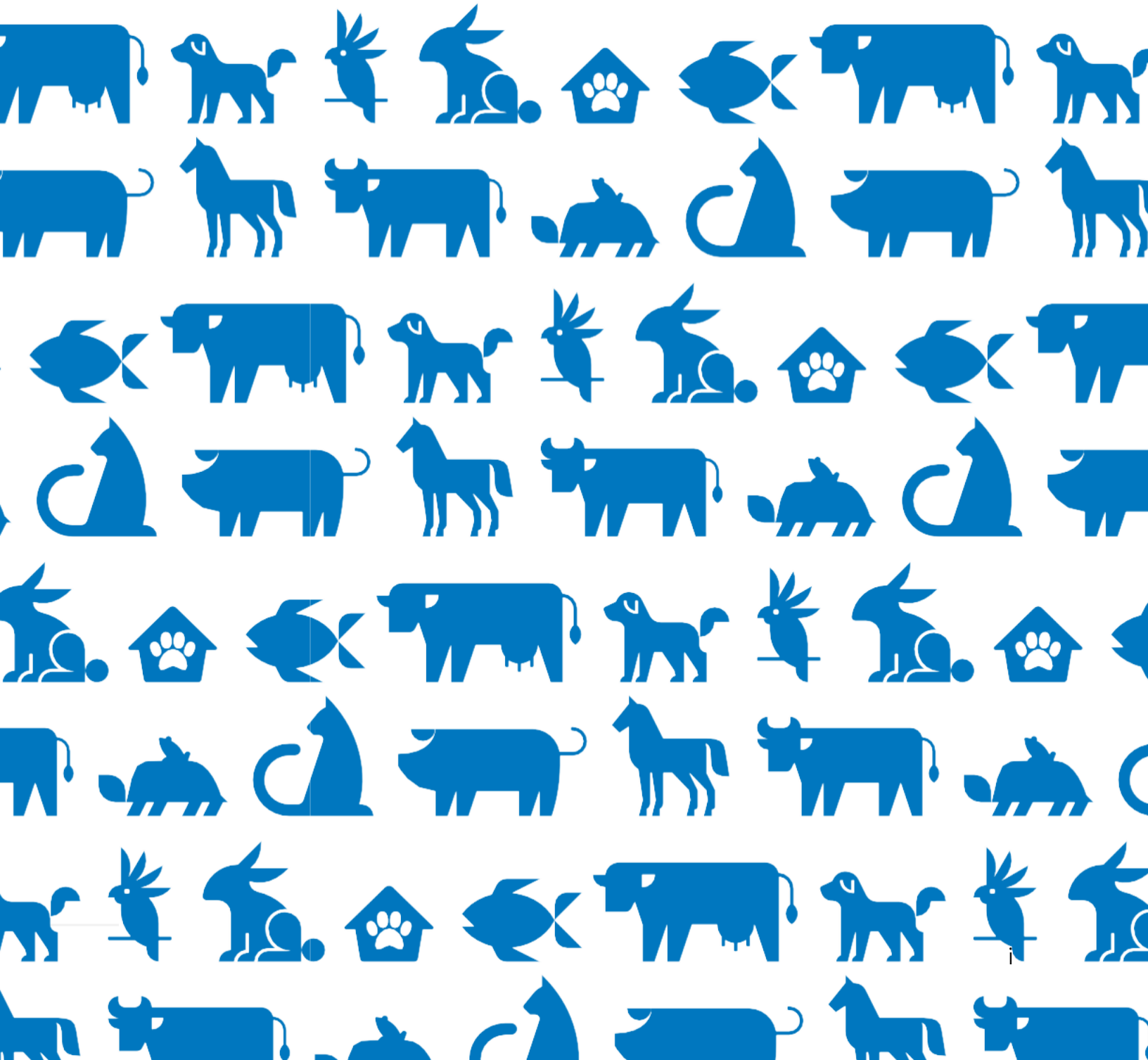


Professional Certification Guidelines 2026



DISCLAIMER AND ACKNOWLEDGMENT

These Guidelines are designed to provide general information and an overview of the policies, procedures, benefits, and expectations of the American Board of Veterinary Practitioners (ABVP®) regarding application, credentialing, certification, and maintenance of certification. They outline current policies, expectations, and procedures at the time of publication. While every effort has been made to ensure accuracy and completeness, ABVP® reserves the right to make corrections and modify program requirements, timelines, or content as needed. The ABVP® Professional Certification Guidelines are intended to be in effect from January 16, 2026, through January 15, 2027, unless otherwise noted. These Guidelines shall remain in effect beyond January 15, 2027, unless and until they are superseded or formally withdrawn.

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1. About the American Board of Veterinary Practitioners

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.

Historical Perspective

The concept of ABVP® was the result of progressive-thinking veterinarians who had the advancement of veterinary clinical practice at heart. Dr. Bill Jackson of Lakeland, Florida (boarded in surgery and ophthalmology) and Dr. Don Sawyer of Michigan State University (boarded in anesthesiology) conceived the idea of ABVP®. Together with Dr. Bill Kay of New York (boarded in neurology), Dr. Bob Kirk of Cornell University (boarded in internal medicine) and Dr. H. Fred Troutt of Blacksburg, Virginia, the concept for ABVP® was developed.

In March of 1977 this unique concept was presented to the American Board of Veterinary Specialties (ABVS) which determined that the creation of ABVP® would be beneficial to veterinary medicine. Each specialty college was asked to serve on the Organizing Committee. Over the next year approximately 20 specialists from various groups worked out the details and a petition for ABVP® was presented at the March 1978 ABVS meeting. After much debate ABVS gave provisional approval for the formation of ABVP®. Ratification by the Council on Education and the House of Delegates of the American Veterinary Medical Association (AVMA) occurred in July 1978, making ABVP® a reality.

Dr. Bill Jackson served as ABVP®'s first President and Dr. Bob Kirk served as the Executive Secretary. With the help of a dedicated Organizing Committee, they began developing the examinations and credentialing process. The first examination was given at the AVMA Annual Meeting in St. Louis, Missouri in July 1981 to 103 candidates. That year, 41 Diplomates were certified in three Recognized Veterinary Specialties (RVS): Companion Animal Practice (1981), Equine Practice (1981), and Food-Animal Practice (1981).

Since the original three RVSs were established, ABVP® has added specialties in Dairy Practice (1991), Avian Practice (1993), Swine Health Management (1994), Feline Practice (1995), Beef Cattle Practice (1997), Exotic Companion Mammal Practice (2009), Reptile and Amphibian Practice (2010), Shelter Medicine Practice (2014), and Fish Practice (2023). With the addition of Feline Practice, the Companion Animal RVS was renamed Canine and Feline Practice (1995). Today, ABVP® continues to be recognized by AVMA to offer specialty board certification, with focus on the whole animal, which is further defined by a single species, a collection of species, functional animal groups, or ecological guilds.

2. Approved 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 twelve (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

ABVP® certification is available to practicing veterinarians without the need to pursue a formal residency or postgraduate education. Certification is also available through ABVP®-approved residencies and hybrid credentialing pathways. The main purpose of certification is self-improvement through demonstrating specialist-level skills and knowledge. The certification process is demanding and requires a thorough mastery of species-oriented practice.

3. Applying for Certification

Glossary of Terms and Acronyms

ABVP®	American Board of Veterinary Practitioners
ABVS	American Board of Veterinary Specialties
AC	Advisory Council
Appeal	A formal request to a higher authority to review and reconsider or change a decision.
Applicant	A person who submitted an application, application fee, and all credentials materials before deadlines.
AVMA	American Veterinary Medical Association
BOD	Board of Directors; Governing body of the ABVP®
Candidate	A person whose application and credentials were accepted and who is eligible to sit for the certification examination.
Certification	Verification that a veterinarian meets standards set by ABVP® and endorsed by ABVS. These standards include credentialing requirements followed by examination. Upon certification, veterinarians are granted the title “Diplomate” and are recognized as “specialists” by ABVS and AVMA.
Credentialing	The process of submission and acceptance of a veterinarian’s credentials as set forth by ABVP®. Required credentials materials include a valid veterinary diploma, curriculum vitae, synopsis of veterinary experience, self-report job experience, continuing education documentation, applicant evaluation forms, case report(s), and / or case summaries, and / or publication. See the current Guidelines for details.
Diplomate	A veterinary specialist who is board certified by an ABVS-recognized veterinary specialty organization.
ECFVG	Educational Commission for Foreign Veterinary Graduates
Fellowship	Period of advanced study in a particular field related to a Diplomate specialty. Fellows of these programs have specific expertise and knowledge in their specialized species disciplines beyond what can be mastered with an ABVP® specialty certification.
HCP	Hybrid Credentialing Pathway
HQHVS	High Quality, High Volume, Spay-Neuter
MOC	Maintenance of Certification
OC	Organizing Committee
P&P	Policies and Procedures
RACE	Registry of Approved Continuing Education
Resident	A person enrolled in an ABVP®-approved training program under the supervision of an Adviser and the ABVP® Residency Committee.
RVS	Recognized Veterinary Specialty
RVSO	Recognized Veterinary Specialty Organization
VSOC	Veterinary Specialty Organizations Committee

Eligibility Requirements

To be eligible for ABVP® certification, veterinarians must:

1. Hold a veterinary degree necessary for the practice of veterinary medicine in a state, province, territory, or possession of the United States, Canada, or other country; **and**
2. Meet the education, training, and experience requirements established by ABVP®; **and**
3. Demonstrate unquestionable moral character and ethical professional behavior.

Eligibility Pathways

There are three (3) pathways:

PRACTITIONER

Applicants must have a minimum of four and one-half (4.5) years of experience before submitting credentials and a minimum of five (5) years of post-graduation experience before sitting for the certification examination. The first year need not be in the RVS; however, an application must be made to the RVS in which the veterinarian has primarily practiced throughout the previous five (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.

RESIDENCY

Applicants enrolled in ABVP®-approved residency programs must have a minimum of two and one-half (2.5) years of experience, including completion of at least one-half of the training program, before submitting credentials, and a minimum of three (3) years of post-graduation experience before sitting for the certification examination.

HYBRID

Applicants enrolled in ABVP®-approved hybrid credentialing programs must have a minimum of three and one-half (3.5) years of experience, including completion of at least one-half of the program, before submitting credentials. Applicants also must have fully completed their hybrid training program and have a minimum of four (4) years of post-graduation experience in their RVS before sitting for the certification examination.

The annual application deadline for submitting credentials is January 15. The annual certification examination is administered 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 in accordance with the AVMA Principles of Veterinary Medical Ethics (PVME). 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 deemed 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 any information about examination questions and/or content without the 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 to discuss any component of their application. 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 these Guidelines apply to each attempt at certification. Candidates can sit for only one (1) certification exam per year. A streamlined credentialing option is available for ABVP® Diplomates seeking an additional RVS certification. See Application Instructions below for more details.

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, or
3. Failed to consider relevant evidence and documentation presented.

The deadline for submitting an appeal is fourteen (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 them 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 twelve (12) weeks after receipt of the appeal.

Extension Requests

Candidates have three (3) years and up to three (3) attempts to successfully complete the examination process. Requests for extensions beyond three (3) years are discouraged. Extensions are only granted by the Board of Directors under exceptional circumstances, such as military deployment or illness/disability. Candidates must have made two (2) certification attempts and be in the final year of eligibility 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 thirty (30) days after receipt of the appeal.

4. Credentials 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 (three)
7. Case Reports, Case Summaries, and/or Publications

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. Note: an applicant's curriculum vitae (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 the starting and ending dates on all.
- Publications, either professional or nonprofessional, if first or second author and/or if made a significant contribution.
- List of veterinary and other professional societies, academies, groups, and involvement (e.g., member, officer, committees).
- Community activities.
- Honors and awards.

3. SYNOPSIS OF CLINICAL PRACTICE

Summarize each practice experience:

- a. identify each practice location worked,
- b. describe the size and scope of each practice (e.g., number of vets, list of species serviced, average number of patients seen daily, classification of practice [e.g., general, referral, full-service, relief, spay/neuter]),
- c. provide employment dates and average hours per week worked,
- d. describe the applicant's individual caseload, including 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), and
- e. provide a percentage breakdown of how the applicant spent time (e.g., appointments, surgery, imaging, rehab, lab, emergency).

A separate synopsis should be included for every clinical practice experience listed on the applicant's CV.

4. SELF-REPORT JOB EXPERIENCE

This form is an onscreen, fillable form.

5. CONTINUING EDUCATION

Submit all CE using the Excel template on the Prolydian website.

- a. Ninety (90) hours of continuing education within five (5) years of the application date are required.
- b. Fifty (50) minutes of CE will count as one (1) hour. Other minutes include:
 - i. Three 20-minute CE = one (1) hour
 - ii. Five 10-minute CE = one (1) hour
 - iii. Four 15-minute CE = one (1) hour
 - iv. Two 30-minute CE = one (1) hour
 - If the CE is not in hourly increments and the applicant does not have enough to equal one (1) hour, then divide the number of minutes by 60 to determine the correct amount. For example, a twenty-minute (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 ninety (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 (e.g., “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 ninety (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, and similar educational activities. will be accepted for the number of hours credited by the sponsoring organization.

Examples of unacceptable CE for practitioner applicants include graduate-level coursework, in-hospital rounds, journal clubs, and 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 ABVS-recognized veterinary specialty organization (e.g., ACVIM, ACVO, ABVP®), a Diplomate of the European Board of Veterinary Specialists, a Fellow of the Australian Royal College of Veterinary Scientists, or a Diplomate of the Royal College of Veterinary Surgeons.
- 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. Applicants 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 p.m. 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.

- Shelter Medicine Practice applicants must also submit additional materials at the time of their application. See the Shelter Medicine Practice Requirements in Appendix C.

7. 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 collectively represent both species.
 - Avian, Exotic Companion Mammal, Reptile / Amphibian, and Fish RVS case reports must address different taxa. Case summaries may have duplicate taxa, but the sum total of the CS submissions must include two (2) or more taxa in the RVS.
 - Exotic Companion Mammal cases will only be accepted from a limited list of species for which a robust body of published literature and clinical experience is available. These include rabbits, ferrets, companion rodents (i.e., guinea pigs, rats, gerbils, mice), hedgehogs, and sugar gliders.
 - 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 specific requirements to meet the 100 points, which are explained in the next section of this document):
 - Case summaries are worth ten (10) points each (maximum ten [10] summaries accepted). Applicants may submit one (1) extra case summary for every five (5) required (submit up to six [6] for five [5] accepted, or submit up to twelve [12] for ten [10] accepted).
 - Case reports are worth fifty (50) points each (maximum two [2] reports accepted; no extras allowed).
 - Publications are worth fifty (50) points each (maximum one [1] accepted). Applicants may submit one (1) extra publication.

Possible Point Combinations:

- Ten (10) case summaries (may submit up to twelve [12]); or
- Two (2) case reports (may submit up to two [2]); or

- One (1) publication (may submit up to two [2]) plus five (5) case summaries (may submit up to six [6]); or
- One (1) case report (no extra) plus one (1) publication (may submit up to two [2]); or
- One (1) case report (no extra) plus five (5) case summaries (may submit up to six [6]).

Points are valid for the entire three-year (3-year) application cycle and will carry over to next year's application cycle if the total accepted is less than 100.

Example #1: In the first year of submitting credential items, an applicant submitted twelve (12) case summaries. Three (3) were accepted, for a total of thirty (30) points. The following year, the applicant must submit at least seventy (70) points:

- Nine (9) case summaries (minimum seven [7] case summaries plus two [2] extras); or
- Three (3) case summaries (minimum two [2] case summaries plus one [1] extra) plus a case report or publication; or
- One (1) case report plus one (1) publication; or
- Two (2) case reports.

It is acceptable to submit two (2) case reports, or a case report plus a publication, because a single case report or publication is only worth fifty (50) points. The applicant is not required to score exactly seventy (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 two (2) case reports. One (1) was accepted, for a total of fifty (50) points. The following year, the applicant must submit at least fifty (50) points:

- One (1) case report (no extra); or
- Two (2) publications (minimum one [1] plus one [1] extra); or
- Six (6) case summaries (minimum five [5] case summaries plus one [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 not previously submitted must follow the current format. If, according to the current points guidelines, an existing applicant has already acquired fifty (50) points, any of the current options may be used to reach 100 points.

Shelter Medicine Practice Applicants have specific requirements to meet the 100 points, which are explained below.

- a. Practitioner Pathway Applicants must submit:
 - i. Either one (1) publication (may submit up to two [2]); or
 - ii. One (1) case report (no extra); and
 - iii. Five (5) case summaries (may submit up to six [6]; outbreak management must pass)
- b. Residency Pathway Applicants must submit:
 - i. One (1) peer-reviewed scientific publication (may submit up to two [2]); and
 - ii. One (1) layperson publication; and
 - iii. Either one (1) case report (no extra); or
 - iv. Five (5) case summaries (may submit up to six [6]; outbreak management must pass)

General Submission Guidelines

CASE REPORTS AND CASE SUMMARIES

1. Literature reviews, research reports, and retrospective studies are not acceptable as case reports or case summaries. Tips for selecting a case report or summary are provided in Appendix A.
2. Each case must have been first seen and managed within five (5) years of the date of submission (January 15). If an applicant is re-applying because of failure to credential within three (3) years, the applicant must resubmit all required documents and may not re-use any case report or summary that was previously submitted.
3. Anonymity is required. The applicant must not include their name, hospital name, shelter name, client name, or any identifying information at any point in the manuscript. This includes the document properties (see File -> Properties) menu information when viewing the electronic file. When absolutely necessary, location is allowed in the endnotes. Submitted case reports and summaries are only identified by an applicant identification number. The ID number will be automatically generated once the applicant starts a credentials application in Prolydian. Make sure images (such as radiographs) do not include any names or identification. Case reports and summaries are evaluated anonymously by members of the ABVP® Credentials Committee. If identifying information of any kind is found, the submission will automatically fail and not be further reviewed.
4. ABVP® case 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. All submitted case reports and case summaries that fail credentials review will receive an official score sheet that will be returned to the applicant with feedback from the committee. The scoresheet will include a recommendation from the vice chair as to whether the case should be resubmitted the following year or not. Applicants are strongly encouraged to follow the advice of the vice chair for the greatest chance of success with resubmission. Any case report or case summary that is revised and submitted the following year must include the scoresheet provided by the credentials committee the previous year. The scoresheet should be included as the last page of the case document.
 7. 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 manage a case from beginning to end by recognizing problems, formulating differential diagnoses, and developing and implementing appropriate diagnostic, therapeutic, and preventive plans.
 8. Spelling: Manuscripts should be written in American English. For spelling of lay terms, refer to the latest American edition of the Merriam-Webster Dictionary (<http://www.merriam-webster.com>). The latest edition of Dorland's Illustrated Medical Dictionary (<http://www.dorlandsonline.com>) should be used for proper spelling and usage of scientific and medical terms. Words spelled with British / European spellings will be considered misspelled and may adversely affect the evaluation of the case submission.
 9. Artificial Intelligence (AI) tools must be used responsibly. Submissions will be reviewed for plagiarism, and violations will be investigated. While AI tools can be valuable for spell-checking, generating ideas, improving grammar, refining phrasing, and similar uses, all written work must reflect the applicant's own voice and original thoughts, or include references or citations according to the Guidelines. If AI tools are used for anything beyond the acceptable uses listed below, the applicant must document where and why the tool was used to maintain transparency and integrity.
 - a. Common Acceptable Uses:
 - i. AI tools may be used for grammar checks, spelling corrections, and researching ideas.
 - ii. AI can assist in refining sentence structure and clarity while preserving the applicant's unique writing style.
 - b. Unacceptable Uses:
 - i. Relying on AI to write complete papers, reports, or substantial portions of text is prohibited.
 - ii. Any writing that undermines the originality of the applicant's work or misrepresents the applicant's own thoughts is unacceptable.
 - c. Citing AI Assistance:

- i. Any use of AI that contributes directly to written work must be disclosed at the time of credentials submission. Proper citation includes referencing the AI tool used and the specific prompt or query.
 - ii. Document any use of AI beyond acceptable uses, detailing where and why it was employed.
 - d. Validating Information:
 - i. Verify all information obtained from AI tools with trustworthy, reputable sources to ensure accuracy.
 - ii. Avoid using AI-generated content as a primary source for facts, citations, or conclusions without corroboration.
 - e. Maintaining Ethical Standards:
 - i. Plagiarism or submission of work that is not your own violates ethical standards. Always aim to contribute original ideas and perspectives, using AI as a supplementary tool rather than a substitute for critical thinking and personal expression.
 - ii. By following this policy, ABVP® upholds academic and professional integrity while embracing the benefits of emerging technologies.
- 10. 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.
- 11. Submissions should be double-spaced and in a size 11 or 12 font. Times New Roman, Arial, Calibri, and Helvetica are acceptable fonts.
- 12. Abbreviations: As a general rule, abbreviations other than standard abbreviations and units of measure 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, RNA, and PCR, 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.
- 13. If specialists or others assisted in the case, list and describe their participation, but do not include their names or locations to preserve anonymity.
- 14. Use generic or chemical names in text.
- 15. Tradenames, brands, specialized equipment, and proprietary information must be cited in the endnote section.
- 16. 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 q12h).

17. All relevant laboratory work must be reported in tables. Each individual table should include:
 - a. Number and title of table.
 - b. Name of test performed.
 - c. Test result with units of measure.
 - d. Reference range for laboratory used with units of measure. Include the name of the laboratory.
18. Tables, radiographs, ultrasound images, echocardiograms, photomicrographs, line drawings, and similar items should include a legend describing each image. Arrows or markers are recommended to point out significant parts of the image.

CASE REPORTS

1. Case reports should highlight the applicant's skill as a diagnostician and case manager. This is a window into how the applicant practices.
2. Case reports do not need to focus on unusual cases. Although these cases may be interesting, they may not be ideal to demonstrate a veterinarian's skills to effectively manage a case from beginning to end. It can also be difficult to find published references to rare cases.
3. Case reports must be within the RVS for which certification is sought.
4. The narrative portion of the case reports must not exceed 19,000 words. This does not include references, endnotes, or tables. Word counts will be evaluated by converting the submitted PDF to Microsoft Word and using the word count function.

Case Report Format

1. Title
2. Introduction of the Topic
3. Literature Review
4. Case Report
5. Discussion
6. Endnotes
7. References
8. Laboratory Results / Imaging / Tables

A description of what each section in a case report should include is provided below.

1. TITLE

The title should accurately describe the contents of the case report.

2. 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.

3. LITERATURE REVIEW

This section should provide a more thorough examination of the disease process(es), including the 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.

- a. 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.

4. CASE REPORT

This section should provide a complete description of the patient or population, the chief complaint, relevant history, clinical findings, and chronological case management details. All relevant procedures, medications, complications, comorbidities, and justification for deviations from standard procedures should be discussed. Follow-up details and outcomes should be provided.

- a. 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.
- b. Shelter Medicine Practice applicants must describe their role in the management of the case (e.g., staff veterinarian, consultant), 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.

5. DISCUSSION

There are no perfect cases. The discussion area is a place to examine what went wrong, what may have been done differently in retrospect, and how this case could have been improved. New information cannot be added in this section, and nothing that requires 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.

- a. 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). 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) must be included, if applicable.

6. ENDNOTES

Endnotes should be in proper format and included where appropriate.

- a. Cite endnotes with lower case letter superscripts in the order in which they appear in the text (example: ^a, ^b, ^c, ...).
- b. Use endnotes for products, drugs, equipment, other materials, statistical, and computer software.
- c. Always cite drugs, products, and equipment the first time they are used, no matter the location within the paper.
 - i. Subsequent uses do not need to be referenced.
 - ii. 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 the 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 endnoted (e.g., a common endotracheal tube used during anesthesia).

- d. Use a separate page for the list of endnotes.
- e. Use lower case letter superscripts for the list of endnotes (example: a, b, c,).
- f. If more than 26 endnotes are required, continue the sequence with double letters (e.g., aa, bb, cc).

7. 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 numeric superscripts in the order in which they appear in the text (e.g., ^{1,2,3}) with the superscript placed at the end of the sentence in which the cited work appears. If a reference is repeated, use the same number for that reference wherever it appears.

8. LABORATORY RESULTS/IMAGING/TABLES

Lab results 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-hand, or other abbreviated writing styles are prohibited.
3. Case summaries must be between 1,700 and 2,000 words (not including references, endnotes, tables, or figure descriptions).
4. Applicants may not use the same case or diagnosis for a case summary and a case report. Case summaries from RVSs that see multiple species should include a representative sampling of relevant species.
5. Case summaries will be evaluated by the following:
 - a. Does this demonstrate the ability to practice ABVP® caliber veterinary medicine or surgery?
 - b. Is the case challenging enough to demonstrate range and depth of clinical expertise?
 - c. Is the case management thorough and appropriate from beginning to end?
 - d. Is the case summary presentation done professionally, with minimal errors, and does it succinctly communicate all relevant case information?
 - e. Does this summary encompass current diagnostic, therapeutic, and clinical management techniques that ABVP® caliber veterinarians utilize in their practices?
6. Case summaries should be within the RVS to which the applicant is applying.

7. Each case summary must reflect a different aspect of the applicant's clinical practice.
8. For Shelter Medicine Practice:
 - a. Of five (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), other shelter surgery, 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)

- b. The Shelter Medicine Practice category should be clearly provided in the title of the case summary.
- c. Shelter Medicine Practice 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 from those detailed in other manuscripts (i.e., the case report or publication).
- d. Shelter Medicine Practice 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. In addressing some Shelter Medicine Practice categories, it may be helpful for the Shelter Medicine Practice Applicant to think of the organization (e.g., shelter or clinic) as the patient. Likewise, identified conditions/diseases are deficits or challenges identified in protocols, facilities, or processes.
- e. Shelter Medicine Practice manuscripts should reflect the expertise and ability of the applicant to use shelter medical principles in the management of shelter animals and/or community populations.

Case Summary Format

1. Title
2. Introduction
3. Treatment / Management / Prognosis
4. Case History and Presentation
5. Case Management and Outcome
6. Discussion
7. Endnotes
8. References
9. Lab Data / Imaging References

A description of what each section in a case summary should include is provided below.

1. TITLE

The title should accurately describe the contents of the case summary.

2. 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.

3. TREATMENT / MANAGEMENT / PROGNOSIS

The section should 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.

4. 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).

5. 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.

6. 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.

7. ENDNOTES

Endnotes should be in proper format and included where appropriate.

- a. Cite endnotes with lower case letter superscripts in the order in which they appear in the text (example: ^a, ^b, ^c, ...).
- b. Use endnotes for products, drugs, equipment, other materials, statistical and computer software.
- c. Always cite drugs, products, and equipment the first time they are used no matter the location within the paper.
 - i. Subsequent uses do not need to be referenced.

- ii. 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 the 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 endnoted (e.g., a common endotracheal tube used during anesthesia).

- d. Use a separate page for the list of endnotes.
- e. Use lower case letter superscripts for the list of endnotes (example: a, b, c).
- f. If more than 26 endnotes are required, continue the sequence with double letters (e.g., aa, bb, cc).

8. 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.

- a. Cite published works with numeral superscripts in the order in which they appear in the text (example: ^{1,2,3}, ...). If a reference is repeated, use the same number for that reference everywhere it appears.
- b. 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.
 - i. For references with more than three (3) authors, only the first three (3) authors should be listed, followed by et al.
 - ii. Reference citations must have been published within ten (10) years prior to submission, unless it is the newest edition of a textbook or journal, and only if the information is relevant and not available elsewhere in a more current form.
- c. References must be numbered, typed, and listed at the end of the case report, immediately after the endnotes.
- d. Use a separate page for the list of references.
- e. Examples of Case Report and Case Summary Formatting and previously accepted Case Reports and Case Summaries can be found at <https://abvp.com>.

9. LAB DATA / IMAGING

Lab results should be labeled, legible, and in chronological order in a section at the end of the report.

Publications Accepted by ABVP®

The following table provides a list of journals 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 submission of the publication for ABVP® credentials review 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.

Journals accepted by ABVP® for manuscript publication and subsequent submission for case review.

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

1. Acceptable publications in a refereed veterinary journal will include:
 - a. Original research.
 - b. Comprehensive Retrospective studies that contribute new material.
 - c. Case Reports that contribute new material.
 - d. Online publications are acceptable as long as they meet the above requirements.
2. Publications that are NOT acceptable:
 - a. Conference proceedings are not permitted unless published in ABVP®'s approved journal list.
 - b. 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.
 - c. Review articles are not permitted.
 - d. Guidelines and position statements.
3. 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.
4. Requirements for Acceptance of a Publication:
 - a. The applicant must be the primary author. The manuscript topic must be in the RVS for which the applicant is seeking certification.
 - b. 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:
 - i. A case or population report must include a robust literature review and assimilation of background information regarding the described case(s).
 - ii. 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.

- c. The topic of the publication must be different from that of the case report.
 - d. 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.
 - e. 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.
 - f. If the publication has not yet appeared in print, upload the following:
 - i. An electronic copy of the official letter from the journal verifying the manuscript has been accepted for publication.
 - ii. An electronic copy of the manuscript in the final format (PDF file) that is identical to how it will appear in the journal.
5. Applicants should be aware that the duration of the review process at many journals could exceed twelve (12) months.
 6. The manuscript must have been published within five (5) years of the date of application. For example, if the application date is January 15, 2025, the date of publication cannot be prior to January 15, 2020.
 7. 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.

Credentialing Requirements: Initial Credentialing vs Streamlined Additional RVS

Current, active ABVP® Diplomates seeking an additional board certification in a different RVS are only required to earn fifty (50) case points via either one (1) case report, five (5) case summaries (may submit up to six [6]), or one (1) publication (may submit up to two [2]) to pass credentialing. Streamlined Credentialing Pathway submission requirements are outlined in the table below.

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 twelve (12) months to the application.
Continuing Education Documentation (Ninety [90] hours of CE in the RVS over the last five [5] years)	Continuing Education Document (Ninety [90] hours of CE in the new RVS over the last five [5] years)
Applicant Evaluation Forms (× three [3])	Application Evaluation Forms (× three [3]) <i>(this requirement is waived)</i>
One hundred (100) ABVP® Writing Points. These writings document the applicant's medical acumen and/or contribution to the scientific knowledge base.	Fifty (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 fifty (50) points each. Maximum accepted points = 50. Applicant may submit up to one (1). 	<ul style="list-style-type: none"> Publications are worth fifty (50) points each (lead author from an accepted journal). Applicant may submit up to two (2). The published case must demonstrate case management.
<ul style="list-style-type: none"> Case summaries are worth ten (10) points each. Maximum accepted points = 100. Applicant may submit up to twelve (12). 	<ul style="list-style-type: none"> Case summaries are worth ten (10) points each. Maximum accepted points = 50. Applicant may submit up to six (6).
<ul style="list-style-type: none"> Case reports are worth fifty (50) points each. Maximum accepted points = 100. Applicant may submit up to two (2). 	<ul style="list-style-type: none"> Case reports are worth fifty (50) points each. Applicant may submit only one (1).

* 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.

Shelter Medicine Practice and Swine Health Management Diplomates are **not** eligible for this pilot program due to credentialing and/or examination requirements, which differ from those of other ABVP® RVSs.

Timeline

- Submission:** The deadline for credentials submission is January 15 at 11:59 p.m. 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. Applications cannot be altered, updated, or have mistakes corrected after the submission deadline.
- Notification of Results:** It takes approximately four (4) months to review all credentials materials. Final decisions are emailed to applicants no later than June 1st. 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 1st.

- a. 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.
 - b. Resubmissions only need to include the materials that failed. It is not necessary to submit documents (e.g., a copy of a diploma, a CV) that were accepted unless there are revisions (e.g., a change of address or employment).
3. 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 that the case may be accepted when resubmitted. There is no guarantee that the 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 request an ABVP® mentor to guide them through the application process. To request a mentor to assist with your credentials application, refer to <https://abvp.com>.
 4. Applicants have no more than three (3) years and three (3) attempts to successfully complete credentialing. Applications that fail three (3) times are no longer eligible for revision and resubmission. If applicants wish to make another attempt, an entirely new credentials application and application fee are required. The new application cannot include any previously submitted case reports, case summaries, publications, or applicant evaluation forms.
 5. **All cases and publications must be submitted on the Prolydian platform in PDF format. Failure to upload files in PDF format will result in point deductions.**
 6. Certain additional documentation required for Shelter Medicine Practice applicants are to be submitted in Prolydian in a format other than PDFs.

Streamlined Credentialing Pathway for Existing Diplomates

This is a pilot program. The first year of the program examination availability was 2024. This program will be reevaluated in 2027. At the completion of this three-year (3-year) pilot evaluation, modifications will be completed if necessary, and BOD approval of these modifications will be sought. If modifications are minor and the program is considered successful, the BOD may approve this pathway as a fully adopted program or may require another pilot evaluation period.

REQUIREMENTS

1. Only available to active Diplomates in a different ABVP® RVS whose dues are paid in full.
2. Curriculum vitae.
3. Synopsis of veterinary practice

4. Self-report of job experience, including 400 hours of experience with animal cases involving medical or surgical management in the new RVS within the last five (5) years.
5. CE documentation of ninety (90) hours CE in the new RVS over the last five (5) years.
6. ABVP® writing points equaling fifty (50) case points via either one (1) case report, or five (5) case summaries (may submit up to six [6]), or one (1) peer-reviewed publication (may submit up to two [2]).
 - a. Diplomates who choose to submit a publication to fulfill the required fifty (50) case points 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.

5. Credentials Evaluation

Timeline for Credentialing Application Review

January 15 at 11:59 PM Central Time	Applicants must upload all application materials to the Prolydian credential application platform for credentials review. Be sure to click “save” after uploading materials.
By January 19	Case assignments are released to reviewers via email from the Credentials Chair. Case assignments are managed via reviewers’ Prolydian accounts.
By March 15 at 11:59 PM Central Time	All case reviews must be completed by reviewers and scores uploaded individually into their Prolydian account
By April 15 at 11:59 PM Central Time	Vice Chairs must complete and finalize reviews of all application components. All scores, comments, and application final decisions must be uploaded into Prolydian.
By May 15	Credential Chair reviews and confirms each application decision and forwards it to the Executive Director for distribution to the applicants.
By June 1	Applicants are notified of results.

Distribution, Evaluation, and Internal Notification

Credentials application components will be distributed in the following manner:

1. The web-based Prolydian credentials application platform stores and retains all documents uploaded to the system by Applicants. Refer to <https://abvp.com>.
 - a. Veterinary Diploma
 - b. Curriculum Vitae
 - c. Synopsis of Practice Experience
 - d. Self-Report Job Experience
 - e. Forensic Necropsy Medical Record (Shelter Applicants only)
 - f. Record of Continuing Education
 - g. Residency Advisor Letter (Resident Applicants only)
 - h. Applicant Evaluation Forms
 - i. Case Reports
 - j. Case Summaries
 - k. Publication
 - l. Certificate of Completion for Participation in a Disaster Response Course (Shelter Applicants only)
 - m. Case Log (Resident Applicants only)

- n. Short Report(s) (Shelter Applicants only)
 - o. Presentation Log (Resident Applicants only)
 2. Vice Chairs and Reviewers will receive online access to all assigned application materials via their Prolydian account immediately following the application deadline (on or about January 17th).
 3. Each case report, case summary, and publication will be randomly assigned to three (3) different reviewers in each respective RVS.
 4. The Vice Chair in the RVS will evaluate all remaining components of the credentials application.
 - a. Veterinary Diploma
 - b. Curriculum Vitae
 - c. Synopsis of Practice Experience
 - d. Self-Report Job Experience
 - e. Forensic Necropsy Medical Record (Shelter Applicants only)
 - f. Record of Continuing Education
 - g. Residency Advisor Letter (Resident Applicants only)
 - h. Applicant Evaluation Forms
 - i. Certificate of Completion for Participation in a Disaster Response Course (Shelter Applicants only)
 - j. Case Log (Shelter Applicants and Resident Applicants only)
 - k. Presentation Log (Resident Applicants only)
5. Using the scoring rubric published on the ABVP® website, the evaluation process consists of the following actions by the listed participants:
 - a. Credentials Committee reviewers will evaluate each case assigned to them in their Prolydian account according to the strict guidelines set forth in the scoring rubric. All scores and comments for each case report, case summary, and publication must be individually entered into Prolydian no later than March 15.
 - b. Once scores and comments for a case have been uploaded by all three (3) assigned reviewers, the Vice Chair will combine the reviews into a single scoresheet (provided by the Chair), verify the final weighted score, and evaluate all reviewers' comments. In the event the Vice Chair identifies discrepancies or discordant scores / comments between the three (3) reviewers for the same case report, the Vice Chair should first read the case report to better familiarize themselves with the case. If the concerns are valid, the Vice Chair has the option to act as the "4th" reviewer for the case by applying

their own scores to the scoresheet, pursuant to the scoring rubric. The finalized Vice Chair scoring sheet must then be uploaded into the “Notes” section of the Applicant’s Prolydian account.

- c. Credentials Chair reviews the Vice Chair's scoring sheet for each case and finalizes the comments that will be forwarded to the Applicants whose cases did NOT pass.
6. Internal notifications:
- a. Upon completing the final scoresheet review for each case, the Chair will confirm the final decision for each application (Pass / Fail) and forward it to the Executive Director. Any application deemed to have failed credentialing will be provided with comments/feedback on each component of their application that failed, as well as a list of the credentialing points that were accumulated by the Applicant. Failed applications that contain a failed case report, case summary, or publication will receive a detailed scoresheet that lists the aggregated score for each case with comments compiled from the three (3) reviewers assigned to the case, as well as the Vice Chair.
 - b. The Chair will forward the final decision on all applications to the Executive Director by May 15.
 - c. The Executive Director will be responsible for notifying all Applicants of the outcome of their credentials application.

6. Residency Credentialing Pathway

Glossary of Terms and Acronyms

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 the supervision and training of an ABVP® Resident as well as fulfilling all requirements for paperwork, deadlines, and similar actions.
Applicant	A person who has submitted an application, application fee, and all credentials materials before the 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, and other materials. See current Guidelines 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)

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.

Objective

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

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

2. An ABVP® Diplomat 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 a Diplomat is not available, the Board of Directors (BOD) may be petitioned to allow one (1) of the following to serve as Residency Advisor:
 - ABVP® Diplomat of a different RVS in good standing
 - Diplomat of a different RVSO in good standing
 - Diplomat of the European Board of Veterinary Specialists, Fellow of the Australian College of Veterinary Scientists, or Diplomat of the Royal College of Veterinary Surgeons; in good standing.
3. An ABVP® Resident must complete at least twelve (12) months of full-time clinical practice in an internship or equivalent clinical experience before starting the residency.
4. 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 Diplomat of the same RVS, then the BOD evaluates the proposed Advisor and votes on approval or disapproval.
 - 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 RVS that the proposed residency will serve. Details regarding the program application, forms, and other information will be provided as a follow-up to this initial contact.
 - c. Following application submission, the Residency Committee will review all submitted materials. Applicants should allow at least one (1) month for residency program application review. If the proposed Residency Program Advisor is not an ABVP® Diplomat, applicants should allow for an additional month for BOD evaluation.
 - d. New program applications will not be reviewed during the month following each semiannual resident log submission (January 15 and July 15), as Residency Committee members will prioritize resident evaluations. Any applications received during this timeframe will be held for review after semiannual evaluations are completed.

5. 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. If there have been no changes, then the original documents are acceptable to resubmit with an explanation included. Updated or additional CVs, personnel changes, caseloads, schedules, and other items should be revised and resubmitted.
 - a. Continued approval of existing programs requires satisfactory adherence to ABVP® residency requirements.
6. Fees associated with Residency Training Programs are listed in FEES below.

Concurrent Residency Programs

1. Programs designed to train Residents in more than one (1) RVS with the goal of dual-board certification are subject to additional requirements.
 - a. Concurrent residencies are a minimum of three (3) years' duration.
 - b. The caseloads for all species must be sufficient during the entire residency program and meet the guidelines stated elsewhere in these Guidelines.
 - c. 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.
 - i. Residents may attempt credentialing in one (1) RVS during the second year of a three-year (3-year) program. If credentials are accepted, the earliest date to attempt the examination is during the third year of a three-year (3-year) program.
 - ii. Residents may attempt credentialing in the second RVS of a combined residency during the third year of a three-year (3-year) program. If credentials are accepted, the earliest date to attempt the examination is during the fourth year or after the program has been completed.
 - iii. 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.

Description of Residency Programs

1. All residency programs must supply opportunities for training and clinical experience in the following disciplines:
 - a. Medicine and Surgery, including but not limited to:
 - Anesthesiology
 - Cardiology

- Dermatology
 - Endocrinology
 - Neurology
 - Nutrition
 - Ophthalmology
 - Pharmacology
 - Toxicology
- b. Diagnostic imaging (radiology, ultrasound, advanced imaging techniques)
 - c. Pathology (clinical, gross, histo-)
 - d. Preventive and population-based medicine
 - e. 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.

2. The duration of the residency program must consist of a minimum of 100 weeks of full-time training and clinical practice.
 - a. A two-year (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-year (3-year) program allows six (6) weeks of time off.
 - b. 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.
 - i. A two-year (2-year) program must include a minimum of seventy (70) weeks of clinical practice and a maximum of thirty (30) weeks of related training. A three-year (3-year) program may include graduate studies, research, classes, or other activities. The seventy-week (70-week) clinical practice minimum requirement still applies.
 - ii. Programs that include advanced degrees, certificates, concurrent residencies, or other qualifications also require a minimum of 100 weeks of clinical practice and related training. These can be scheduled over the entire three- or four-year (3- or 4-year) periods.
 - c. Residents must follow the residency requirements in the version of the Guidelines in effect at the start of their Residency Training Program. Residents must follow the current Guidelines in effect at the time they submit credentials. For example, a resident who starts in 2026 would use the residency Guidelines from 2026 for their entire residency. If they are submitting credentials in 2028, then they would use the 2028 Guidelines regarding

credentials submission. If they register for the examination in 2029, then they would use the Guidelines in effect for the 2029 examinations.

Additional requirements for specific RVS programs are as follows:

1. 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 the 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.

2. 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 (e.g., handling equipment, environments), 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 the 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-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 pathologic 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.

3. 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 the 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 an adequate scavenging system, along with routine monitoring of anesthetized patients 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.
- 4. 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 (e.g., Holstein, Jersey) and operation types (e.g., milking, youngstock).
 - Exposure to both ambulatory and in-hospital practice is recommended.
 - Herd records and data analysis, economics, epidemiology, statistics, facility evaluation (e.g., milking systems, environments), 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 the 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-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 pathologic 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.

5. 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 twenty-four-hour (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 a gas anesthesia delivery system with an adequate scavenging system. Anesthesia and intensive care monitoring equipment must be available for the routine monitoring of surgical and intensive care patients. These should include electrocardiogram and blood pressure monitoring.
 - 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 are 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 the 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.
- 6. 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 (e.g., hamsters, gerbils, guinea pigs, chinchillas, rats, mice).
 - 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.

7. 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 the 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 an adequate scavenging system, along with routine monitoring of anesthetized patients 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.
- 8. Fish Practice**
- a. Caseload:
 - Training must include an adequate caseload of fish. A guideline is a minimum of ten (10) medical or surgical cases and/or farm visits (not including routine visits) per week.

- Exposure to a wide variety of species is necessary and must include both individual animals and populations from each of the following groups: Agnatha, Chondrichthyes, and Osteichthyes. A diverse representation from warm to cool water and freshwater to saltwater species from the group Osteichthyes is also recommended.
- Training must include all aspects of the following:
 - Aquatic environment and life support systems
 - Diagnostics, treatments, and prophylactic methods of fish diseases
 - Fish husbandry and industries
 - Legislation, regulations, and policies
 - Pathobiology and epidemiology
 - Welfare
 - Public health, zoonoses, and seafood safety
 - Taxonomy, anatomy, and physiology
- b. Physical Facility:
 - Examination rooms or spaces sufficient in number and size to accommodate the caseload.
 - Treatment areas and areas for intensive care, special procedures, isolation, and good nursing care should be available. Areas must be of sufficient size for the restraint and safe management of all fish species, including adequate-sized tanks, capture and handling equipment, and anesthesia as needed for procedures, should be available. Areas may be portable and set up tank- or pond-side as needed, but should include adequate space and protection from the elements if in the field.
 - Surgical suites sufficient in number and size to accommodate caseload.
 - Necropsy space for routine post-mortem exams.
- c. Equipment:
 - May be on site or accessible through partnerships as necessary to accommodate caseload.
 - Equipment must be available to provide good in-clinic and ambulatory field management of both individual animals and fish population problems. For example, nets, water quality testing supplies, temporary life support (tanks or buckets), oxygen supplementation, tank heaters or coolers, anesthesia equipment, and a field microscope for basic exams.
 - Access to standard surgical instrumentation plus appropriate microsurgical instruments for microsurgery is recommended.

- Appropriate anesthesia chemicals and supplies for humane anesthesia and euthanasia of fish species according to AVMA guidelines are required.
 - Radiology and ultrasound should be available and adequate for a wide range of species.
 - Endoscopy equipment is recommended.
 - Necropsy equipment must be available to perform routine gross examinations in the hospital and the field (on the farm/pond side).
- 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.

9. 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 (e.g., milking systems, environments), 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 the 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-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 pathologic 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.

10. 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 preventive 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, and 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.

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

- Shelter Medicine Practice 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 Shelter Medicine Practice 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 (1) record-keeping system that allows rapid retrieval of information about individual animals and the population of animals.

Additional details about Shelter Medicine Practice Residency Required Experiences are found in Appendix A.

12. Swine Health Management

Swine Health Management residents must pass the ABVP® Swine Health Management Entrance Examination prior to commencing their residency program.

- a. Engagements:
- Swine Health Management 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 RVSSs. Tracking engagements recognizes the important roles that swine veterinarians have in maintaining the well-being 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 (4) categories listed below. In addition to the 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 been 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 multi-person, swine specialty veterinary practices (independent or within a larger swine business or institution) providing access to multiple farms or clients, management systems, and workers with a variety of personalities and communication styles. Clinical training sites may be academic institutions, veterinary practices, or production companies.

- d. Experienced Gained:
 - Swine Health Management residents must have training that allows them to become knowledgeable and gain clinical experience across all stages of production as well as in peripheral industry segments (e.g., AI centers, slaughter plants) 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., pathologists, microbiologists) 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 on 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 accordance 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:

- Swine Health Management 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:
 - Swine Health Management 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. Swine Health Management 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

1. 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 consisting of cases for which they served as the primary clinician.
2. Each Resident receives access to their Prolydian account after their Residency Advisor formally introduces them to the Residency Committee with a welcome letter, a 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.
3. 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-month (6-month) intervals, the Residency Committee reviews the entire submission. All training activities must take place between the starting and ending dates of the residency. Cases, procedures, presentations, and

continuing education, among other items, are not accepted if they occur before or after the official residency dates.

4. 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.

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

5. The following are detailed instructions and guidelines for each requirement (in alphabetical order). Swine Health Management residents have specific requirements for logging relevant training experiences, distinct from those described for other RVSS within these Guidelines. Swine Health Management Residents should download the current templates and follow the detailed instructions included therein to ensure adherence to the requirements.
 - a. Advisor Letter
 - i. 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.
 - b. Case Log
 - i. This log applies to all Residents in all RVSS, except Swine Health Management.
 - ii. 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 preventive 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.
 - a. 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.

- iii. Enter the date the case was first seen (or later date if recheck). Case numbers and identifying information are optional but helpful.
- iv. Enter the signalment (age, sex, breed, species, other information).
- v. Enter the main problem or problem list and either differential diagnosis or final diagnosis (if known).
- vi. Enter a brief description of any diagnostic, medical, or surgical procedures performed. Full surgery reports and detailed anesthesia protocols are not required; pertinent procedure details can be included in the brief description.
- vii. Enter the case outcome, including results of diagnostics or procedures and case status (e.g., discharged, improved, worsened, died, euthanized).
- viii. Select the type of case (medical, surgical, or combined surgical and medical).
- ix. Select the Resident's role (primary or assistant).
- x. 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).
- xi. Select the system(s) from the supplied list. More than one (1) may be selected.
- xii. 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.
 - a. 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, among others. 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, among others, are not included.
- xiii. Before submission, the case log should be proofread for accuracy and spelling. Errors in grammar, misspellings, typos, and other flaws reflect poorly on the Resident and will be considered by the Residency Committee as part of the evaluation.
- c. Herd Management Log
 - i. This log applies to Residents in Food-Animal, Beef Cattle, and Dairy Practice.
 - ii. The Resident is required to fill out this log for all visits involving populations of animals rather than individual cases.
 - iii. Enter the date of the herd visit and a case/herd number if available. Case numbers and identifying information are optional but helpful.

- iv. Enter the signalment of the animals seen. A range of ages, sexes, breeds, and other characteristics may be entered.
 - v. Enter the client complaint, problem, or request (reason for herd visit).
 - vi. Enter the main problem or problem list and either differential diagnosis or final diagnosis (if known).
 - vii. Describe the economic significance of the problem/diagnosis or effect on finances.
 - viii. Enter the recommendations made as a result of the herd visit.
 - ix. Enter the steps taken or planned to monitor the herd and follow up on recommendations.
- d. Mortality Log
- i. This log applies to all residents in all RVSSs, except Swine Health Management. It is a separate worksheet within the overall Case log file.
 - ii. Any case in which the Resident participated 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.
 - a. Shelter Medicine Residents do not need to log animals arriving at the shelter dead on arrival or shelter animals that were euthanized, unless they were previously involved in the clinical management of that individual animal.
 - iii. Enter the date of death and case number.
 - iv. Select the species and enter the signalment.
 - v. Enter the main problem or problem list and either differential diagnosis or final diagnosis (if known).
 - vi. Enter an explanation for why the complication or death occurred.
 - vii. Check if a necropsy was performed.
 - viii. If applicable, enter the final diagnosis and results of any post-mortem diagnostics.
 - ix. Select the type of case (medical, surgical, or combined surgical and medical)
- e. Population Case Log Workbook
- i. This log applies to Residents in Shelter Medicine Practice only.

- ii. 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.
- f. Presentation Evaluation Form
- i. This form applies to all Residency Training Programs in all RVSSs.
 - ii. 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.
 - iii. Items 1-5 on the form should be filled out by the Resident, and Items 6-10 by the Advisor or designated evaluator.
 - iv. 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.
 - v. The form is given to the Resident who will upload it to Prolydian and use the comments to improve future presentations.
- g. Presentation Log
- i. This log applies to all Residents in all RVSSs, except Swine Health Management.
 - ii. 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-year (2-year) residencies, the Resident is required to make four (4) presentations, at least two (2) per year. For three-year (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 fulfill this requirement. Presentation topics must be directly related to the RVS.
 - iii. 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 Shelter Medicine Practice 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 a journal club does not count towards this presentation requirement, but should be logged as informal CE.

h. Progress Summary Form

- i. This log applies to all Residents in all RVSSs. Specific Progress Summary Forms vary amongst RVSSs, and a general description of the information required is provided below. Detailed directions are also included within each section of the Progress Summary Form.
- ii. 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.
- iii. The form has multiple sections, and all need to be filled out.
- iv. 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.
- v. Number of Cases – this should correspond to the Case Log and helps track the types of cases by system.
- vi. Role – enter the number of cases classified as elective/emergency, primary/assistant, and those seen with direct supervision of the Residency Advisor.
- vii. Manuscript Preparation – enter the status of the ABVP®-style case report(s) and/or peer-reviewed publication that are required for credentials.

i. Record of Continuing Education

- i. This log applies to all Residents in all RVSSs, except Swine Health Management.
- ii. 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 RVSS.
- iii. 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.
 - Internet-based coursework, videos, journal-based quizzes, and other items will be accepted only for the number of hours credited by the sponsoring organization.
 - Coursework such as college classes is not considered formal CE unless it is RACE-approved or accepted for state licensure requirements. Such classes may be acceptable as informal CE if directly relevant to the RVSS.
- iv. The informal CE requirement must be met by attending and participating in topic rounds, journal clubs, seminars, lectures, labs, workshops, and other similar activities. 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.

- v. Giving presentations, leading rounds, teaching, and similar activities are not considered to be CE. These activities are listed in the Presentation Log.
- vi. The Record of Continuing Education log is used to track both formal and informal CE.
- vii. Enter the date of the CE followed by the title of the program, conference, or meeting.
- viii. Enter the city and state/province (or select International) of the CE event.
- ix. Enter the first and last name of the speaker/presenter. More than one (1) name may be entered if multiple people presented the CE.
- x. Enter the topic or title of the session.
- xi. Enter the number of credit hours awarded by the CE event.
- xii. Select the type of CE.
- xiii. 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.

6. Semiannual Evaluation

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

7. Annual Surveys

- a. The Resident is strongly encouraged to complete a brief annual survey from ABVP® regarding their experiences in their training program in the preceding twelve (12) months. The 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.

8. Credentials Evaluation

- a. 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 separate application is required for credentialing, which is different from the residency evaluation process.** All details are included in the Guidelines as described in subsection “b.” below.
 - i. In a typical two-year (2-year) residency starting and ending in July, Residents will have completed eighteen (18) months by the credentials deadline (January 15).

- ii. In a typical three-year (3-year) residency starting and ending in July, Residents will have completed thirty (30) months by the credentials deadline (January 15).
 - iii. If residencies begin and end in months other than July, the same deadlines apply. For example, if a two-year (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.
- b. Residents must download and follow the version of the Guidelines in effect at the time their training program began. Residents must use the current version of the Guidelines in effect at the time they submit their credentials application. These are available for download on the ABVP® website. Failure to use the correct Guidelines may result in failure of the application. Unless alternate requirements or exceptions for Residents are explicitly stated in the Guidelines, Residents must fulfill all requirements and processes described within the current version of the Guidelines regarding credentials submission.
 - c. 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.
 - d. 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.
 - i. For Residents in all RVSSs EXCEPT for Shelter Medicine Practice: In addition to the above, Residents must also submit manuscripts to secure 100 points as described in the Guidelines. Manuscripts include case summaries (worth ten [10] points each, maximum ten [10] accepted), case reports (worth fifty [50] points each, maximum two [2] accepted), and publications (worth fifty [50] points, maximum one [1] accepted). Details on these documents can be found in the current Guidelines.
 - ii. For Shelter Medicine Residents ONLY: In addition to the above, Residents must have one (1) peer-reviewed scientific publication AND one (1) layperson publication accepted by the Credentials Committee, as well as one (1) case report OR five (5) case summaries.
 - e. 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, and other information is in the Guidelines.
 - i. The Residency Committee does a final evaluation of the Resident after the final semiannual submission of materials. Credentials Committee approval is only preliminary.

- ii. 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 (4) to six (6) weeks after receiving the final set of case logs and other required materials.
- iii. 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

1. 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 and the resident approved before starting the residency. All resident introductions must be submitted a minimum of three (3) weeks prior to the planned start of a 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.
 - a. 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.
2. The Advisor is required to directly supervise the Resident during the entire training program.
 - a. 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 the training and development of specialists. Advisors are expected to be well-versed in the content contained in the Residency section as well as the Credentials section of these Guidelines, and to serve as a source of information for their trainee(s).
 - b. 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.

- c. 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-month (6-month) cycle, the Advisor should review all logs with the Resident before submission. Any errors must be corrected before final submission.
 - d. 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.
 - e. 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-month (6-month) time frame for each submission. Content should not be copied and pasted from previously submitted letters.
 - f. The Resident Advisor is required to complete a brief annual survey from ABVP® regarding their respective ABVP® residency training program(s) over the preceding twelve (12) months. The 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.
 - g. 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 uploaded via the Certificate of Completion link on the ABVP® website.
3. 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 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 Guidelines.

Evaluation of Resident Progress

4. 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.
 - a. Advisor letter
 - i. 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.
 - ii. 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.
 - b. Logs and Other Required Documentation
 - i. 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. The Resident is responsible for coordinating time with the Advisor and access to the logs to facilitate this review.
 - ii. 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.
 - iii. 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.
- iv. 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.
- v. 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.
- vi. Progress Summary Form
- This form may be disapproved (not acceptable) if not up to date, if the number of weeks of activity does not total twenty-six (26) each six-month (6-month) cycle, or if the number and types of cases seen are not consistent with the training program guidelines.
- vii. 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.
5. 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 two (2) months of submission (i.e., March 15 and September 15).
- a. Each required item is marked "Acceptable," "Needs Improvement," or "Not Acceptable."
 - b. If all items are Acceptable, then the Resident may continue the program with no changes.
 - c. If one (1) or more items are marked Needs Improvement, then the Resident and 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.

- d. 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.
- e. If the same item or items are evaluated to be Not Acceptable at the next cycle, then the entire residency program may be placed on probation, or ABVP® approval may be withdrawn. Probation may involve 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 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 Guidelines.

6. Checklist

- a. Track all cases, procedures, CE, and relevant items and enter these as you go. Do not attempt to wait until the deadline to 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

1. 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 Diplomat dues. Annual maintenance fees and Diplomat dues can be paid online through Prolydian.
2. Deadlines
 - a. The annual maintenance fee is due on or before July 1 each year. The annual maintenance fee is waived for Residents with forty-five (45) days or fewer remaining in their training period when maintenance fees are due.
3. Failure to submit payments
 - a. For existing residency programs, annual payments are considered late until October 1 (3 months after the July 1 due date).
 - i. 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.

- ii. Case logs, presentations, CE, and other items will not count if the annual fee is not submitted before Oct 1.
- iii. 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 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 Guidelines.

7. Hybrid Credentialing Pathway

This section regarding the Hybrid Credentialing Pathway is currently under revision. Contact info@abvp.com for details.

Glossary of Terms and Acronyms

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 the supervision and training of an ABVP® Resident as well as fulfilling all requirements for paperwork, deadlines, and similar actions.
Applicant	A person who has submitted an application, application fee, and all credentials materials before the 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, and other materials. See current Guidelines for details.
Diplomate	A veterinary specialist who is board-certified by an ABVS-recognized veterinary specialty organization.
HCP	Hybrid Credentialing Program
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)

Definition of a Hybrid Credentialing Program

A hybrid credentialing pathway of the ABVP® was established to provide a veterinarian with an alternate route for fulfilling the requirements necessary to submit credentials and be accepted to sit for the certifying examination. A Hybrid Credentialing Program (HCP) meets general eligibility criteria for ABVP® credentialing.

Objective

The objective of an ABVP® pre-approved HCP is to promote expertise and proficiency in species-specialty veterinary medicine by providing in-depth education and training while continuing to work in private practice associated with that desired RVS.

Program Approval Requirements

1. An ABVP® HCP will consist of a minimum of thirty-six (36) months of program participation and concurrent participation in clinical practice in the RVS. An Applicant utilizing the HCP route to certification must have at least three and one-half (3.5) years of clinical practice experience prior to submission of credentials, including completion of at least one-half of the training program, and a minimum of at least four (4) years of post-graduation experience before sitting for the certification exam.
2. The HCP is to provide an in-depth review of the science and practice of all disciplines in an RVS.
3. Each program must be reviewed by an ABVP® Diplomate who is certified in the associated RVS, and must be approved by the ABVP® BOD to qualify. It is strongly encouraged that the program has an ABVP® Diplomate directly involved as a mentor in the HCP. The HCP must provide access to its instructors for consultation, feedback, and input throughout the program from the applicant and from ABVP®.
4. Each program must provide a minimum of 150 hours of continuing education.
5. Each HCP must provide an ABVP® Certification Workshop during its cycle.
6. The HCP must provide a letter from the program's supervisor indicating successful completion of the program.
7. Each HCP shall be reviewed thoroughly for content, applicability, and level of education every three (3) years, including review of all materials covered, reviewed, and distributed, as well as credentials of those presenting and organizing the program. In addition, an annual verification of the program will be performed, certifying that the program is still active and being conducted as agreed. The above review shall be the responsibility of the Credentials Committee or Residency Committee, depending upon the HCP setting, and/or BOD, or a suitable designate.

Description of the ABVP® Hybrid Credentialing Pathway

SCOPE OF TRAINING PROGRAM

Participation in an HCP through the various disciplines in an RVS must provide opportunities for the development of knowledge and skills by exposure to a wide variety of clinical diseases and problems of the species involved. The experiences and discussions should include, but are not limited to, the following:

1. Avian HCPs must involve medicine, surgery, anesthesiology, radiology / diagnostic imaging, ophthalmology, clinical and gross pathology, clinical nutrition, epidemiology, preventive medicine, population-based preventive medicine, and avicultural medicine. This experience should include exposure to a wide variety of avian species.
2. Beef Cattle, Dairy, and Swine HCPs must include adequate exposure to economics, reproduction, nutrition, growth, mortality, epidemiology, herd records, statistics, facility design and evaluation, milking systems, milk quality (dairy), food safety and immunology, disease

- diagnosis/prevention/treatment, environmental studies, animal welfare, genetics, and regulatory issues.
- a. Herd data analysis is essential. Although the treatment of individual animals must be a part of this program, the major emphasis should be on herd or population-based medicine and management.
 3. Canine / Feline or Feline HCPs must involve all phases of practice (i.e., medicine, anesthesiology, dermatology, surgery, radiology / diagnostic imaging, ophthalmology, theriogenology, population-based preventive medicine, and clinical and gross pathology). Canine / Feline must provide significant exposure to both dogs and cats.
 4. Equine HCPs must involve all phases of practice (i.e., medicine, anesthesia, dermatology, surgery, radiology / diagnostic imaging, ophthalmology, theriogenology, population-based preventive medicine, and clinical and gross pathology).
 5. Exotic Companion Mammal HCPs must include medicine, surgery, anesthesiology, radiology / diagnostic imaging, ophthalmology, clinical and gross pathology, clinical nutrition, epidemiology, population-based preventive medicine, and preventive medicine. The experience must include exposure to a wide variety of exotic companion mammals.
 6. Fish HCPs must include training in general ichthyology, husbandry and water quality, aquaculture and aquarium systems (net pens, pond, flow-through and recirculating aquaculture systems), medicine, surgery, anesthesiology, radiology and diagnostic imaging, clinical and gross pathology, pharmacology and disease management, clinical nutrition, epidemiology, welfare and regulatory concerns, individual preventive medicine and population-based preventive medicine. The experience must include exposure to a wide variety of fish species.
 7. Food-Animal HCPs must involve medicine, surgery, and theriogenology. There must be adequate exposure to diagnostic pathology, clinical pathology, clinical nutrition, epidemiology, preventive medicine, and microbiology. Herd data analysis, including disease prevention and control, must be included. The Food-Animal HCPs are designed for multi-species in-house and field experiences. This program should include exposure to individual animal medicine and surgery as well as population medicine and management.
 8. Reptile and Amphibian HCPs must include training in natural history (general herpetology), husbandry, herpeto-culture, internal medicine, surgery, anesthesiology, radiology and diagnostic imaging, endoscopy, ophthalmology, clinical and gross pathology, pharmacology, clinical nutrition, epidemiology, individual preventive medicine, population-based preventive medicine, and literature search/appraisal. The experience must include exposure to a wide variety of reptile and amphibian species.
 9. Shelter Medicine HCPs must include training in husbandry, economics, reproduction, nutrition, growth, mortality, forensics, epidemiology, population records, statistics, facility design and evaluation, immunology, disease diagnosis/prevention/treatment, environmental studies, animal welfare, genetics, and regulatory issues. Population data analysis is essential. Although the treatment of individual animals must be a part of this program, the major emphasis should be on population-based medicine and management.

DURATION AND DISTRIBUTION OF TIME

The ABVP®-approved HCP is based on enrollment in an approved HCP of at least thirty-six (36) months duration, while concurrently participating in full-time practice in the species category being sought. The HCP should meet at least quarterly.

Responsibilities of the HCP Applicant

HCP PROGRAM COMPLETION

The applicant must provide documentation that they participated in and successfully completed all portions of the HCP annually. This includes all meetings, seminars, CE hours (150 hours minimum), and any projects that are to be performed during the program. All parts of the program are to be completed by the individual applying for credentialing and cannot be shared with other individuals in the practice. The program must be completed before being able to submit credentials.

PRACTICE REQUIREMENTS

The practitioner must be a graduate of a college of veterinary medicine approved or accredited by the AVMA, hold a certificate from the ECFVG, or be licensed to practice in the United States, Canada, or any other country. The applicant must also be enrolled full-time in practice within the RVS for which the specialty is being sought. The applicant will need to be able to submit all materials required in the application packet, as well as documentation of successful completion of the HCP.

8. Certification Examinations

Introduction

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 are required before September 1. Late registrations and/or payments may not be accepted, and the Candidate or Diplomate must wait until the next exam is offered the following year.

1. RVS Certification 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 of 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 that 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 (e.g., Swine Health Management).
8. Exam blueprints are available that specify the approximate percentage of the exam devoted to areas of study. Blueprints are available online at <https://abvp.com>.
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. Smartphones, 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 forty-five (45) days of the exam. Results will not be given over the phone.
13. Candidates and Diplomates who are unsuccessful may retake the examination the following year, following registration and payment of fees. Only three (3) attempts over a three-year (3-year) period are allowed. Failure to pass the exam in three (3) attempts results in the 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 by September 1 of the year in which the candidate is taking the examination.

Examination Rules

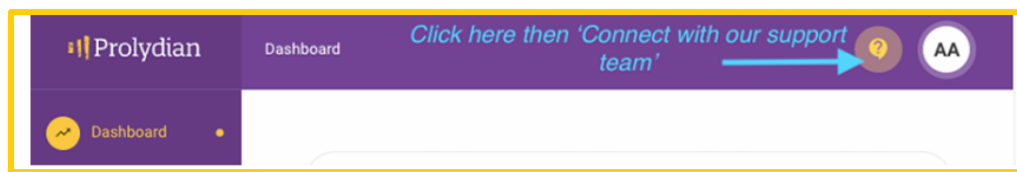
1. With the exception of the Swine Health Management Certification Examination, all RVS examinations are given through a remote webcam-based proctor service at a location of the examinee's choosing.
2. Each examination may include a Statement of Confidentiality that candidates must agree to at the time the examination is administered.
3. Examinees must be alone in the room and may not leave their seats once an examination section commences. Examinees may leave the room only once they have submitted the current exam section or have initiated their designated break.
4. The Proctor must be able to see the examinee for the duration of the test.
5. 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.
6. 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.
7. 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. It is not required that examinees make comments or express concerns on items.
8. Further details regarding examination proctoring, including requirements concerning the testing room and contents permitted, are determined by the examination company. These will be provided to examinees by ABVP® in writing in advance of the examination.

Examination: Special Circumstances

CONNECTIVITY ISSUES AND PERSONAL MEDICAL EMERGENCY PROCEDURES

The 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. The letter should specifically state the reasons for your inability to proceed. Candidates should follow up on the email within five (5) business days with any documentation they would like ABVP® to consider (e.g., documentation of a power outage at the candidate's location, documentation of the candidate's medical condition on the testing day).
2. If you are unable to connect to the examination proctor, or otherwise unable to take the test as scheduled that day, take the following steps:
 - 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.



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

1. 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.
2. If the candidate feels capable of resuming the examination, the Proctor will record the time taken and the reason for the delay.
3. 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.

4. The candidate is required to submit a letter of explanation to the ABVP® office at info@abvp.com within ten (10) days of the examination unless extenuating circumstances arise. The letter should specifically state the reasons for the candidate's inability to proceed. Candidates should follow up on the letter within five (5) business days of submission with any documentation they would like ABVP® to consider (e.g., documentation of the candidate's medical condition on the testing day).
5. 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 the 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 the 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.
6. Examination eligibility will be extended ONLY ONCE for the 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.

Swine Health Management Examinations Construction

The Swine Health Management Entry Exam measures basic problem-solving abilities related to swine health management. This online test consists of multiple-choice items designed to ensure that the Applicant is familiar with all areas of swine health, including reproduction, growth, mortality, economics, epidemiology, disease diagnosis/treatment/prevention, environment, and animal welfare. Passing this Entry Exam provides ABVP® with a level of confidence that the Applicant has sufficient starting knowledge to successfully credential and test as they complete the learning and certification process.

The Swine Health Management Certifying Exam measures specialist-level knowledge in a broad spectrum of swine health management subject areas. This exam is made up of three (3) sections:

1. ESSAY

Six (6) questions, forty (40) points each, for a total of 240 points to be completed within four (4) hours.

2. PROBLEM SOLVING

Six (6) questions, forty (40) points each, for a total of 240 points to be completed within four (4) hours.

3. ORAL

Six (6) questions, twenty-five (25) points each, for a total of 150 points to be completed within one (1) hour.

SWINE HEALTH MANAGEMENT ESSAY AND PROBLEM-SOLVING EXAMINATIONS AND GRADING

The essay and problem-solving portions of the Certifying Exam are completed on a computer in a proctored environment. Answers are graded using a rubric developed and updated by the Swine Health Management Examination Committee.

SWINE HEALTH MANAGEMENT ORAL CERTIFYING EXAMINATION AND GRADING

The oral examination will be undertaken in the presence of three (3) examiners (all ABVP® Swine Health Management Diplomates). The examinee will be presented one (1) question at a time, then given a set period of time (seven [7] minutes) to answer before being presented the next question. The examiners will individually grade the examinee's response to each question based on a pre-defined rubric, and will neither interject nor ask the examinee for clarification. Upon completion of the examination, the examiners will consult. The final grade will be the average of the three (3) examiners' individual scores.

The passing grade for each section of the certifying examination is set based on a psychometrically approved method. See the Examination Passing Point section below for details. The examinee must pass all three (3) sections (Essay, Problem Solving, Oral), but need not pass all questions. In the event of a failing grade in one (1) or more sections, the examinee may re-write those failed sections the following year, to a maximum of three (3) attempts for each section.

Examination Passing Point

A standard passing point is set for each RVS examination based on a psychometrically approved method. Examinees will be notified of the approximate expected passing point no later than seventy-two (72) hours prior to the examination date.

After administration, the examinations are scored. The raw score for each candidate, as well as the results of statistical analysis for each examination, including the mean score and the standard deviation, are reported to the Chair of the Examination Committee. Item and examination statistics are reviewed by the RVS Examination Vice Chair, and a final passing point is recommended. The Chair of the Examination Committee reports the recommended final passing points to the BOD along with score distributions, statistical analyses of candidate performance, and previous passing points for similar examinations. The Chair does not disclose individual candidate scores prior to the determination of the passing point. Passing points may be adjusted lower than the preliminary published passing point, but not higher, after administering the examination. The BOD, after consideration of the recommendation 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 preliminary cut score recommended for that year's examination.

Understanding Test Results

Confidential exam results are emailed within forty-five (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. Exam tips and study suggestions are provided in Appendix B.

9. Examination Development and Administration Processes

Examination Development

ITEM BANK DEVELOPMENT AND MAINTENANCE

For detailed information regarding item development, refer to the ABVP® Item Writing Guide. A copy may be obtained by downloading it from your account via the ABVP® online platform and the 'Forms and Documents' tab.

Item Development

Each RVS develops and validates a single examination, which mainly consists of multiple-choice items with a stem, a correct response (key), and two (2) distractors. Short-answer, essay, and oral examinations may also be used. The use of multiple-choice items is preferred because each item permits an inference about a specific ability. Precise scoring is allowed because each item has a validated, defensible key, and all subjectivity is eliminated. All RVS Certification Examinations, except for Swine Health Management, consist of a 350-item multiple-choice examination given through an online portal and broken into two (2) sections. Each section must be completed within a four-hour (4-hour) time frame. An examinee must complete both sections in the same year, and scores are non-transferable to future examinations. The entire examination is constructed to meet the blueprint developed from the most recent job task analysis (JTA) for each RVS.

Examination Information and Materials: Security, Confidentiality, Use, and Non-Disclosure Policy

PURPOSE OF THE EXAMINATION SECURITY AND CONFIDENTIALITY POLICY

The purpose of the following Examination Security, Confidentiality, Use, and Non-Disclosure Policy (Policy) is to establish and explain the rules by which ABVP® will strictly limit, control, and protect all confidential, private, and/or proprietary information concerning ABVP® examinations and the certification process, as well as other material so designated by ABVP®.

All ABVP® operations, methods, materials, documents, procedures, and proceedings relating to certification examinations are considered private, confidential, trade secret, and proprietary information by the ABVP®. All ABVP® certification examination information is to remain secure and confidential.

The entire ownership interest in all ABVP® certification examination-related information and materials, including those protected by this Policy, is held by the ABVP® and controlled by the ABVP®. No other person, group of individuals, corporation, or other entity shall have any license or permission to use any ABVP® certification exam and related information without the prior, written, and valid permission of ABVP®. No license, trademark, patent, or copyright, in whole or part, nor any transfer of ownership of ABVP® exam information or material, is either granted or implied by the disclosure or release of such information to ABVP® representatives or others.

This Policy is not intended to prevent authorized ABVP® representatives from receiving and/or using ABVP® exam information or materials for the proper performance of ABVP®-designated / assigned duties. Authorized ABVP® representatives are allowed limited and necessary knowledge of test information and materials on a need-to-know and use basis directly related to the ABVP® representative's duties and responsibilities, as authorized in writing by the ABVP® and consistent with this Policy. Among other permitted uses of protected confidential exam information and materials, the ABVP® and authorized ABVP® staff may discuss and use such information and materials with regard to the development and administration of certification exam and examination procedures in a manner consistent with this Policy.

ABVP® Representatives, Staff, Contractors, and Agents Covered by the Policy / Agreements to Abide by Terms of Policy

The receipt and use of ABVP® exam information and materials is limited strictly to authorized ABVP® representatives, contractors, and agents. This policy and its requirements apply to and bind:

1. Members of the ABVP® BOD and Advisory Council.
2. ABVP® representatives and examination staff.
3. Agents of the ABVP®, including ABVP® agents in possession of certification exam information and material.
4. Independent contractors retained or hired to perform services or supply goods related to ABVP® certification examinations.
5. Any other person in possession of ABVP® exam information or material, including all exam information referred to in this Policy.

All persons identified in this section (ABVP® representatives, staff, contractors, and agents) must agree to abide by, and comply with, this Test Security Policy and all Policy requirements in writing. Each ABVP® representative, staff member, contractor, or agent may be subject to discipline or other sanction by ABVP® due to a violation or attempted breach of any portion of this Policy. ABVP® reserves the right to enforce this Policy by any and all appropriate and legal means.

In addition to other obligations, all ABVP® representatives, staff, contractors, and agents will be bound by all the provisions of this Policy during the course of their employment or association with ABVP® and will continue to be bound by such provisions after termination of their employment or association with ABVP®. The obligation to adhere to, and be bound by, the Policy is one that continues beyond the association or employment of representatives, staff, and agents with ABVP®.

Exam Information and Materials Covered and Protected by the Policy

Examination information and materials covered and protected by the Policy include, but are not in any way limited to, exam questions, answers, distractors, scores, individual or group performance information, general or specific data regarding exam questions, reviews, changes, modifications, and all other information and materials related to the content, development, and administration of ABVP® examinations. In addition, any information relating to ABVP® exam materials, composition techniques,

structure, methods and other similar areas is also proprietary, private, and strictly confidential and will not be released without specific, prior, and written authorization from the ABVP® Executive Director and the Examination Committee Chair, including, but in no way limited to, specific information which identifies, or makes possible the identification of a particular person or candidate.

Information and material which falls outside the protection of this Policy is limited to the following:

1. Information specifically authorized to be made available to the public by the ABVP® BOD consistent with this Policy.
2. Information that is in the public domain or available as a matter of public record.
3. Information which an ABVP® representative is obligated to produce pursuant to a valid and lawful court or government order, following prior, written approval of the ABVP® BOD, and ABVP® Legal Counsel.

Exam Security, Confidentiality, Use, and Non-Disclosure Rules

ABVP® representatives, staff, contractors, and agents will secure and protect all ABVP® exam information and materials from distribution, disclosure, dissemination, or release to others in the absence of prior, written authorization of the ABVP® BOD, or their authorized and designated representatives. No ABVP® representative, staff member, contractor, or agent is permitted to reveal ABVP® exam information without such authorization.

ABVP® representatives, staff, contractors, and agents will take every reasonable measure to prevent the unauthorized oral, written, or other disclosure of ABVP® exam information and materials and to assure that this Policy is not violated. This Policy directs and requires, but is not limited to, the following security measures and non-disclosure rules:

1. Computer files, archives, hard copy, or other information storage will be protected by a password and/or be under lock protection.
2. All information and materials regarding ABVP® exam security measures are strictly limited to ABVP® representatives, staff, contractors, and agents who have been determined by the ABVP® BOD to have a need to know and valid use for such information and materials.
3. Where possible, ABVP® exam information and material covered by, or included in, this Policy shall be put into writing or other tangible form and clearly marked with a “confidential” and/or proprietary legend or identifier, as appropriate.
4. Before the termination of service, employment, or other association with ABVP®, all ABVP® representatives, staff, contractors, and agents will return to the ABVP® Certification Program, all ABVP® exam information and material possessed or otherwise received, regardless of form, including, but not limited to, all documents and materials.
5. ABVP® representatives, staff, contractors, and agents must immediately notify the ABVP® BOD of any request, demand, or directive for disclosure of ABVP® exam information or material, including, but not limited to, court orders and attorney communications. Thereafter, the ABVP® BOD will consult with ABVP® Legal Counsel to determine the appropriate

response consistent with the terms of this Policy.

In the event of a request, demand, or directive for the production of ABVP® exam information, ABVP® Legal Counsel will identify by written opinion which portion(s) of the exam information, if any, are required to be furnished pursuant to relevant law. No other ABVP® exam information will be disclosed under these circumstances unless directed and authorized by the ABVP® BOD. All necessary legal steps will be taken to protect ABVP® exam information and this Policy.

Legal and Binding Effects of this Policy

All rights and restrictions contained in this Exam Security, Confidentiality, and Non-Disclosure Policy may be exercised by ABVP® at the discretion of the ABVP® BOD. Such rights and restrictions shall be in force and binding only to the extent that they do not violate any applicable laws and are intended to be limited to the extent legally necessary so that they will not render this Policy illegal, invalid, or unenforceable.

All ABVP® representatives, staff, contractors, and agents are required to agree to and abide by the terms of this Policy and are required to sign an agreement document to that effect.

Admission and Requirements

1. The Swine Health Management Certification RVS Exam is given annually in conjunction with the AASV Conference.
2. Certifying examinations for all other RVSs will be given annually, through a proctored virtual examination interface on the first Saturday of November. The examination commences at 8:00 a.m. in the examinee's local time zone.
 - a. Separate examinations exist for each RVS.
 - b. Upon application, the applicant is required to select an RVS.
3. The Swine Health Management RVS Entry Exam is given online annually prior to the AASV Conference. There is no time limit between the passage of the Swine Health Management Entry Exam and the submission of credentials.
4. All certification examination requirements must be completed within three (3) years from the date the candidate is first notified by ABVP® of acceptance of credentials.
 - a. A maximum of three (3) attempts is available to pass the examination.
 - b. Choosing not to sit for an examination in any given year forfeits that year.
 - c. Exceptions to this requirement may be made by the BOD when there are extenuating circumstances beyond the applicant's control. The applicant's written petition is required for submission to the BOD.

5. Candidates registered to sit for the examination will be sent an email at least one (1) month prior to the examination.
 - a. The email will include information to complete their webcam proctoring service profile and computer requirements check. As part of this profile set-up, candidates may be asked to upload a government-issued photo ID.
 - b. It is the examinee's responsibility to ensure that they meet all computer system requirements as outlined by the webcam proctoring service. These system requirements are subject to change at any time at the discretion of the proctoring service. Applicants are solely responsible for ensuring their computer system meets these requirements by completing the computer systems check prior to the examination.
6. 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. Any necessary supporting documentation should be emailed to the Executive Director at info@abvp.com within five (5) days of form submission. To ensure accommodations can be implemented within the needed timeframe, the deadline for submitting accommodation requests is September 1 of the year in which the applicant wishes to take the examination.

Fees and Deadlines

For details on current fees and applicable deadlines, refer to the current ABVP® Guidelines on the ABVP® website.

Preferred Examination Schedule

The exam is split into only two (2) sections. Each section has a time-limit of four (4) hours and contains 175 questions. They are labeled as Part A-1 and Part B-1.

You may take a fifteen-minute (15-minute) break at any point during each part of the examination (i.e., 15 minutes during A-1 and 15 minutes during B1). These fifteen (15) minutes do not count towards / affect your overall four-hour (4-hour) time limit for each part. You are not required to take a break. Once you take a break, you will not be able to return to previously viewed questions. Example: You have viewed and answered 100 / 175 questions. You take a break and come back to the examination. You will be unable to view / review the previous 100 questions again, but you can continue through the remaining 75.

There is a sixty-minute (60-minute) break between Part A-1 and B-1 for lunch.

****For Swine Health Management Certification Exam details, contact the Swine Health Management Regent.***

Guidelines for Remote Examination

EXAMINATION SITE

1. The examination is given through a remote webcam-based proctor service at a location of the examinee's 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 section below 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.

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 emergent 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.

Post-Exam Procedures

Each RVS Exam Vice Chair will review the exam statistics and any pertinent examinee comments. Based on their review, exam items may be removed from the exam, or more than one (1) answer may be marked as a correct choice for an exam item. Each examinee will then have their exam graded, and a cumulative score will be reported for each examinee.

Notification of Results

Confidential exam results are emailed to the candidate within forty-five (45) days following the examination. No results are given over the phone.

For exams not passed, candidates will be able to access a 'Score Report' as generated by the current examination platform. This report outlines areas in which the examinee did well and areas that need improvement.

Candidates must have successfully completed the examination by the third consecutive year following the applicant's acceptance as a candidate for examination. To retake an exam, candidates must register and pay a re-examination fee by September 1 at 11:59 p.m. Central Time.

10. Diplomate Certification

Diplomate Status

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 ten (10) years. To continue being board-certified specialists, all Diplomates are required to complete Maintenance of Certification (MOC) requirements before the ten-year (10-year) limit expires. Information can be found in the Maintenance of Certification section of these Guidelines on the ABVP® website. **We strongly encourage consulting these Guidelines as soon as you become a Diplomate to understand the requirements and process.**

Diplomate Certificate

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

1. Pat Smith, DVM (or VMD)

Additional abbreviations (e.g., MS, MBA) 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.

1. **Certification Fee:** All Diplomates will be assessed an annual Certification Fee. This required fee maintains a Diplomate's ABVP® board certification and credentials, ensures legal protection of those credentials, and allows the Diplomate to serve on certification-related committees (Credentials, Exam, Residency, MOC, Appeals).
2. **Membership Fee:** For a nominal additional fee, a Diplomate will be granted full membership benefits, including access to ABVP® listservs, discounts on continuing education (including the ABVP® Symposium), eligibility to serve on the Board of Directors or Advisory Council or as officers of committees, and waives the MOC (Maintenance of Certification) fee at the Diplomate's ten-year (10-year) cycle.

Diplomate Classifications

A Diplomate is a veterinarian who is certified as a specialist by one of the AVMA-recognized veterinary specialty organizations. Diplomates are classified as Active or Emeritus.

Diplomates have fulfilled the requirements of initial certification and/or Maintenance of Certification. Following successful completion of credentialing and the examination process, the ABVP® certification cycle extends for ten (10) years. Fulfillment of Maintenance of Certification requirements at the end of ten (10) years will be necessary to extend Diplomate status.

1. A Diplomate in good standing is an ABVP® Diplomate who has fulfilled all the requirements of the ABVP®. These Diplomates have rights and privileges granted by the ABVP®, including the right to represent themselves as “specialists” of the RVS(s) in which they have achieved certification, and they may participate in the credentials, residency, exam, appeals, and maintenance of certification committees of the ABVP®, but may not hold an office on these committees.
2. A Diplomate Member in good standing is the ABVP® Diplomate who has fulfilled all the requirements of the ABVP® and is an active member of the corporation. These Diplomates have full rights and privileges granted by the ABVP®, including voting rights and the right to participate in the governance of the ABVP® as officers on committees, the Advisory Council, and the Board of Directors.
3. Emeritus Diplomate Members are those Diplomates in good standing who are no longer earning income that depends upon or is enhanced through ABVP® certification in the species for which Emeritus status is requested. They have full rights of membership and are eligible to vote and serve as officers and committee members. They are not required to maintain certification. Requests for Emeritus status are evaluated by the Executive Director of ABVP®. If a request is denied by the Executive Director, the decision may be appealed to the Appeals Committee. The decision of the Appeals Committee will be reported within sixty (60) days of receipt of the appeal.

ABVP® reserves the right to revoke Emeritus status if a Diplomate’s activities change and no longer meet the requirements listed above.

Failure to meet Maintenance of Certification:

- a. Diplomates who fail to fulfill the Maintenance of Certification requirements during the ten-year (10-year) credentials cycle are prohibited from claiming Diplomate status, and any violation of this prohibition may result in adverse findings and penalties enforced by the ABVP® Ethics Committee and other regulatory and statutory authorities. Additionally, their names will be removed from the ABVP® website, and they must remove any mention of Diplomate status in promotional/business/advertising materials. The veterinarian may regain Diplomate status by successfully passing the ABVP® examination in years 11, 12, or 13. Should the lapsed veterinarian fail to fulfill the requirements to regain Diplomate status by the end of year 13, the veterinarian’s

credentials are considered Expired. Regaining Diplomate status will require re-entering the application process as a new applicant.

ABVP® Guidelines: Use of Specialty Titles

Diplomates of the ABVP® are required to use their title appropriately and consistently, in accordance with the guidelines in the AVMA Principles of Veterinary Medical Ethics.

1. Appropriate usage of ABVP® Diplomate credentials in all directories, promotional and marketing materials, signage, and websites includes the following examples:
 - a. John Smith DVM, Diplomate, American Board of Veterinary Practitioners (Equine Practice)
 - b. John Smith DVM, DABVP (Equine Practice)
 - c. John Smith DVM, Board-Certified in Equine Practice
 - d. John Smith DVM, Equine Specialist or Equine Specialty

The terms “board eligible” or “board qualified” are prohibited.

ABVP® Diplomates must adhere rigorously to the definition of their specialty. Such designations as “Board-Certified in Equine Medicine and Surgery” are deceptive and misleading and are prohibited. They are considered a breach of ethics.

“Specialty practice” designations are governed by regulatory and administrative rules in the jurisdiction in which the practice is located and must be observed in accordance with those rules.

Common errors in listing and designations can be found on the ABVP® website.

It is the responsibility of every ABVP® Diplomate to be familiar with these documents and to be held accountable for them.

Should a Diplomate allow their credentials to expire, they are required to remove all designations of Diplomate status from all promotional, marketing, website, and business materials of any type. A veterinarian whose credentials have expired is prohibited from claiming Diplomate status in accordance with the AVMA Principles of Veterinary Medical Ethics. Diplomates in good standing who detect misuse of the title are encouraged to notify all appropriate regulatory and administrative authorities in the jurisdictions in which the offending veterinarian is licensed, and to alert the ABVP® Executive Director or President.

The use of the title must be discontinued even if one is planning to re-enter the examination process as a candidate by sitting for the exam. Only once the exam is successfully passed, and ABVP® certification has been restored, may the Diplomate title be returned to all marketing and business materials.

Time stamping of Diplomate status is not allowed (i.e., DABVP [Feline 2010 to 2020]) and is considered unethical.

Ethical Considerations and Process for Complaint Review

ABVP® applicants, candidates, residents, and Diplomates are required to adhere to the AVMA Principles of Veterinary Medical Ethics:

[Principles of veterinary medical ethics of the AVMA | American Veterinary Medical Association](#)

1. If the ABVP® receives an ethical complaint regarding an ABVP® applicant, candidate, resident, or Diplomate, this information will be directed to the Executive Director of the ABVP®. Complaints are accepted only in written or electronic form. Verbal complaints are not acceptable. All complaints received by ABVP® officers, Diplomates, and others must be forwarded to the Executive Director:
 - a. The Executive Director must establish the following information:
 - i. Identity of the applicant/candidate / Diplomate.
 - ii. A comprehensive recital of the ethics complaint, if possible.
 - iii. Date, time, and general location of the ethical breach.
 - iv. Documentation from a regulatory authority or law enforcement agency, if such information exists, that must be provided by the complainant.
 - b. Once sufficient information is gathered by the Executive Director, the Executive Director will remove all personal or location identifiers in the materials in order to ensure a fair process.
 - c. The Executive Director will respond to the complainant that the complaint has been received, will be forwarded to the Ethics Committee, and must explain to the complainant that ABVP® is a certifying organization, not an investigative or regulatory agency.
 - d. The Executive Director will then inform the BOD of the complaint and forward the complaint to the Chair of the Ethics Committee.
 - e. Once the ethics complaint has been reviewed and the Ethics Committee arrives at a conclusion, the Executive Director will inform the complainant and recipient of the complaint of the final determination of the Ethics Committee.
 - f. It is important to observe compartmentalization in all discussions (i.e., only the Executive Director or President will communicate with the complainant and the recipient of the complaint). No one else in ABVP® should be involved in communications in any way. This will eliminate confusion and complications.

2. Once the Chair of the Ethics Committee receives the complaint materials from the Executive Director, the Chair will review the complaint, notify the members of the Ethics Committee that a complaint has been filed, and forward the material to them.
 - a. If it is determined by the Ethics Committee that a violation of the AVMA Principles of Veterinary Medical Ethics has occurred, the Ethics Committee will prepare a written report and recommendations to be delivered to the Executive Director. The report with recommendations will then be transmitted to the BOD for their consideration. The BOD may require any or all of the following upon an affirmative vote, by a two-thirds majority of members of the BOD, that an ethical breach has occurred:
 - i. Appropriate corrective actions to remedy the offense.
 - ii. Revoke any committee membership, residency program mentorship, residency program supervision, and other roles in which a Diplomate represents the interests of the ABVP®.
 - iii. Impose punitive measures, which may include, but are not limited to, the suspension, refusal, or cancellation of the offender's Diplomate credentials or Maintenance of Certification status or eligibility to be considered for credentialing or examination for a period or indefinitely.
 - iv. Diplomate credentials shall remain the property of the ABVP®, and the individual possessing the credentials in question shall return the same upon written demand by the ABVP®. Non-compliance within thirty (30) days of written notice shall be just cause for further action as deemed necessary by the ABVP® for repossession of the credentials in question.
 - v. It is understood that all subject matter in the complaint process is privileged to ABVP®, and any disclosures of this information outside of the BOD / BOD will be considered an ethics violation.

- b. A Diplomate, who loses their license, has their license suspended, or is put on probation by a state licensing board, automatically loses Diplomate status for at least the length of time equal to that determined by the state licensing board. The loss of status may be longer than the state-mandated probation or suspension at the discretion of the ABVP®. There is no Diplomate probation option; licensing probation equals loss of Diplomate status. This loss begins when the ABVP® has rendered its judgment, and may not be concurrent with the time of the loss of the license, as ABVP® may not be aware of the situation until time has passed. The Diplomate is required to immediately notify the ABVP® home office of their loss or probation of license. Failure to notify the ABVP® is considered an ethical violation as well. The veterinarian forfeits extension request privileges if they are in the three-year (3-year) credentialing, examination, or Maintenance of Certification windows during loss of Diplomate status. They may also not take the examination or submit credentials for another DABVP RVS during their loss of Diplomate status.
- c. Loss of Diplomate status will result in removal of the veterinarian from the ABVP® directory. Once they are restored to Diplomate status, this will be restored, and no direct association with this episode may be made public by ABVP®.
- d. Loss of Diplomate status will require removal of all suggestion of current ABVP® Diplomate status from any advertising, including, but not limited to, business cards, websites, and in-hospital signs within one (1) month of notification of the decision. Removal of more permanent indicators, such as electronic or printed advertisements and permanent signage, must be eliminated within a reasonable amount of time, no greater than twelve (12) months. Resumption of such indication of Diplomate status cannot occur until the ABVP® has officially notified the individual of such. Continued use of the Diplomate title after loss of status will adversely affect any attempt to regain Diplomate status and could result in ABVP® prohibiting Maintenance of Certification.
- e. To return to Diplomate status, the veterinarian must successfully complete the BOD's remediation plan to the Board's satisfaction and supply evidence to that effect to the Executive Director, transmitting this document to the Ethics Committee, which will render a decision on any additional steps required to retain Diplomate status. If the veterinarian wishes to contest any finding, he / she may appeal in writing to the Appeals Committee within thirty (30) days of notification, with any additional supporting documentation to be considered. The decision of the committee after appeal is final.

11. Maintenance of Certification

Committee

Questions about Maintenance of Certification may be directed to members of the Maintenance of Certification Committee. Contact information is provided below.

MOC Chair	mocchair@abvp.com
Avian Practice	avianmoc@abvp.com
Beef, Dairy, Food-Animal Practice	foodbeefdairymoc@abvp.com
Canine and Feline Practice	caninefelinemoc@abvp.com
Equine Practice	equinemoc@abvp.com
Exotic Companion Mammal Practice	ecmmoc@abvp.com
Feline Practice	felinemoc@abvp.com
Fish Practice	fishmoc@abvp.com
Reptile and Amphibian Practice	ramoc@abvp.com
Shelter Medicine Practice	sheltermoc@abvp.com
Swine Health Management	swinemoc@abvp.com

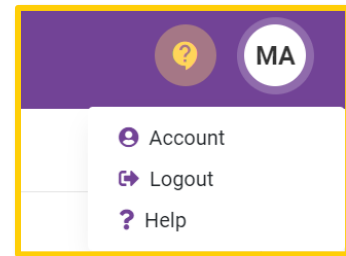
Glossary of Terms and Acronyms

ABVP®	American Board of Veterinary Practitioners
ABVS	American Board of Veterinary Specialties
Appeals	A formal request to a higher authority requesting a change in or confirmation of a decision
AVMA	American Veterinary Medical Association
BOD / AC	Board of Directors / Advisory Council (governing body of ABVP®)
MOC	Maintenance of Certification
Portal	Prolydian online portal used to log points for MOC
RACE	Registry of Approved Continuing Education
RVS	Recognized Veterinary Specialty (e.g., Avian Practice, Feline Practice)
RVSO	Recognized Veterinary Specialty Organization (e.g., ABVP®, ACVIM)

Prolydian Terminology	ABVP® Equivalent or Definition
My Achievements	Overview of Diplomate Status
CECs (continuing education credits)	MOC Points
Submit CE	Start an Application for MOC Points
Applications / My Applications	MOC point requests
Certificant	Diplomate
Category	One of the three (3) broad categories needed for MOC: <ol style="list-style-type: none"> 1. Required CE 2. Additional Points 3. Journal Club
Activity	Specific item within each Category

Prolydian Technical Help

1. Click the yellow question mark in the upper right corner of the screen for **chat**.
2. Email (support+abvp@prolydian.com)



Eligibility Requirements

1. All ABVP® Diplomates are required to maintain certification every ten (10) years. If you fail to complete maintenance of certification, you forfeit your ABVP® status and can no longer claim to be ABVP®-certified.
2. Diplomates must be in good standing with the American Board of Veterinary Practitioners.
3. You are responsible for being aware of, and keeping track of, your eligibility status and submitting an application at the appropriate time. Extensions will not be granted for claims of lack of notification.

No Time-Stamped Certification

1. Should an ABVP® Diplomate allow their certification to expire, they are required to remove the Diplomate title from any and all marketing and business materials immediately. They can no longer claim or reference current or previous ABVP® certifications.
2. No time stamping of status in the use of the title is allowed (i.e., DABVP [Feline 2010 to 2020]), and time stamping is considered unethical.
3. The use of the title must be discontinued even if one is planning to re-enter the examination process as a candidate by sitting for the exam. Only once the exam is successfully passed, and ABVP® certification has been restored, may the Diplomate title be returned to all marketing and business materials.

4. If certification has expired and a Diplomate does not remove their specialty title, ABVP® may report a Diplomate to the appropriate licensing board(s).

Notification of Results

1. MOC is an ongoing process. Diplomates are expected to upload items throughout the ten-year (10-year) period.
2. It may take up to four (4) months for the Vice Chairs to review MOC applications and materials submitted. You will be notified of results by email. No results will be given over the phone. Please plan accordingly for uploading materials four (4) months prior to the deadline.

Ethical Considerations

1. ABVP® applicants, candidates, residents, and Diplomates are held to high ethical standards. If ABVP® receives a complaint or is otherwise informed of a potential ethical breach regarding an ABVP® applicant, candidate, resident, or Diplomate, this information will be reviewed by the Executive Director and Board of Directors.
2. Complaints against an ABVP® applicant, candidate, resident, or Diplomate may be submitted to the Executive Director by telephone, email, or mail.

Use of Specialty Title

1. Diplomates of the American Board of Veterinary Practitioners are strongly encouraged to use their title accurately and consistently. Incorrect spelling, formatting, or misleading use reflects poorly on professionalism. It is unethical for veterinarians to identify themselves as members of an AVMA-recognized veterinary specialty organization if such certification has not been awarded.
2. Diplomates follow the ABVP® guidelines for using their title for listing in directories, advertising, stationery, signage, websites, and other uses. Current guidelines are available on the ABVP® website or by contacting the ABVP® office. Failure to follow these guidelines is considered an ethical violation.
3. Should an ABVP® Diplomate allow certification to expire, the Diplomate title must be removed immediately from all marketing and business materials, and that person can no longer claim ABVP® certification. The title must be removed even if one is planning to re-enter the examination process as a candidate by sitting for both the specialty and practical exam. Only once all sections of the exam are successfully passed, and ABVP® certification has been restored, may the Diplomate title be returned to all marketing and business materials.
 - a. A Diplomate who has allowed certification to expire does not pay Diplomate fees while attempting to regain certification by taking both the specialty and practical exam, unless past fees are owed. If past Diplomate fees are owed, the Diplomate must pay them before being allowed to sit for the examinations to regain certification.

- b. If certification has expired and a Diplomate does not remove their specialty title, ABVP® may report a Diplomate to the AVMA Judicial Council and/or the appropriate state licensing board(s).

Maintenance of Certification Pathway

1. Diplomates are required to maintain certification through the accumulation of points. The points method has been developed to be consistent with ABVP®'s core values. Diplomates must meet four (4) requirements every ten (10) years to maintain certification: Continuing Education, Additional Points (specified below), Journal Club, and a valid license to practice.
2. There is no extension given if MOC is not completed by the end of year ten (10). If the Diplomate has not fulfilled the requirements by year ten (10), Diplomate status will expire, and all claims and references to board-certification must be removed from any and all business and marketing material, even if the former Diplomate intended to recertify. In order to maintain certification, it is required to pass the exam in year eleven (11), twelve (12), or thirteen (13) to regain status. Only after the exam is passed and notification received may the claim of Diplomate status be used again. (See section on Eligibility and Use of Specialty Title.)

Four (4) Requirements Every Ten (10) Years to Maintain Certification

Check Prolydian for the dates of your MOC cycle. All items **MUST** occur within your MOC cycle to count! If Prolydian allows an out-of-cycle item to be approved, it will be removed when the final review is done, which could affect your maintenance of certification process:

1. REQUIRED CONTINUING EDUCATION: 250 HOURS

- a. Diplomates should average twenty-five (25) hours of continuing education hours per year to meet this requirement at the end of ten (10) years.
- b. Applicants must have a minimum of 165 hours within their RVS (66% of 250 total). The remaining eighty-five (85) points may be in any RVS.
- c. Lectures in the “Cross species track” at the ABVP® Symposium are accepted for RVS hours.
- d. CE certificates must be uploaded:
 - i. Multiple-day conferences must be entered using the date that the conference began and the name and year of the conference in the description.
 - ii. A list of each lecture attended, with the number of CE credits for each lecture, must be uploaded with the CE certificate. The Vice Chair reviewing your submission may request the name of the speaker. You are able to upload multiple documents in the same application.
 - iii. If both RVS and non-RVS lectures were attended at the same conference:

Upload a copy of the same CE certificate in separate Prolydian requests for RVS-specific and non-RVS MOC points applications.

Upload a list of lectures and CE credits being requested.

Clearly note which lectures are RVS and which are non-RVS within the list of lectures and speakers.

- e. For quantity, enter the exact amount of CE hours. Do not round.
 - i. CE hours may be audited. Retain proof of CE until after MOC is complete and final confirmation is received at the end of your ten-year (10-year) cycle. Proof should be available in the form of official attendance certificates and include itemized lecture lists with hours attended as appropriate.

2. ADDITIONAL POINTS: 250 POINTS BY ANY OF THE SPECIFIED METHODS IN THIS SECTION

- a. **ABVP® Volunteerism: Twenty-five (25) points/committee/year:**
 - i. You may earn twenty-five (25) points per committee per year for active service in an official ABVP® committee or position.
 - ii. Duties may vary and will be established by the committee chair or vice chair. Complete the ABVP® "I want to volunteer!" Form at [ABVP® "I want to volunteer!" Form](#).
 - iii. The volunteer year is from July 1 of one year to June 30 of the following year (not the calendar year). Diplomates who have volunteered will receive an email from the MOC Chair once all the Committee Chairs have submitted their lists.
 - iv. Application for MOC Points may be submitted via Prolydian by the Diplomate once the Diplomate receives confirmation of participation (attach a copy of the email from the MOC Chair).
- b. **ABVP® Symposium attendance: Twenty-five (25) points per year:**
 - i. These points are in addition to any points submitted for actual lectures attended.
 - ii. Attendance will be confirmed by uploading the certificate.
- c. **Publication in peer-reviewed journals: Twenty-five (25) points per publication:**
 - i. Topic must be in your RVS.
 - ii. First authorship is not required.
 - iii. Guidelines are acceptable if published in a peer-reviewed journal.
 - iv. Letters to the editor and article summaries are not acceptable.
 - v. Book chapters are not acceptable.

- d. **Lectures given to veterinarians/veterinary students or veterinary technicians/technician students: Twenty-five (25) points per year:**
- i. One (1) lecture = twenty-five (25) points.
 - ii. Lectures must be in your RVS.
 - iii. Lectures to non-medical audiences such as breeders, farriers, and similar groups are not acceptable.
 - iv. Documentation of the lecture must be uploaded (e.g., certificate from the organizing body, official class syllabus). Do not upload PowerPoints.
 - v. The same lecture, or substantially the same lecture, may not be submitted more than once. New lectures, or substantially different lectures, may be submitted in subsequent years for a total of 250 points over a ten-year (10-year) period.
- e. **Continuing Education: Two (2) MOC points per CE hour over the 250 Required Continuing Education points:**
- i. Do NOT upload continuing education in Additional Points until the "Required CE" requirements are met! The system does not automatically do this for you. Look at the points bar.
 - ii. There is no limit to additional hours submitted.
 - iii. Extra hours can be RVS or non-RVS.
 - iv. Follow the instructions for how to upload documentation as described previously in this document.
- f. **Successfully mentored ABVP® applicant: 125 points:**
- i. The ABVP® encourages mentoring of those going through the certification process.
 - ii. The mentee can only identify one (1) Diplomate as their mentor. Points cannot be split between more than one (1) mentor.
 - iii. For the Diplomate to obtain volunteer points for mentoring, the mentee (after successfully passing the exam and becoming a Diplomate) must fill out this form: **Identify My Mentor** at [Identify My ABVP® Mentor](#). Contact your RVS MOC Vice Chair or MOCchair@abvp.com with any questions.
 - iv. Once the mentee (new Diplomate) identifies their mentor and the MOC Committee verifies standing, the mentor will receive an email to upload to Prolydian with the points application.
- g. **Second specialty board certification: Seventy-five (75) points:**
- i. This applies only to new board certification.

- ii. This applies only to AVMA-recognized veterinary specialty organizations™ and AVMA-recognized veterinary specialties™.
- h. **Passing the exam in year eight (8) or nine (9): 250 points:**
 - i. Passing the exam in one (1) of these years ONLY provides points.
 - ii. Maintenance of Certification by exam only is no longer allowed.
- i. **Carry-Over Points: Diplomates may “carry over” up to fifty (50) points into the next cycle:**
 - i. Once you have all your points approved, take a screenshot of your total points showing the number of points over the required 500, or export your points for the appropriate cycle to Excel.
 - ii. This screenshot must be attached to the application and dated after the beginning of your next MOC cycle.
 - iii. Points over the required 250 can only be added to the Additional Points Category for the Diplomate’s next MOC cycle.

3. JOURNAL CLUB: FORTY (40) QUIZZES

- a. Successfully complete an average of four (4) of the six (6) journal article quizzes per year (66% of presented journal article quizzes over the ten-year [10-year] MOC period).
- b. Six (6) articles will be presented each year.
- c. Each article will have a corresponding quiz with at least five (5) questions.
- d. A score of 80% is required to receive credit.
- e. Diplomates may take the quiz up to three (3) times.
- f. Diplomates will receive emails notifying them of available articles; however, it remains the responsibility of the Diplomate to check for new journal articles and complete them. A direct link to the Journal Club page is available from your Diplomate Login.
- g. Articles and quizzes will expire twelve (12) months after original posting and will no longer be available for credit. It is important to complete these in a timely manner.
- h. Each Diplomate is required to enter their successful Journal Club completion in the MOC portal (Prolydian). You must save a screenshot of your score as proof of passing. Attach this screenshot to your application for points. Follow the instructions carefully at the beginning of each quiz.
 - i. The MOC portal will display 0.01 points for each Journal Club entry. These are counted separately from the 500 points required to complete Maintenance of Certification.

- ii. When entering “name” in the Prolydian portal, indicate the YEAR and MONTH of the quiz to aid in tracking.
- iii. When entering “date,” use the month and year that the article was presented, not the date you completed it. If you upload all six (6) for one (1) year as one (1) application, then the month does not matter, but they must all be in the same year for the system to count them properly.
- i. Contact info@abvp.com to join the Google Group Listserv (optional). Participation in Journal Club discussions is encouraged to foster collaboration among ABVP® Diplomates.

4. VALID, CURRENT VETERINARY LICENSE

- a. If the Diplomate is not required to maintain a valid license for current employment, documentation attesting to this is required.
- b. Proof of license will be uploaded **after all other point requirements have been met and the applicant starts the renewal and payment process.**
- c. This can only be done in year nine (9) or ten (10).
- d. If all requirements have been met by year nine (9), Diplomates may submit for Maintenance of Certification in year nine (9).
- e. You may be contacted by your RVS MOC Committee Vice Chair after year five (5) if you have not begun the process of uploading your documents. Uploading items in real time will allow your RVS Vice Chair on the MOC Committee to monitor your progress and help ensure your MOC success.

Fees, Deadlines, and Links

1. Payment for MOC must be submitted once during a ten-year (10-year) certification period, after you have accumulated the required points in all categories.
 - a. Checks and credit cards are accepted, and all funds must be in U.S. dollars from U.S. banks.
 - b. All fees are subject to change without prior notice.
2. Deadline for Point Accumulation: July 15 of the year of expiration.
 - a. **Although your certificate expires in December, the deadline for MOC Points submission being complete is July 15.**
 - i. For example, if your expiration date is December 30, 2030, then your material needs to be uploaded by July 15, 2030.
 - ii. If deficiencies are found by your RVS Vice Chair, this will allow time to attempt to correct these deficiencies before your certification expires.

- iii. MOC is an ongoing process. Applications for points should be uploaded throughout the individual's MOC cycle. Once MOC is complete and notification is received, no items should be uploaded until the beginning of the next cycle. This may be six (6) to eighteen (18) months, depending on whether you complete MOC in year nine (9) or ten (10).
- b. The previous deadline was January 15 of the year of expiration, so this gives an additional six (6) months.
- c. It is **STRONGLY** recommended that you upload continuing education and journal club quiz results every year to allow time for VCs to review applications and identify any deficiencies before expiration.

Maintenance of Certification Portal

1. Submission and logging of Maintenance of Certification items will be done via the online portal, Prolydian. You may enter items at any point during the ten-year (10-year) MOC period. **It is strongly encouraged to enter items as they are completed.** Do not wait to upload all items in your final year! Uploading items in real time will allow your RVS MOC Committee to monitor your progress and help ensure your MOC success. All items **MUST** occur within your MOC cycle to count! If Prolydian allows an out-of-cycle item to be approved, it will be removed when the final review is done, which could affect your maintenance of certification process. **For this reason, newly certified Diplomates should not begin uploading MOC points until January 1 of the next calendar year after they pass their certification examination. (e.g., exam passed November 2024, then MOC points awarded beginning January 2025).** Nota bene: The points counter will only reflect your points once they are approved.
2. The ABVP® MOC webpage has examples, tips, and videos.
 - a. <https://abvp.com>
 - b. <https://abvp.com/diplomates/moc>
 - c. <https://abvp.com/diplomates/journal-club/>
3. From your MOC portal's "Main Dashboard," click "View Details" or "Credentials" then "My Certifications" to view your "Diplomate Dashboard."
 - a. Click on "Apply for CECs." (CECs = MOC Points)
 - b. Enter the date of the activity.
 - c. Click "I want to enter the details of the activity," unless you have a pre-approval code (rare).
 - d. Choose one (1) of three (3) Categories:
 - i. Required CE Hours per ten-year (10-year) MOC cycle.
 - ii. Additional MOC Points.

- iii. Journal Club.
- e. Read the section instructions carefully.
- f. Choose the Activity in the pull-down menu.
- g. Enter a Name for the Activity. Please be sure to name the Activity clearly and as directed. Incorrect labeling may result in delays or the items not being reviewed.
- h. Enter the Activity units. (Do not use up / down arrows. Click in the box, and type the exact number, e.g., 1.5.)
- i. Attach and upload all necessary documentation at the end and click “Submit.”
- j. Note that Transition Points have already been added to MOC records for Diplomates whose expiry dates are between 2020 and 2029. The Transition Chart can be found on the ABVP® website at [1. 2025 MOC Overview.pptx](#) (slide 23).

Appeals Process for Maintenance of Certification

1. If you believe you have been adversely affected by an ABVP® MOC decision, you may petition for reconsideration.
2. You are encouraged to contact your RVS MOC Vice Chair and the MOC Committee Chair first, as many of these situations may be resolved with additional information.

If this does not resolve the concern, please follow the process described in the Appeals section of this document.

12. 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.

Management Office
American Board of Veterinary Practitioners
P.O. Box 1868
Mount Juliet, TN 37121
800-697-3583
info@abvp.com

APPENDIX A. 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. Below 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, and similar formats 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, or other similar cases. 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. These Guidelines provide 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 counterintuitive; 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:

- o failure to follow instructions
- o failure to provide all laboratory work performed in table form
- o failure to follow laboratory data reporting instructions
- o failure to provide supporting documentation (e.g., radiographs, photographs, ECGs) in the manner directed
- o failure to provide anonymity with radiographs and ultrasound images
- o 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 (e.g., ACVS, ACVIM, ACVO) 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 a 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 the 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 look 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 a 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 heartbreaking 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 these Guidelines 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 returned 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, the case returns 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 (e.g., assist with the ultrasound, surgical procedure, endoscopy).

APPENDIX B. 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 thirty (30) to sixty (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, and other areas.
- 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 thirty (30) to sixty (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 the reacquisition of knowledge pertaining to the pathophysiology of disease and therapy cannot be overemphasized. A thorough review of the disease process should cover both the pathophysiology of the disease and 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 must 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.

APPENDIX C. Shelter Medicine Practice Requirements

Overview

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.

Shelter Medicine Practitioner Pathway Applicant Checklist

SHELTER MEDICINE PRACTICE 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)

Requirements	Details	Documentation
Eligibility	Applicants must have a minimum of four and one-half (4.5) years of experience in shelter medicine practice before submitting credentials and a minimum of five (5) years of post-graduation experience before sitting for the certification examination. 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.	<ol style="list-style-type: none"> 1. Veterinary diploma. 2. CV. 3. Practice synopsis. 4. Self-report job experience. 5. Three (3) applicant evaluation forms, with one (1) evaluation ideally from an ABVP® Shelter Medicine Practice Diplomate. <p>These are the same requirements as other RVSSs.</p>
HQHVSN Experience	Complete the equivalent of four (4) weeks in HQHVSN practice, including use of HQHVSN surgical techniques and ability to complete at least twenty (20) spay-neuter surgeries within a surgery day.	<ol style="list-style-type: none"> 1. Practice synopsis.
Site Visits	<p>Complete at least fifteen (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. 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. Visited programs must represent at least:</p> <ol style="list-style-type: none"> 1. Two (2) geographic regions (regions within the United States – see FAQs – or countries). 2. Ten (10) brick and mortar shelters, including at least two (2) private non-profit organizations and two (2) municipal organizations. 3. Three HQHVSN programs of at least two (2) different types. 	<ol style="list-style-type: none"> 1. Population case log: Site Visit Section.
Targeted Shelter Consultations	Complete at least nine (9) targeted consultations in nine (9) of the fourteen (14) Shelter Medicine Practice listed consultation areas. Consultations must be completed at two (2) or more different organizations. 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. Applicants may include consultations for which they received expert support if they led the formulation and implementation of recommendations.	<ol style="list-style-type: none"> 1. Population case log: Targeted consultation section.

Requirements	Details	Documentation
Outbreak Management	<p>Manage or advise on at least six (6) cases necessitating infectious disease outbreak management. The response must involve multiple affected animals or clearly demonstrate a comprehensive risk assessment of the population and management to prevent spread when only one (1) animal or litter is affected. The outbreak management log must include at least:</p> <ol style="list-style-type: none"> Three (3) involving multiple affected animals. Three (3) managed or advised on-site. Three (3) different infectious diseases. 	<ol style="list-style-type: none"> Population case log: Outbreak management section.
Protocol Development	<p>Design and implement five (5) protocols.</p> <ol style="list-style-type: none"> One of these must be on the management of infectious diseases. The other four (4) in any of the categories of the fourteen (14) major consultation areas. 	<ol style="list-style-type: none"> Population case log: Protocol development section. For each protocol, also submit the protocol itself as a PDF document (a total of five [5]).
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 ten [10] or more animals).</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>	<ol style="list-style-type: none"> Population case log: Cruelty case section. 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).
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 necropsy may not occur; therefore, simulation or wet lab is an acceptable substitute.</p>	<ol style="list-style-type: none"> Population case log: Cruelty case section. In addition to the log Include a copy of your actual medical record for one forensic necropsy with any identifying 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 a wet lab is an acceptable substitute.</p>	<ol style="list-style-type: none"> Population case log: Disaster response section.

Requirements	Details	Documentation
Disaster Response Coursework	<p>Complete the following online FEMA training sessions:</p> <ol 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. 	1. Certificates of completion (total five [5]).
Shelter Behavior Coursework	Complete the online Fear Free Shelters program (four [4] core modules).	1. Certificate of completion (four [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>	1. Presentation Log
Continuing Education	<p>A minimum of ninety (90) formal hours meeting the CE requirements as defined in these Guidelines for all RVSs must be fulfilled.</p> <p>In addition, practitioners must attend (in person or virtual) at least one (1) major veterinary medical meeting with a dedicated shelter medicine track and one (1) national or regional animal sheltering conference.</p>	1. Continuing Education Log
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 (one [1])	<p>All Shelter Medicine Practice 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>	1. Submit all manuscripts following the detailed instructions provided in the main part of these Guidelines.

Requirements	Details	Documentation
Case Summaries (five [5])	<p>All Shelter Medicine Practice Practitioner Pathway applicants must submit five (5) case summaries.</p> <ol style="list-style-type: none"> 1. One (1) on outbreak management; and 2. The remaining four (4), each highlighting applicant knowledge in distinct categories from the list of fourteen (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) 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>	<ol style="list-style-type: none"> 1. Submit all manuscripts following the detailed instructions provided in the main part of these Guidelines and encompassing the instructions for Shelter Medicine Practice.

Shelter Medicine Residency Pathway Credentials Application Checklist

SHELTER MEDICINE PRACTICE 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)

Requirements	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> <ol style="list-style-type: none"> In a typical two-year (2-year) residency starting and ending in July, Residents will have completed eighteen (18) months of their training by the credentials deadline (January 15). In a typical three-year (3-year) residency starting and ending in July, Residents will have completed thirty (30) months of their training by the credentials deadline (January 15). If residencies begin and end in months other than July, the same deadline applies. For example, if a two-year (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. 	<ol style="list-style-type: none"> Veterinary diploma. CV. Practice synopsis. Self-report job experience. Three (3) applicant evaluation forms, with one (1) evaluation ideally from an ABVP® Shelter Medicine Practice Diplomate.
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>	<ol style="list-style-type: none"> Resident Advisor Letter for Credential Submission, which includes a copy of the Residency Progress Summary Form.
Disaster Response Coursework (five [5])	<p>Complete the following online FEMA training sessions:</p> <ol 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. 	<ol style="list-style-type: none"> Certificates of Completion (five [5])
Shelter Behavior Coursework	<p>Complete the online Fear Free Shelters program (core modules).</p>	<ol style="list-style-type: none"> Certificates of Completion
Continuing Education (ninety [90])	<p>Residents must have a minimum of 100 hours of CE, consisting of both formal and informal CE opportunities.</p>	<ol style="list-style-type: none"> Continuing Education log,

Requirements	Details	Documentation
	<ol style="list-style-type: none"> 1. 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. 2. All Residents must participate in at least four (4) hours of informal CE per month. The informal CE requirement must be met by attending and participating in topic rounds, journal clubs, seminars, lectures, labs, workshops, and similar activities. 	<ol style="list-style-type: none"> 2. Residents should add a column to the CE log and distinguish whether a CE event is a formal or informal CE.
Presentations (six [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>	<ol style="list-style-type: none"> 1. Presentation Log
Major CE Meetings	<p>Residents must attend at least one (1) major veterinary medical meeting with a dedicated shelter medicine track and one national or regional animal sheltering professional conference.</p>	<ol style="list-style-type: none"> 1. Continuing Education Log
Communications Training	<p>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 six (6) hours are in addition to the minimum requirements noted above for formal and informal CE.</p>	<ol style="list-style-type: none"> 1. Continuing Education Log
Manuscripts	<p>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.</p>	
Publications (two [2])	<p>All Shelter Medicine Practice 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>	<ol style="list-style-type: none"> 1. If the manuscripts have already been published, a copy of the manuscript(s) should be submitted at the time of the Credentials Application (January 15) of the final year of training. 2. If the manuscript is not yet published, the Resident must submit proof of 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

Requirements	Details	Documentation
		acceptance is required. This letter must be sent as an email attachment to the Residency Chair with a copy to the ABVP® Executive Director.
Case Report (one [1]) or Case Summaries (five [5])	<p>All Shelter Medicine Practice 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> <ol style="list-style-type: none"> 1. One (1) must be on outbreak management. 2. The remaining four (4) should each highlight applicant knowledge in distinct categories from the list of fourteen (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>	1. Submit all manuscripts following the detailed instructions provided in the main part of these Guidelines for all RVSs and encompassing the specific instructions for Shelter Medicine Practice.
Case Report (one [1]) or Case Summaries (five [5])	<p>All Shelter Medicine Practice 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> <ol style="list-style-type: none"> 1. One (1) must be on outbreak management. 2. The remaining four (4) should each highlight applicant knowledge in distinct categories from the list of fourteen (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>	1. Submit all manuscripts following the detailed instructions provided in the main part of these Guidelines for all RVSs and encompassing the specific instructions for Shelter Medicine Practice.

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

Frequently Asked Questions about Certification in Shelter Medicine Practice

Why am I required to interact with more than one (1) 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.

I do not reside in the United States, but would like to apply for certification in Shelter Medicine Practice. How can I meet the requirements for regional shelter visits?

Applicants residing outside of the United States 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 United States should contact the Shelter Medicine Practice regent to discuss how this requirement can be met.

I am applying through the practitioner route and work primarily at one (1) 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 (1) 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.

I am applying through the practitioner route and would like to apply clinical experiences and other required activities that I performed more than five (5) 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 (5) years preceding application. Once the credentials materials are submitted, you will have three (3) attempts (three [3] 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 (3-year) window of time that is allotted for you to pass your credentials.

I have or will be completing online coursework in Shelter Medicine. Will this count towards my CE requirement?

Relevant internet-based coursework will be accepted for the number of hours credited by the sponsoring organization. When such coursework is divided into discrete 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 discrete units should be logged by course title, course provider, TOTAL number of CE credits, name of the course coordinator, and the start date.

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.

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 four and one-half (4.5) years of full-time practice experience before application and five (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 (5) years. The equivalent part-time experience is acceptable and should be calculated using thirty-five (35) hours per week as “full-time effort” (i.e., 35 hours/week = 100% FTE). For example, if you work twenty-five (25) hours per week in shelter practice, this equates to 70% FTE in shelter medicine practice; therefore, six and one-half (6.5) years of experience will be required before examination.

Do I consider only my experience within the past five (5) 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?

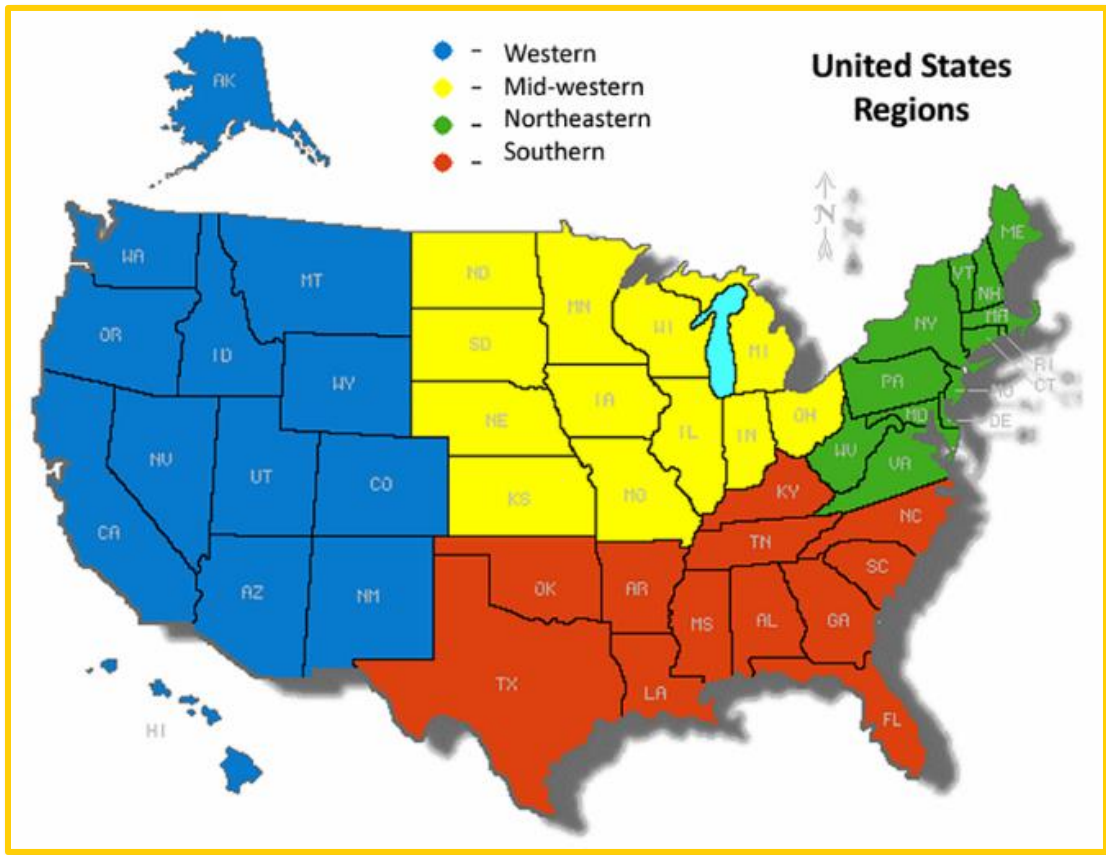
Yes, the job report experience form should reflect your clinical practice in the preceding five (5) years of full-time effort in shelter medicine (or the equivalent if part-time). It is understood that the frequency of cases may vary tremendously and that applicants will have to select an average assessment to reflect their experience as best as possible.

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 (8) 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.

What are the five (5) geographic regions used for program tours / site visits?

See the U.S. map below with four regions; international locations comprise the fifth region.



APPENDIX D. Shelter Medicine Practice Residency Required Experiences

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

Shelter Medicine Practice 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	<p>Complete a minimum of forty-four (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:</p> <ul style="list-style-type: none"> • At least four (4) weeks of high-quality, high-volume spay/neuter (HQHVSN) practice • At least four (4) weeks of community medicine or access to care practice • At least two (2) weeks of behavior practice with a board-certified veterinary behaviorist • At least four (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: <ul style="list-style-type: none"> ○ avian/exotics/zoological medicine (minimum twenty [20] cases) ○ ophthalmology (minimum twenty [20] cases) ○ dermatology (minimum twenty [20] cases) ○ clinical pathology and diagnostic testing ○ necropsy, including sample collection
Cruelty Investigations	<p>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.</p> <p>Participate in the evaluation or ongoing care of animals in at least one (1) multiple animal / large-scale case (defined as involving ten [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.</p> <p>Perform at least one (1) detailed live animal forensic exam under field conditions with appropriate documentation and record keeping.</p>
Forensic Necropsy	<p>Perform at least one (1) forensic necropsy with appropriate documentation and record keeping.</p> <p>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.</p>
Disaster Response	<p>Participate in the response to at least one (1) natural or human-caused disaster.</p> <p>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.</p>
Comprehensive Consults	<p>Participate in at least three (3) comprehensive shelter consultations, with primary responsibility for at least one (1) section of each and overall responsibility for at least one (1) comprehensive consultation.</p>
Targeted Consults	<p>Complete at least nine (9) targeted consultations in nine (9) distinct areas of the fourteen (14) major Shelter Medicine Practice consultation topics.</p> <p>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.</p> <p>Consultations must be completed at two (2) or more different organizations. Up to four (4) can be provided remotely.</p>
Outbreak Management	<p>Manage or advise on at least six (6) cases necessitating infectious disease outbreak management.</p>

Requirement	Details
	<p>The response must involve multiple affected animals or clearly demonstrate a comprehensive risk assessment of the population and management to prevent spread when only one (1) animal or litter is affected.</p> <p>The outbreak management log must include at least:</p> <ul style="list-style-type: none"> • Three (3) involving multiple affected animals • Three (3) managed or advised on-site • Three (3) different infectious diseases
Remote consults	Respond to at least sixty (60) telephone, email, or videoconferencing consultation requests.
Protocol Development	<p>Design and implement five (5) protocols.</p> <p>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 fourteen (14) major consultation areas.</p>
Site Visits	<p>Visit thirty (30) shelters, HSHVSN clinics, or access to care clinics in three (3) of five (5) geographic regions (regions within the country or countries within their region; a U.S. map can be found in the Shelter Medicine Practice section of the Guidelines).</p> <p>Visits may range from a brief visit with only access to the 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.</p> <p>At least fifteen (15) of the visits must be of the in-depth type.</p> <p>These visit locations must be separate from where the resident completes their other requirements.</p> <p>A single organization cannot count for multiple site visits unless they occupy different campuses across a region.</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>
Continuing Education	<p>Complete at least 100 hours of continuing education, including at least thirty (30) hours of formal CE and regular (weekly) participation in informal CE activities such as journal clubs or topic rounds.</p> <p>Leading journal club is logged as CE, not as a presentation. Residents should lead a journal club at least once a year.</p>
Major CE Meetings	<p>Attend at least one (1) major veterinary medical meeting with a dedicated shelter medicine track.</p> <p>Attend at least one (1) national or regional animal sheltering professional conference.</p>
Disaster 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
Shelter Behavior Coursework	Complete the online Fear Free Shelters program (core modules).

Requirement	Details
<p>Communications Training</p>	<p>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, and similar topics. These should include at least two (2) hours on DEI topics.</p> <p>These six (6) hours are in addition to the minimum requirements otherwise noted for formal and informal CE.</p>
<p>Publications</p>	<p>Residents are required to publish two (2) documents:</p> <ul style="list-style-type: none"> • One (1) peer-reviewed first-author publication, adhering to 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.
<p>Case report (one [1]) or Case Summaries (five [5])</p>	<p>Submit either one (1) case report OR five (5) case summaries; may submit up to six (6); five (5) must pass.</p> <p>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.</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.</p> <p>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 fourteen (14) provided.</p> <p>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.</p>

APPENDIX E. Swine Health Management Requirements

Swine Health Management Applicants

1. 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 p.m. Central Time. The exam is given annually in conjunction with the meeting of the American Association of Swine Veterinarians. This examination measures basic skills and problem-solving abilities related to Swine Health Management. It consists of multiple-choice items designed to ensure familiarity with all areas of swine production, including reproduction, growth, mortality, economics, epidemiology, disease, diagnosis/treatment/prevention, environment, country-specific regulatory issues, and animal welfare.
2. Applicants who fail the entry examination may retake it in succeeding years by notifying ABVP® of their intention and paying the required examination fee.
3. Following the 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:
 - a. 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 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. Advisor names can be submitted to the ABVP® office at info@abvp.com.
 - b. 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 oversight body.
 - c. The plan of study may vary between applicants, depending upon experience, demonstrated abilities, and the 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.
 - d. 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 credentials is January 15 at 11:59 p.m. Central Time. To obtain more detailed information about the special certification process, consult the ABVP® office or website.

Addendum: Document Revision History

Version	Date	Description of Change	Prepared By	Approved By
Applicant's Handbook January 16, 2025	April 18, 2025	Credentials Documents (section 7.a.ii)	Marisa Hackemann	BOD ^a
Applicant's Handbook January 16, 2025	May 15, 2025	Residencies (Section 6)	Marisa Hackemann	BOD
Applicant's Handbook January 16, 2025	June 13, 2025	Diplomate Certification, Annual Diplomate Fees	Marisa Hackemann	BOD
Applicant's Handbook January 16, 2025	June 13, 2025	Diplomate Certification, Diplomate Classifications	Marisa Hackemann	BOD
Residency Handbook Volume 2 (2025)	January 16, 2025		Marisa Hackemann	BOD
Residency Handbook Volume 2 (2025)	April 18, 2025			
Residency Handbook Volume 2 (2025)	May 15, 2025		Marisa Hackemann	BOD
Residency Handbook Volume 2 (2025)	Nov 24, 2025	Consolidated all program information under Program Approval Requirements	Elise Gingrich	Marisa Hackemann
Residency Handbook Volume 2 (2025)	Nov 24, 2025	Moved Concurrent Residency Programs to follow Program Approval Requirements	Elise Gingrich	Marisa Hackemann
Residency Handbook Volume 2 (2025)	Nov 24, 2025	Added Fish Practice section	Elise Gingrich	Marisa Hackemann
Residency Handbook Volume 2 (2025)	Nov 24, 2025	Clarified brief description reports (item vi) under Case Log	Elise Gingrich	Marisa Hackemann
Residency Handbook Volume 2 (2025)	Nov 24, 2025	Clarified credentialing application is separate from residency evaluation process (item 8) under Credentials Evaluation	Elise Gingrich	Marisa Hackemann
Residency Handbook Volume 2 (2025)	Nov 24, 2025	Moved information on requirement for introductory letter from advisor when a new resident is identified from Continuing Approved Programs to Advisor Requirements and Responsibilities	Elise Gingrich	Marisa Hackemann
Residency Handbook Volume 2 (2025)	Nov 24, 2025	Changed where to submit certificate of completion (p. 31)	Elise Gingrich	Marisa Hackemann
Residency Handbook Volume 2 (2025)	Nov 24, 2025	Minor editorial revisions throughout	Editor	Marisa Hackemann
Maintenance of Certification Handbook January 16, 2025	June 13, 2025	Diplomate Certification, Annual Diplomate Fees	Marisa Hackemann	BOD

Version	Date	Description of Change	Prepared By	Approved By
Maintenance of Certification Handbook January 16, 2025	Nov 24, 2025	Added article summaries in list of items not acceptable as peer-reviewed publications	Sonnya Dennis	Marisa Hackemann
Maintenance of Certification Handbook January 16, 2025	Nov 24, 2025	Added information on entering date (item iii) under Journal Club: 40 Quizzes	Sonnya Dennis	Marisa Hackemann
Maintenance of Certification Handbook January 16, 2025	Nov 24, 2025	Minor editorial revisions throughout	Editor	Marisa Hackemann
Professional Certification Guidelines 2026	Mar 15, 2026	Combination of Applicant, Residency and MOC Handbooks all into one document.	Editor	Section Editors

^aABVP® Board of Directors (BOD).