



Certification Manual for Residents, Sponsoring Institutions, Program Directors, Resident Advisors, Supervising Diplomates, and Secondary-Specialty Supervising Diplomates

Effective July 1, 2022 – June 30, 2023

The information contained in this Manual becomes effective on July 1, 2022. It represents the current policies, procedures, and requirements for individuals interested in certification by the American College of Veterinary Internal Medicine (synonyms: ACVIM or the College).

ACVIM policies and procedures are subject to periodic review and change.

While a concerted effort has been made to ensure accuracy, program directors, resident advisors, supervising Diplomates, secondary-specialty supervising Diplomates, residents, and candidates should contact the ACVIM office if questions arise. If program directors, resident advisors, supervising Diplomates, secondary-specialty supervising Diplomates residents, and/or candidates have any questions, or if concerns arise about proposed or actual changes that could impact the certification process, they should contact the ACVIM certification and accreditation staff at the ACVIM office, preferably by email at certification@acvim.org or by mail or phone, as referenced below.

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CONTENTS

1	ACVIM Mission Statement	1
2	ACVIM Vision, Mission, and Value Statements	1
3	Important Definitions	2
	3.A ACVIM Diplomate	2
	3.B ACVIM Candidate	3
	3.C ACVIM Specialty	3
	3.D American Board of Veterinary Specialties (ABVS)	3
	3.E American Veterinary Medical Association (AVMA)	4
	3.F Authorized Agent	4
	3.G Board Certified / Board Certification	4
	3.H Board of Regents (BOR)	4
	3.I Certification Liaison	5
	3.J Certification Manual (CM)	5
	3.K Certification Process	5
	3.L Credentials Committee (CC)	5
	3.M Disability and/or FINANCIAL HARDSHIP	6
	3.N Emeritus ACVIM Diplomate	6
	3.O European Board of Veterinary Specialisation (EBVS)	6
	3.P European College of Bovine Health Management (ECBHM)	7
	3.Q European College of Equine Internal Medicine (ECEIM)	7
	3.R European College of Veterinary Internal Medicine – Companion Animal (ECVIM-CA)	7
	3.S European College of Veterinary Neurology (ECVN)	7
	3.T Good Standing	7
	3.T.1 Candidate in Good Standing	7
	3.T.2 Diplomate in Good Standing	8
	3.T.3 Residency Training Program (RTP) in Good Standing	8
	3.U Honorary ACVIM Member	8
	3.V Maintenance of Credentials (MOC)	9
	3.X Ombudsperson	9
	3.Y Program Director (PD)	9

Contents

3.Z Residency Training Committee (RTC)	9
3.AA Residency Training/Credentials Committee (RTCC)	10
3.AB Residency Training Program (RTP)	10
3.AC Resident	10
3.AD Resident Advisor (RA)	10
3.AE Sponsoring Institution (SI)	10
3.AF Supervising Diplomate (SD)	11
3.AG Secondary-Specialty Supervising Diplomate (SSSD)	11
3.AH Veterinary Specialty Organizations Committee (VSOC)	11
Part One: Applies to All Specialties	12
4 Requirements for All Specialties	12
4.A Achieving Diplomate Status (Board Certification)	12
4.B Summary of Procedures for All Specialties (at a Glance)	13
4.C Special or Additional Procedures for Each Specialty	14
4.C.1 Cardiology	14
4.C.2 Large Animal Internal Medicine (LAIM)	14
4.C.3 Neurology	14
4.C.3 Nutrition	14
4.C.4 Oncology	14
4.C.5 Small Animal Internal Medicine (SAIM)	14
4.F The Residency Training Program (RTP) Experience	14
4.F.1 Duration of the RTP	14
4.F.2 Time Allowed Between Completion of the RTP to Achieving ACVIM Diplomate Status	15
4.F.3 Registration of the Resident as an ACVIM Candidate	15
4.F.4 Registration of the Residency Training Program (RTP)	17
4.F.5 Residency Training Program (RTP) Probation	17
4.F.6 Residency Training Program (RTP) Termination	18
4.F.7 Residency Training Program (RTP) Site Locations	19
4.F.7.a Primary Training Site	19
4.F.7.b Secondary Training Sites	19
4.F.7.c Remote Training Sites	19

Contents

4.F.8 Supervision of Residents	19
4.F.8.a Direct Supervision	20
4.F.8.b Indirect Supervision	20
4.F.8.c Remote Supervision	20
4.F.9 Training Weeks	20
4.F.10 Training Hours	20
4.F.11 Training minutes	20
4.F.12 Research Requirements	21
4.F.13 Journal Club	21
4.F.14 Didactic Learning Experiences	21
4.F.15 Clinical Milestones	21
4.F.16 Roles and Responsibilities	22
4.F.16.a Responsibilities of the Sponsoring Institution (SI)	22
4.F.16.b Responsibilities of the Program Director (PD)	23
4.F.16.c Responsibilities of the Resident Advisor (RA)	24
4.F.16.d Responsibilities of a Supervising Diplomate (SD)	24
4.F.16.e Responsibilities of A Secondary-Specialty Supervising Diplomate (SSSD)	25
4.F.16.f Responsibilities of A Resident	25
4.F.16.g Responsibilities of A Candidate	26
4.G Credentials	26
4.G.1 Credentials Conduct	26
4.G.2 Credentials Requirements and Submission	27
4.G.3 Credentials Fees	27
4.H General and Specialty Examinations	27
4.H.1 Examination Conduct	27
4.H.2 Special Accommodations	28
4.H.3 Scheduling the Examinations	28
4.H.4 Examination Fees	29
4.H.5 The ACVIM General Examination	30
4.H.6 ACVIM Specialty Examinations	30
4.H.7 Notification of ACVIM Examination Results	31

Contents

4.H.8 Procedure for Reapplication Following ACVIM Examination Failure	31
4.I Appeals	32
4.I.1 Appeals Process	32
4.J Maintenance of Credentials (MOC)	33
4.K ACVIM Diplomate Certificates	33
4.K.1 Repossession of ACVIM Diplomate Certificates	33
4.K.2 Reinstatement of ACVIM Diplomate Certificates	34
4.L Policy on Post-RTP Terminology and Specialty Title Usage	34
Part Two: Specialty-Specific Requirements	35
5 Specific Requirements for the Specialty of Cardiology	35
5.A. Cardiology documents and Forms	35
5.B Definitions for Cardiology Candidacy and Residency Training Programs	35
5.B.1 Cardiology Credentials Committee (CCC)	35
5.B.2 Cardiology Residency Training Committee (CRTC)	36
5.B.3 Cardiology Ombudsperson	36
5.B.4 Cardiology Program Director (PD)	36
5.B.5 Cardiology Resident Advisor (RA)	36
5.B.6 Cardiology Supervising Diplomate (SD)	37
5.B.7 Cardiology Secondary-Specialty Supervising Diplomates (SSSDs)	37
5.B.8 Supervision of Residency Training	37
5.B.8.a Direct Supervision	37
5.B.8.b Indirect Supervision	37
5.B.8.c Remote Supervision	37
5.B.9 Training Times / Training week	38
5.B.10 Nontraditional Training in Cardiology	38
5.C The Cardiology Residency Training Program (RTP)	38
5.C.1 Cardiology RTP Registration and Evaluation	38
5.C.1.a Cardiology RTP Registration	38
5.C.1.b Cardiology RTP Probation	38
5.C.1.c Cardiology RTP termination	39
5.C.2 Acceptable Cardiology RTPs	40

Contents

5.C.3 Cardiology Candidate Registration	40
5.C.4 General Objectives of the Cardiology RTP	40
5.C.5 Specific Requirements for the Cardiology RTP	41
5.C.5.a Duration of Cardiology RTP Training	41
5.C.5.b Intensive Training in Clinical Cardiology	41
5.C.5.c Echocardiograms	43
5.C.5.d Cardiovascular Procedures	43
5.C.5.e Special Cardiovascular Procedures	44
5.C.5.f Intensive Clinical Training in Other ACVIM and Non-ACVIM Specialties	45
5.C.5.g Research Requirement	45
5.C.5.h Publication Requirement	46
5.C.5.i Cardiology Journal Club	46
5.C.5.j Cardiology Structured Educational Experiences	47
5.C.5.k Study Time	49
5.C.5.l Vacation and Personal Time	49
5.C.5.m RTP Interruption	49
5.C.5.n RTP Variances	50
5.C.5.o Online RTP Exit Survey	50
5.D Roles and Responsibilities Associated with Cardiology Candidacy and RTPs	50
5.D.1 Responsibilities of the Sponsoring Institution	50
5.D.1.a Supervision	50
5.D.1.b Facilities and Equipment	51
5.D.1.c Didactic Learning Opportunities	51
5.D.2 Responsibilities of Secondary Training Sites	51
5.D.3 Responsibilities of the Program Director (PD)	52
5.D.4 Responsibilities of the Resident Advisor (RA)	53
5.D.5 Responsibilities of the Supervising Diplomate (SD)	53
5.D.6 Responsibilities of the Resident	54
5.D.7 Responsibilities of the Candidate	54
5.E Clinical Milestones for cardiology Residents	54
5.E.1 Clinical Milestones for First-Year Cardiology Residents	54

Contents

5.E.2 Clinical Milestones for Second- and Third-Year Cardiology Residents	55
5.F Resident and Candidate Evaluation	55
5.F.1 Resident Logs	56
5.F.1.a Cardiology Residency Training Committee (CRTC) Log Review	56
5.F.1.b Cardiology Credentials Committee (CCC) Log Review	57
5.G The General Examination	57
5.H Cardiology Credentials	57
5.H.1 Procedures for Submitting Cardiology Credentials	57
5.H.2 Credentials Items to be Submitted / Completed for the Cardiology Specialty Examination	58
5.H.2.a Application Form and Fees Paid	58
5.H.2.b Questions	59
5.H.2.c Letters of Reference	60
5.H.2.d Resident Logs	61
5.I Cardiology Specialty Examination	61
5.I.1 Cardiology Specialty Examination Registration and Fee	61
5.I.2 Cardiology Specialty Examination Content and Format	61
5.J Queries, issues and Complaints by Residents and/or Candidates	63
5.K Maintenance of Credentials (MOC)	63
6 Specific Requirements for the Specialty of Large Animal Internal Medicine	64
6.A LAIM Documents and Forms	64
6.B Definitions for LAIM Candidacy and Residency Training Programs (RTPs)	64
6.B.1 LAIM Residency Training and Credentials Committee (RTCC)	64
6.B.2 LAIM Clinical Writing Assessment Documentation Committee (CWADC)	64
6.B.3 LAIM Ombudsperson	65
6.B.4 LAIM Program Director (PD)	65
6.B.5 LAIM Resident Advisor (RA)	65
6.B.6 LAIM Supervising Diplomate (SD)	65
6.B.7 LAIM Secondary-Specialty Supervising Diplomates (SSSDs)	65
6.B.8 LAIM Training Week	66
6.B.9 LAIM Training Hour	66
6.B.10 Nontraditional Residency Training Program in LAIM	66

6.C Large Animal Internal Medicine Residency Training Programs (RTTPS)	66
6.C.1 LAIM Residency Training Program (RTP) Registration and Evaluation	67
6.C.1.a LAIM RTP Registration	67
6.C.2.b LAIM RTP Probation	67
6.C.2.c LAIM RTP Termination	67
6.C.2 Acceptable LAIM RTPs	67
6.C.3 LAIM Candidate Registration	67
6.C.4 General Objectives of the LAIM Residency Training Program	68
6.C.4.a Patient Care and Technical Skill	68
6.C.4.b Knowledge of Large Animal Internal Medicine	68
6.C.4.c Teaching Skills and Lifelong Learning	68
6.C.4.d Interpersonal and Communication Skills	69
6.C.4.e Research and Scholarly Activities	69
6.C.4.f Professionalism	69
6.C.5 Specific Requirements of a LAIM RTP	69
6.C.5.a Duration of a LAIM RTP	69
6.C.5.b Intensive Clinical Training in LAIM	70
6.C.5.c intensive Clinical Training in ACVIM Secondary Specialties	70
6.C.5.d Training in Non-ACVIM Secondary Specialties	70
6.C.5.e Diagnostic Imaging Training	70
6.C.5.f Pathology Training	71
6.C.5.g External (Affiliated) Rotations	71
6.C.5.h Research and Scholarly Activity	71
6.C.5.i Publication Requirement	72
6.C.5.j Clinical Writing Assessments (CWAs)	74
6.C.5.k Journal Club	74
6.C.5.l Didactic Learning Opportunities	74
6.C.5.m Study Time	76
6.C.5.n Vacation and Personal time	76
6.C.5.o Residency Training program Interruption	76
6.C.5.p Online Exit Interview Survey	76

Contents

6.D Roles and Responsibilities Associated with LAIM Candidacy and RTPs	77
6.D.1 Roles and Responsibilities of the Sponsoring Institution (SI)	77
6.D.1.a Documentation and Verification	77
6.D.1.b LAIM Supervision	77
6.D.1.c Supporting Disciplines Required	77
6.D.1.d Facilities and Equipment	77
6.D.1.e Didactic Learning Opportunities	78
6.D.2 Responsibilities of Secondary Training Sites	78
6.D.3 Responsibilities of the LAIM Program Director (PD)	78
6.D.3 Responsibilities of the LAIM Resident Advisor (RA)	79
6.D.4 Responsibilities of the LAIM Supervising Diplomate (SD)	79
6.D.5 Responsibilities of the LAIM Resident	80
6.D.6 responsibilities of the LAIM Candidate	80
6.E Clinical Milestones for LAIM residents	80
6.E.1 First-Year LAIM Residents	80
6.E.2 Second-Year LAIM Residents	80
6.E.3 Third-Year LAIM Residents	80
6.F Resident Evaluation	81
6.F.1 Resident Case Logs	81
6.F.2 Resident Procedure Logs	81
6.F.3 Education Logs	81
6.G ACVIM General Examination	81
6.H LAIM Credentials	82
6.H.1 Procedures for Submitting LAIM Credentials	82
6.H.2 LAIM Credentials Items to Submit	82
6.H.3 Evaluation of Credentials for LAIM Specialty Examination	83
6.I LAIM Specialty Examination	84
6.I.1 LAIM Specialty Examination Registration and Fee	84
6.I.2 LAIM Specialty Examination Content and Format	84
6.J Queries, Issues and Complaints by Residents and/or Candidates	85
6.K Maintenance of Credentials (MOC)	85

7 Specific Requirements for the Specialty of Neurology	86
7.A Neurology Documents and Forms	86
7.B Definitions for Neurology Candidacy and Residency Training Programs	86
7.B.1 Neurology Credentials Committee (CC)	86
7.B.2 Neurology Residency Training Committee (RTC)	87
7.B.3 Neurology Ombudsperson	87
7.B.4 Neurology Program Director (PD)	87
7.B.5 Neurology Resident Advisor (RA)	87
7.B.6 Neurology Supervising Diplomate (SD)	88
7.B.7 Neurology Secondary-Specialty Supervising DiplomateS (SSSDs)	88
7.B.8 Supervision of Residency Training	88
7.B.8.a Direct Supervision	88
7.B.8.b Indirect Supervision	88
7.B.8.c Remote Supervision	88
7.b.9 Neurology Training Week	89
7.B.10 Training Hour	89
7.B.11 Traditional Neurology Residency Training Program	89
7.B.12 Nontraditional Neurology Residency Training Program	89
7.C Neurology Residency Training Programs	90
7.C.1 Neurology RTP Registration and Evaluation	90
7.C.1.a Neurology RTP Probation	90
7.C.1.b Neurology RTP Termination	91
7.C.2 Acceptable Neurology RTPS	91
7.C.3 Neurology Candidate Registration	91
7.C.4 General Objectives of the Neurology RTP	92
7.C.5 Specific Requirements of the Neurology RTP	92
7.C.5.a Duration	92
7.C.5.b Intensive Clinical Training in Neurology	93
7.C.5.c Electrodiagnostics	93
7.C.5.d Intensive Clinical Training in ACVIM Secondary Specialties	93
7.C.5.e Intensive Clinical Training in Non-ACVIM Secondary Specialties	94

Contents

7.C.5.f Neurosurgical Procedures and Techniques	95
7.C.5.g Research and Scholarly Activity	95
7.C.5.h Publication Requirement	96
7.C.5.i Journal Club	96
7.C.5.j Didactic Learning Opportunities	96
7.C.5.k Study Time	97
7.C.5.l Vacation and Personal Time	98
7.C.5.m Residency Training Interruption	98
7.C.5.n RTP Variances	99
7.C.5.o Online Exit Interview Survey	99
7.D Roles and Responsibilities Associated with Neurology Candidacy and RTPs	99
7.D.1 Responsibilities of the Sponsoring Institution (SI)	99
7.D.1.a Neurology Supervision	99
7.D.1.b Supporting Disciplines	100
7.D.1.c Facilities and Equipment	100
7.D.1.d Didactic Learning Opportunities	100
7.D.2 Responsibilities of Secondary Training Sites	100
7.D.3 Responsibilities of the Program Director (PD)	101
7.D.4 Responsibilities of the Resident Advisor (RA)	102
7.D.5 Responsibilities of the Supervising Diplomate (SD)	103
7.D.6 Responsibilities of the Resident	103
7.D.7 Responsibilities of the Candidate	103
7.E Clinical Milestones for Residents in the Specialty of Neurology	104
7.E.1 Clinical Milestones for First-Year Neurology Residents	104
7.E.1.a Patient Care	104
7.E.1.b Medical Knowledge	104
7.E.1.c Learning and Improvement	105
7.E.1.d Interpersonal and Communication Skills	105
7.E.1.e Professionalism	105
7.E.1.f Clinical Research	106
7.E.2 Clinical Milestones for Second- and Third-Year Neurology Residents	106

Contents

7.E.2.a Patient Care	106
7.E.2.b Medical Knowledge	107
7.E.2.c Learning and Improvement	107
7.E.2.d Interpersonal and Communication Skills	107
7.E.2.e Professionalism	107
7.E.2.f Clinical Research and Publication	107
7.F Resident Evaluation	108
7.G The General Examination	108
7.H Neurology Credentials	108
7.H.1 Procedures for Submitting Credentials	109
7.H.2 Credentials Items to Be Submitted	109
7.H.3 Evaluation of Credentials for the Neurology Specialty Examination	110
7.I Neurology Specialty Examination	110
7.I.1 Neurology Specialty Examination Registration and Fee	110
7.I.2 Neurology Specialty Examination Content and Format	111
7.J Queries, Issues and Complaints by Residents and/or Candidates	111
7.K Maintenance of Credentials (MOC)	111
8. Specific Requirements for the Specialty of Oncology	112
8.A Oncology Documents and Forms	112
8.B Definitions for Oncology Residency Training Programs	112
8.B.1 Oncology Credentials Committee (CC)	112
8.B.2 Oncology Residency Training Committee (RTC)	113
8.B.3 Oncology Ombudsperson	113
8.B.4 Oncology Program Director (PD)	113
8.B.5 Oncology Resident Advisor (RA)	113
8.B.6 Oncology Supervising Diplomate (SD)	113
8.B.7 Oncology Secondary-Specialty Supervising Diplomate (SSSDs)	113
8.B.8 Nontraditional Residency Training in Oncology	114
8.B.9 Training Times	114
8.B.9.a Training Week	114
8.C The Oncology Residency Training Program (RTP)	114

Contents

8.C.1 Oncology RTP Registration and Evaluation	114
8.C.1.a Oncology RTP Registration	114
8.C.1.b Oncology RTP Probation	114
8.C.1.c Oncology RTP Termination	115
8.C.1.d Substantive Changes to an Oncology RTP	115
8.C.2 Acceptable Oncology RTPs	116
8.C.3 Oncology Candidate Registration	116
8.C.4 General Objectives of the Oncology RTP	117
8.C.5 Specific Requirements of the Oncology RTP	117
8.C.5.a Duration of the Oncology RTP	117
8.C.5.b Intensive Clinical Training in Oncology	118
8.C.5.c Intensive Clinical Training in Secondary ACVIM Specialties	118
8.C.5.d Intensive Clinical Training in Non-ACVIM Specialties	119
8.C.5.e Research	121
8.C.5.f Publication Requirement	121
8.C.5.g Journal Club	122
8.C.5.h Seminars, Lecture Series, and Formal Conferences	123
8.C.5.i Continuing Education Conferences	123
8.C.5.j Formal Examination Review Sessions	123
8.C.5.k Study Time	124
8.C.5.l Unsupervised, Vacation and Personal Time	124
8.C.5.m Residency Training Interruption	124
8.C.5.n Nontraditional Training Programs	125
8.C.5.o Online Exit Interview Survey	125
8.D Roles and Responsibilities Associated with Oncology Candidacy and RTPs	126
8.D.1 Responsibilities of the Sponsoring Institution	126
8.D.1.a Oncology Supervision	126
8.D.1.b Supporting Disciplines Required	126
8.D.1.c Facilities and Equipment	126
8.D.2 Responsibilities of the Program Director (PD)	127
8.D.2.a Oncology Residency Training Program Registration and Evaluation	127

Contents

8.D.2.b Resident Evaluation	127
8.D.3 Responsibilities of the Resident Advisor (RA)	127
8.D.4 Responsibilities of the Supervising Diplomate (SD)	128
8.D.5 Responsibilities of the Secondary-Specialty Supervising Diplomate (ssSD)	128
8.D.6 Responsibilities of the Resident	128
8.D.7 Responsibilities of the Candidate	129
8.E Clinical Milestones for Oncology Residents	129
8.E.1 Clinical Milestones for First-Year Oncology Residents	129
8.E.2 Clinical Milestones for Second-Year Oncology Residents	130
8.E.3 Clinical Milestones for Third-Year Oncology Residents	130
8.F Resident and Candidate Evaluation	130
8.G The ACVIM General Examination	131
8.H Credentials	131
8.H.1 Procedure for Submitting Credentials for the Oncology Specialty Examination	131
8.H.2 Credentials Items to Be Submitted	131
8.H.3 Evaluation of Credentials for Oncology Specialty Examination	132
8.I the Oncology Specialty Examination	132
8.I.1 Registration and Fee for Taking the Oncology Specialty Examination	132
8.I.2 The Oncology Specialty Examination Content and Format	133
8.J Maintenance of Credentials (MOC)	134
8.K Correspondence and Inquiries	134
9 Specific Requirements for the Specialty of Small Animal Internal Medicine	135
9.A SAIM Documents and Forms	135
9.B Definitions for SAIM Candidacy and Residency Training Programs (RTPS)	135
9.B.1 SAIM Credentials Committee (CC)	135
9.B.2 SAIM Residency Training Committee (RTC)	136
9.B.3 SAIM Ombudsperson	136
9.B.4 SAIM Program Director (PD)	136
9.B.5 SAIM Resident Advisor (RA)	136
9.B.6 SAIM Supervising Diplomate (SD)	136
9.B.7 SAIM Secondary-Specialty Supervising Diplomate (SSSD)	137

Contents

9.B.8 Supervision of Residency Training	137
9.B.8.a Direct Supervision	137
9.B.8.b Indirect Supervision	137
9.B.8.c Remote Supervision	137
9.B.9 Training Times / Training Week	137
9.B.10 Nontraditional Training in Small Animal Internal Medicine	138
9.C SAIM Residency Training Programs (RTPS)	139
9.C.1 Residency Training Program Registration and Evaluation	139
9.C.1.a SAIM RTP Probation	139
9.C.1.b SAIM RTP Termination	140
9.C.2 Accepted SAIM RTPs	140
9.C.3 SAIM Candidate registration	140
9.C.4 General Objectives of the SAIM Residency Training Program	141
9.C.5 Specific Objectives of the SAIM Residency Training Program	141
9.C.6 Specific Requirements of a SAIM RTP	142
9.C.6.a Duration of a SAIM RTP	142
9.C.6.b Intensive Clinical Training in SAIM	143
9.C.6.c Intensive Clinical Training in ACVIM Secondary Specialties	143
9.C.6.d Training in Non-ACVIM Secondary Specialties	144
9.C.6.e Research and Scholarly Activity	145
9.C.6.f Publication Requirement	146
9.C.6.g Journal Club	148
9.C.6.h Didactic Learning Opportunities	148
9.C.6.i Study Time	149
9.C.6.j Vacation and Personal Time	149
9.C.6.k Residency Training Interruption	150
9.C.6.l Online Exit Interview Survey	150
9.D Roles and Responsibilities Associated with SAIM Candidacy and RTPs	151
9.D.1 Roles and Responsibilities of the Sponsoring Institution (SI)	151
9.D.1.a SAIM Supervision	151
9.D.1.b Secondary Specialties Supervision	151

Contents

9.D.1.c Facilities and Equipment	152
9.D.1.d Didactic Learning Opportunities	152
9.D.2 Roles and Responsibilities of Secondary Training Sites	152
9.D.3 Roles and Responsibilities of the Program Director (PD)	152
9.D.4 Roles and Responsibilities of the Resident Advisor (RA)	154
9.D.5 Roles and Responsibilities of the Supervising Diplomate (SD)	154
9.D.6 Roles and Responsibilities of the Resident	155
9.D.7 Roles and Responsibilities of the Candidate	155
9.E Clinical Milestones for SAIM residents	155
9.E.1 Clinical Milestones for First-Year SAIM Residents	155
9.E.1.a Expectations Regarding Patient Care	155
9.E.1.b Expectations Regarding Medical Knowledge	156
9.E.1.c Expectations Regarding Learning and Improvement	156
9.E.1.d Expectations Regarding Interpersonal and Communication Skills	157
9.E.1.e Expectations Regarding Professionalism	157
9.E.1.f Expectations Regarding Clinical Research and Publication Productivity	158
9.E.2 Clinical Milestones for Second- and Third-Year SAIM Residents	158
9.E.2.a Expectations Regarding Patient Care	158
9.E.2.b Expectations Regarding Medical Knowledge	158
9.E.2.c Expectations Regarding Practice-Based Learning and Improvement	159
9.E.2.d Expectations Regarding Interpersonal and Communication Skills	159
9.E.2.e Expectations Regarding Professionalism	159
9.E.2.f Expectations Regarding Clinical Research and Publication	159
9.F Resident Evaluation	160
9.F.1 Resident Case Logs	160
9.F.2 Resident Procedure Logs	160
9.F.3 Education Logs	160
9.G The General Examination	160
9.H SAIM Credentials	160
9.H.1 Procedures for Submitting SAIM Credentials	160
9.H.2. Credential Items to be Submitted for the SAIM Specialty Examination	162

Contents

9.I SAIM Specialty Examination	162
9.I.1 SAIM Specialty Examination Registration and Fee	162
9.I.2 SAIM Specialty Examination Content and Format	162
9.J Queries, Issues and Complaints by Residents and/or Candidates	163
9.K Maintenance of Credentials (MOC)	164

1 ACVIM MISSION STATEMENT

The mission of the American College of Veterinary Internal Medicine (ACVIM or the College) is to enhance animal and human health by advancing veterinary internal medicine through training, education, and discovery.

2 ACVIM VISION, MISSION, AND VALUE STATEMENTS

Our vision: Improving the lives of animals and people globally.

Our mission: Being the trusted leader in veterinary education, discovery, and medical excellence.

We value:

- **Inclusion** – Creating a community of inclusiveness that respects the diverse backgrounds and values of its members, candidates, staff, and partners.
- **Integrity** – Fostering honesty and trust and adhering to the highest standards of professionalism.
- **Connection** – Being part of a supportive network with shared experiences and priorities.
- **Empathy** – Relating to others with kindness and humanity.
- **Excellence** – Committing to continuous improvement for ourselves and our profession.

In pursuit of our mission, the ACVIM advances the knowledge of animal health and diseases, and fosters the continued development of specialty veterinary care in cardiology, large animal internal medicine, neurology, oncology, and small animal internal medicine.

To achieve these purposes, the ACVIM:

- Certifies new Diplomates by guiding and overseeing residency training programs (RTPs), and ensuring fair and appropriate credentialing and examination procedures.
- Promotes and advocates ACVIM specialization to those individuals within the veterinary profession and to the animal-owning public, so that the value of certification is recognized.
- Promotes continuing education and the dissemination of knowledge in veterinary cardiology, large animal internal medicine, neurology, oncology, and small animal internal medicine through the ACVIM Forum, the *Journal of Veterinary Internal Medicine*, advanced continuing education (ACE) courses, and other means.
- Promotes the generation of new knowledge, relevant to ACVIM specialties, to improve animal and human health.

3 IMPORTANT DEFINITIONS

3.A ACVIM DIPLOMATE

An ACVIM Diplomate is a member of one of the ACVIM specialties who receives approval for Diplomate status designation from the Board of Regents (BOR) having fulfilled all of the criteria to become an ACVIM Diplomate (synonym: ACVIM board-certified), including completing an approved residency training program (RTP), successful submission of credentials, and passing both the General and Specialty Examinations, as well as remaining current on annual dues and/or fees and, for Diplomates certified in 2016 and later, continuing to fulfill the requirements for maintenance of credentials (MOC).

In the context of ACVIM-related activities, including residency training, the terms “cardiologist,” “large animal internist,” “neurologist,” “nutritionist,” “oncologist,” and “small animal internist” apply only to an individual who is an ACVIM Diplomate in that respective specialty, or to a Diplomate in an equivalent EBVS-recognized veterinary specialty who is acting as an authorized SD or SSSD in an ACVIM-approved RTP.

An ACVIM Diplomate who does not remain current on payment of all dues and fees, or who is certified on or after January 1, 2016, and fails to meet established MOC program criteria, is subject to the following limitations:

- They may not use the name American College of Veterinary Internal Medicine.
- They may not use the letters “ACVIM” or the “DACVIM” credential in their title.
- They may not use the ACVIM logo in association with their work or associated institution.
- They may not claim to be board-certified specialists or otherwise imply that they are a Diplomate, per ABVS guidelines.

ACVIM Diplomates who do not remain current on payment of all annual dues and fees, or who is certified on or after January 1, 2016, and fails to meet MOC program criteria immediately lose the following benefits:

- The ability to serve as a PD, RA, or SD (Thus, although veterinarians who are not Diplomates may assist in training a resident, none of that training will be counted as official time served in training, nor may that veterinarian be listed or credited in the RTP submission by an RTP.)
- The right to participate in any residency training activities if that veterinarian loses their certificate.
- The right to vote, to hold office, to serve on committees, and to attend business meetings of the ACVIM and their respective specialty or specialties.
- Access to the ACVIM Diplomate discount on ACVIM Forum registration and all other ACVIM discounts.
- Access to the ACVIM’s website, along with access to all ACVIM updates and other member communications.
- Their listing as an ACVIM Diplomate in the [ACVIM diplomate directory](#) and on [VetSpecialists.com](#).
- Other privileges as deemed appropriate by the BOR.

Reinstatement to Diplomate status is contingent upon approval by the BOR, payment of all dues and fees in arrears (to a maximum of 3 years), and payment of current dues and fees in full. Reinstatement of an ACVIM Diplomate certificate after failure to meet MOC criteria is possible by meeting all of the [requirements of the specialty's MOC committee](#), in addition to the requirements stated above.

3.B ACVIM CANDIDATE

An ACVIM candidate is a veterinarian actively seeking Diplomate status (synonym: ACVIM board certification) from the ACVIM, who is enrolled in an ACVIM-approved RTP, is registered with the ACVIM, and is making satisfactory progress toward attaining board certification. Individuals remain candidates until one of the following happens:

- They obtain Diplomate status (including time between completion of the residency and achieving Diplomate status).
- They withdraw from the RTP before the satisfactory completion of the program.
- They are excused from an RTP before the satisfactory completion of the program.
- They fail to achieve board certification within the specified allowable candidacy period as defined in the ACVIM Certification Manual applicable to that candidate.

Candidates are governed by the rules in this Manual in effect at the start of their RTP with the following exceptions: if a rule eliminates or lessens an RTP or certification requirement, that lessened requirement will normally apply to current candidates (exceptions will be stated at the time of any rule change). If a rule is purely procedural and does not impact RTP or certification requirements, such as the date of an examination or the format of an examination, that rule becomes effective for all candidates at the time the rule is implemented, regardless of the start date of a candidate's RTP.

If a candidate fails to achieve active Diplomate status within the time specified by the ACVIM specialty under which the candidate is registered, they are no longer considered a candidate of the ACVIM, may not resubmit credentials or participate in additional examination attempts, and are ineligible to become a Diplomate of the ACVIM.

3.C ACVIM SPECIALTY

The ACVIM is the umbrella registered veterinary specialty organization (RVSO) for several registered veterinary specialties (RVSS), currently including the specialties of cardiology, large animal internal medicine (LAIM), neurology, nutrition, oncology, and small animal internal medicine (SAIM).

3.D AMERICAN BOARD OF VETERINARY SPECIALTIES (ABVS)

The [American Board of Veterinary Specialties \(ABVS\)](#) is the umbrella organization for accrediting veterinary specialties within the United States. An ABVS-accredited specialty organization is identified as a recognized veterinary specialty organization (RVSO), and an accredited specialty is identified as a recognized veterinary specialty (RVS). The ACVIM is an RVSO, and all ACVIM specialties are RVSS.

The ABVS is composed of the following:

Important Definitions

- Four voting representatives from AVMA-recognized veterinary specialty organizations, chosen by the [Veterinary Specialty Organizations Committee \(VSOC\)](#) (section 3.AG).
- Four voting representatives representing non-specialty [AVMA](#) members (section 3.E).
- One voting liaison from the [Association of American Veterinary Medical Colleges \(AAVMC\)](#).
- One voting liaison from the [American Association of Veterinary State Boards \(AAVSB\)](#).
- One voting psychometrician.
- One voting public member.

3.E AMERICAN VETERINARY MEDICAL ASSOCIATION (AVMA)

The [American Veterinary Medical Association \(AVMA\)](#) is the USA's leading advocacy organization for the veterinary profession, striving to improve the health and well-being of animals, humans and the environment we share. The AVMA; develops positions on key issues and advocate for veterinarians, advancing their ability to provide crucial veterinary services; provide educational accreditation and certification programs that protect and elevate the quality of veterinary care; provides timely and relevant products and services that enhance AVMA members' opportunities for success and service and support them in protecting the health and welfare of animals in their care; educates the public on the important and varied types of work that veterinarians do to advance both animal and human health.

3.F AUTHORIZED AGENT

The authorized agent is the individual with administrative responsibility at a sponsoring institution (SI) that must verify that the named program director (PD) has the authority needed and will receive the support necessary for the residency training program (RTP) to succeed. The authorized agent may be the department head if the RTP is in a university or an owner or officer of the company if the RTP is in a private practice. Each year, upon renewal of the RTP, the authorized agent must provide signed support in the form of a completed authorized agent letter that documents the ongoing support of each RTP.

3.G BOARD CERTIFIED / BOARD CERTIFICATION

In the context of this Manual, board-certified refers to a veterinary specialist that is a Diplomate and member in good-standing of an ABVS or EBVS registered veterinary specialty and/or registered veterinary specialty organization. Board-certification is the process by which said Diplomate and member of the ABVS or EBVS registered veterinary specialty and/or registered veterinary specialty organization became board-certified.

3.H BOARD OF REGENTS (BOR)

The [Board of Regents \(BOR\)](#) is the governing body of the ACVIM. Voting members of the BOR are the chair, president, president-elect, specialty presidents, and at-large representatives. Nonvoting members of the BOR include the ACVIM chief executive officer, treasurer, certification liaison, and immediate past chair of the BOR, The exact composition of the BOR and the Executive Committee (EC), along with the duties and responsibilities of the BOR and ACVIM officers, are stipulated in the [ACVIM's bylaws](#) available on the [governance page of the ACVIM website](#).

3.I CERTIFICATION LIAISON

The ACVIM's [certification liaison](#) is a nonvoting member of both the BOR and the Executive Committee of the BOR, who serves as the ACVIM's representative to the VSOC and to the ABVS, as well as overseeing the activities of the ACVIM Appeals Committee. The certification liaison also performs other tasks as assigned by the chief executive officer, at the request of the Executive Committee, and/or at the request of the voting BOR.

3.J CERTIFICATION MANUAL (CM)

The present document is the Certification Manual (CM), otherwise referred to in the present document as "this Manual". The CM informs residents, candidates, sponsoring institutions (SIs), program directors (PDs), resident advisors (RAs), supervising Diplomates (SDs), and secondary-specialty supervising Diplomates (SSSDs) of the ACVIM's residency training program (RTP) requirements and of the steps required for certification for each ACVIM specialty.

3.K CERTIFICATION PROCESS

The ACVIM certification process includes, but may not be limited to, the candidate's registering with the ACVIM, completing an ACVIM-approved RTP, passing the General and Specialty Examinations, paying all associated fees, and meeting all other credentialing requirements of a specialty. Certification and residency training program (RTP) requirements are defined in this Manual, and include certain requirements for all candidates, as well as requirements specific to each specialty. It is incumbent on each candidate to be familiar with and fulfill all requirements in section 4 of this Manual, as well as those of their specific specialty outlined in sections 5 through 10 of this Manual. Supplemental information, policies and procedures essential to the process of certification, such as registration, examination dates, deadlines, standard logs, standard forms, and the like, are provided on the [resources for candidates pages](#) on the [ACVIM website](#). It is critical that candidates and their mentors monitor the [ACVIM website](#) to ensure compliance with published deadlines, current candidacy and residency guidelines and forms.

Candidates, as well as program directors (PDs), resident advisors (RAs), supervising Diplomates (SDs) and secondary-specialty supervising Diplomates (SSSDs) must all be familiar with both the residency training requirements and details of the certification process, as outlined in this Manual and supplemented by information on the [ACVIM website](#), to ensure a candidate's certification success.

3.L CREDENTIALS COMMITTEE (CC)

A specialty's credentials committee (CC) evaluates a candidate's progress during the ACVIM certification candidacy period, including completion of RTP requirements, General and Specialty Examination results, and fulfillment of any additional credentials requirements, such as logs and the publication requirement. A specialty's CC is responsible for certifying that a candidate meets all the requirements for becoming a Diplomate of the ACVIM in their chosen specialty. The specialties of cardiology, neurology, nutrition, oncology, and small animal internal medicine each have a separate CC. In the large animal internal medicine specialty, the functions of the CC are currently combined with those of the residency training committee (RTC) into a single residency training/credentials committee (RTCC).

3.M DISABILITY AND/OR FINANCIAL HARDSHIP

As described in the ACVIM's bylaws section 1.1, an ACVIM Diplomate experiencing substantial financial hardship or disability may apply to the Board of Regents for a partial or total waiver of membership dues and/or fees, which may be approved in the sole discretion of the Board of Regents.

3.N EMERITUS ACVIM DIPLOMATE

An ACVIM Diplomate can request emeritus status within ACVIM by petitioning the [ACVIM office](#). The decision to grant emeritus status rests with the BOR and is based on the Diplomate meeting the following two criteria:

- The Diplomate has been an active Diplomate of the ACVIM for 25 years or more or has reached the age of 65, or both.
- The Diplomate has retired from employment in which the individual's ACVIM credentials are a requirement for employment.

Income-generating professional activities that require ACVIM credentials, such as part-time consulting, teaching, writing, or continuing education, are acceptable provided the total annual income from these activities does not exceed the exempt amount for receiving full US Social Security retirement income for those below normal retirement age (before the individual's full retirement age as defined by US Social Security).

The following benefits and restrictions apply to emeritus Diplomates:

- Their annual membership dues are waived.
- They pay a reduced (Diplomate) registration fee for the ACVIM Forum (after age 65 the fee is reduced further — see the [Forum webpage](#) or the current discounted rate).
- They are listed in the [ACVIM diplomate directory](#) (members access only), but are not listed on [VetSpecialists.com](#) (public website).
- They may not be a voting member of committees, run for office within the ACVIM, or serve as a PD, RA, or SD. (Diplomates who are planning to apply for Emeritus Diplomate status should not run for office or volunteer as a voting member of an ACVIM committee or Taskforce if their retirement would occur during the expected term of that position.)

3.O EUROPEAN BOARD OF VETERINARY SPECIALISATION (EBVS)

The [European Board of Veterinary Specialisation \(EBVS\)](#) is the umbrella organization for veterinary specialties within Europe and is registered with the Chamber of Commerce (Kamer van Koophandel) in Utrecht, the Netherlands. The EBVS is composed of one voting representative from each of the 27 EBVS-recognized veterinary specialist colleges, consisting of more than 38 distinct specialties, with more than 4,000 veterinarians active as European veterinary specialists.

3.P EUROPEAN COLLEGE OF BOVINE HEALTH MANAGEMENT (ECBHM)

The [European College of Bovine Health Management \(ECBHM\)](#) advances herd-health-oriented bovine production management in Europe and increases the competency of those who practice in this field of veterinary medicine.

ECBHM guidelines and training standards for postgraduate education and experience establish prerequisites for an individual to specialize in bovine health management, to take the examination related to bovine health management, and to receive authentication as a specialist in bovine health management.

3.Q EUROPEAN COLLEGE OF EQUINE INTERNAL MEDICINE (ECEIM)

The [European College of Equine Internal Medicine \(ECEIM\)](#) advances equine internal medicine in Europe and increases the competency of those who practice in this field of veterinary medicine.

3.R EUROPEAN COLLEGE OF VETERINARY INTERNAL MEDICINE – COMPANION ANIMAL (ECVIM-CA)

The [European College of Veterinary Internal Medicine – Companion Animal \(ECVIM-CA\)](#) represents companion animal internal medicine specialists in Europe. The organization's mission is similar to the ACVIM. It sets standards for residency training and examines candidates. It certifies individuals post-residency and on completion of all certification requirements. Specialty groups within ECVIM-CA are cardiology, internal medicine, and oncology.

3.S EUROPEAN COLLEGE OF VETERINARY NEUROLOGY (ECVN)

The [European College of Veterinary Neurology \(ECVN\)](#) certifies veterinarians as specialists in veterinary neurology. The organization furthers knowledge related to the pathogenesis, diagnosis, therapy, and control of diseases affecting the nervous system of animals. The EBVS and the Royal College of Veterinary Surgeons also recognize ECVN Diplomates as specialists.

3.T GOOD STANDING

3.T.1 CANDIDATE IN GOOD STANDING

Good standing refers to a candidate that is enrolled in an ACVIM-approved residency training program (RTP), or has completed an ACVIM-approved RTP, and is registered with the ACVIM, and is making satisfactory progress toward attaining Diplomate status (synonym: board certification). If a candidate leaves an RTP, either temporarily (e.g., a leave of absence) or permanently (e.g., dismissal or permanent withdrawal) before completing the RTP, the PD must notify the ACVIM of that status change within 30 days of the change in status. If a candidate leaves an RTP, either temporarily (e.g., a leave of absence) or permanently (e.g., dismissal or permanent withdrawal) before completing the RTP, the candidate is no longer in good standing and is ineligible to take any examination until that individual resumes an ACVIM-approved RTP (either the original or a new program) and the appropriate specialty's residency training committee (RTC or RTCC) reinstates the candidate's status as an ACVIM candidate.

3.T.2 DIPLOMATE IN GOOD STANDING

Good standing may occasionally be used to refer to a Diplomate and member of either an ABVS- or EBVS-registered veterinary specialty and/or registered veterinary specialty organization, who is current on all dues, and for ACVIM Diplomates certified in 2016 and later, continuing to fulfill the requirements for maintenance of credentials (MOC).

3.T.3 RESIDENCY TRAINING PROGRAM (RTP) IN GOOD STANDING

Good standing refers to an ACVIM-approved RTP that has submitted all required documents (e.g., authorized agent letter, RTP application and/or annual renewal paperwork, etc.) to document that the RTP has the facilities and personnel required to provide residency training, has provided satisfactory evidence of compliance with ACVIM RTP requirements as stated in this Manual, and has its submissions reviewed and approved by the relevant specialty's residency training committee (RTC or RTCC).

Alternative RTP statuses include; 1) probation, and 2) termination. If deficiencies are identified in an RTP, the specialty's RTC or RTCC may place the RTP on probation. If the deficiencies are severe and/or not corrected by the RTP within the deadlines set by the RTC or RTCC, the RTC or RTCC may recommend termination of the RTP to the BOR. The BOR may terminate any RTP upon the recommendation of the relevant specialty's RTC or RTCC. Each RTP will be evaluated annually to determine whether it remains in good standing.

3.U HONORARY ACVIM MEMBER

This recognition is for individuals who are retired or nearing retirement. The BOR may confer honorary membership on persons who contributed materially to the disciplines of veterinary internal medicine. An honorary member has many of the rights and privileges of an active ACVIM member, but does not have the following responsibilities, benefits, or privileges:

- Is not required to pay dues.
- Cannot serve as a PD, RA, or SD.
- Cannot vote, hold office, or attend ACVIM business meetings.
- Cannot use this recognition, or the ACVIM name or logo, in any way that states or implies that honorary membership is a professional qualification (e.g., no "Jane Doe, DVM, ACVIM (hon)").

Diplomates desiring to submit a nominee for consideration as an honorary member should present their nominee's credentials to the president of the appropriate specialty (current presidents' contact information may be found on the [ACVIM website](#)) for further consideration by the specialty's nominating committee. Nominations approved by the specialty nominating committee should then be presented to that specialty for approval. If approved by the specialty, the nominations are presented to the BOR for final approval. Honorary member certificates are presented at the ACVIM Forum.

3.V MAINTENANCE OF CREDENTIALS (MOC)

A [maintenance of credentials \(MOC\)](#) program is in effect for all ACVIM Diplomates certified after January 1, 2016, and for any Diplomat certified before January 1, 2016, who volunteered to participate in the MOC program. Every Diplomat who completed credentials and became a Diplomat on or after January 1, 2016, is awarded a Diplomat certificate that is valid for 10 years. By the end of this 10-year period, the Diplomat must have met the criteria established to maintain credentials to remain a Diplomat. If the Diplomat fails to meet the criteria, the certificate becomes inactive, and the Diplomat is no longer recognized as a Diplomat by the ACVIM. The general criteria for maintaining credentials and the specialty-specific criteria for maintaining credentials can be found on the [ACVIM website](#).

3.W NONTRADITIONAL RESIDENCY TRAINING PROGRAM

A nontraditional RTP is a program that is approved by a specialty's RTC or RTCC and that is intentionally non-continuous. A nontraditional RTP may be a maximum of 5 years in duration. All specialties stipulate that in a nontraditional residency, all the specialty's requirements for residency training must be met, and that all training must take place within clearly defined, continuous blocks of training time.

3.X OMBUDSPERSON

The ombudsperson is the individual appointed by each specialty president, who is available to candidates to serve as a liaison during conflicts between a candidate and either an RTP and/or the ACVIM. The ombudsperson provides a neutral and confidential environment in which to voice concerns. The ombudsperson advises and offers options toward resolution of a problem as the ombudsperson deems appropriate. All communications are held in strict confidence. The scope of the ombudsperson's work excludes matters relating to examinations and/or denial of credentials, which are addressed by the ACVIM Appeals Committee (see section [4.1](#)). The ombudsperson does not engage in any arbitration process, does not offer legal advice, and does not impose sanctions on individual candidates or RTPs. If an ombudsperson is personally involved in a dispute with a candidate, the ombudsperson must recuse themselves. In such a case, the ACVIM certification liaison will serve as ombudsperson during that dispute. All specialties have an ombudsperson: [Cardiology](#) – [LAIM](#) – [Neurology](#) – [Oncology](#) – [SAIM](#).

3.Y PROGRAM DIRECTOR (PD)

A program director (PD) is the individual at the SI who assumes overall responsibility for the conduct and integrity of that institution's RTP(s). The PD for any ACVIM RTP must be an ACVIM Diplomat and member. However, a PD may *not* necessarily be a Diplomat in the specialty of the RTP, when this exception is specified by the specialty. Moreover, individual ACVIM specialties may stipulate additional prerequisites for PDs. See specialty requirements later in this Manual for further clarification and specifications: [Cardiology](#) – [LAIM](#) – [Neurology](#) – [Oncology](#) – [SAIM](#).

3.Z RESIDENCY TRAINING COMMITTEE (RTC)

A residency training committee (RTC) specifies the residency training program (RTP) criteria that must be met for board-certification. An RTC reviews documentation for all RTPs submitted by sponsoring institutions and determines

their acceptability. The RTC will assign RTPs one of three designations: 1) approved, 2) probationary, or 3) terminated. The specialties of [Cardiology](#), [Neurology](#), [Oncology](#), and [Small Animal Internal Medicine](#) have an RTC.

3.AA RESIDENCY TRAINING/CREDENTIALS COMMITTEE (RTCC)

In the specialties of large animal internal medicine (LAIM) and Nutrition the functions of the RTC and the CC are currently combined into a single committee designated the LAIM and Nutrition residency training and credential committees (RTCCs).

3.AB RESIDENCY TRAINING PROGRAM (RTP)

The residency training program (RTP) is a clinical training and educational experience that is provided to a resident at a sponsoring institution (SI), and one in which a resident must fully engage, as part of the process towards becoming an ACVIM Diplomate (board certified). The PD, RA, SDs, SSSDs and residents collectively contribute to a successful RTP.

3.AC RESIDENT

The resident is an ACVIM candidate who is enrolled in an ACVIM-approved residency training program (RTP). All residents registered with the ACVIM in approved ACVIM RTPs are also regarded as ACVIM candidates. However, the terms are not interchangeable. ACVIM candidacy may continue after an RTP is completed, although the candidate is no longer a resident. Individuals remain candidates until they become ACVIM Diplomates, exceed the total time allowed to become ACVIM Diplomates, withdraw or are dismissed from an RTP, or voluntarily terminate their candidacy. Individuals are residents only while participating in an ACVIM-approved RTP.

3.AD RESIDENT ADVISOR (RA)

The resident advisor (RA) is the individual at the sponsoring institution (SI) who is primarily responsible for overseeing the resident's progress during the RTP. An RA must be an ACVIM member and Diplomate in the chosen specialty in which the resident is training, unless otherwise specified by the relevant ACVIM specialty. An RA must be actively involved as an SD for assigned residents, and be substantially involved in the clinical supervision of assigned residents. Moreover, an RA may not perform this role on behalf of multiple SIs. Finally, individual ACVIM specialties may stipulate additional prerequisites for RAs. See specialty requirements later in this Manual for further clarification and specifications: [Cardiology](#) – [LAIM](#) – [Neurology](#) – [Oncology](#) – [SAIM](#).

3.AE SPONSORING INSTITUTION (SI)

The sponsoring institution (SI) is the primary veterinary facility, hospital, practice, clinic, or institution that hosts the RTP. It is best practice for every SI to have human resources policies that address issues of physical and psychological well-being, discrimination, and harassment. These policies should provide adequate pathways for residents to resolve concerns regarding physical and psychological well-being, discrimination, and/or harassment, if problems are perceived. Moreover, individual ACVIM specialties stipulate additional requirements of SIs. See

specialty requirements later in this Manual for further clarification and specifications: [Cardiology](#) – [LAIM](#) – [Neurology](#) – [Oncology](#) – [SAIM](#)

3.AF SUPERVISING DIPLOMATE (SD)

The supervising Diplomate (SD) is the individual at the SI, or a secondary RTP clinical training site, who is actively contributing to the clinical training and education of the resident in the area of specialty that is the primary specialty of the RTP. An SD must be an ACVIM Diplomate in the chosen specialty in which the resident is training, unless otherwise specified by the relevant ACVIM specialty. Moreover, individual ACVIM specialties may stipulate additional prerequisites for SDs. See specialty requirements later in this Manual for further clarification and specifications: [Cardiology](#) – [LAIM](#) – [Neurology](#) – [Oncology](#) – [SAIM](#).

The SD evaluates the resident or candidate and provides context and perspectives for those patient/client interactions to ensure safe, timely, and appropriate medical care.

3.AG SECONDARY-SPECIALTY SUPERVISING DIPLOMATE (SSSD)

A secondary-specialty supervising Diplomate (SSSD) is a board-certified individual at the SI, or a secondary RTP clinical training site, who is actively contributing to the clinical training and education of the resident in an area of specialty that is not the primary specialty of the RTP. Here “board-certified” refers to both Diplomates of both ABVS- r or EBVS-registered veterinary specialties and/or registered veterinary specialty organizations. An SSSD must be a Diplomate in good standing within that SSSD’s registered veterinary specialty and/or registered veterinary specialty organization. Moreover, individual ACVIM specialties may stipulate additional prerequisites for SSSDs. See the specialty requirements later in this Manual for further clarification and specifications: [Cardiology](#) – [LAIM](#) – [Neurology](#) – [Oncology](#) – [SAIM](#).

3.AH VETERINARY SPECIALTY ORGANIZATIONS COMMITTEE (VSOC)

The [Veterinary Specialty Organizations Committee \(VSOC\)](#) is a committee of the American Veterinary Medical Association (AVMA) that serves in an advisory role to the ABVS, and works to advance specialization in veterinary medicine. VSOC helps to establish the standards required to become recognized as a veterinary specialty organization (RVSO) or a registered veterinary specialty (RVS). The voting membership of the committee consists of one representative appointed by each AVMA RVSO, who must be an AVMA member in good standing. Terms are 4 years and can be renewed for successive terms, as determined by each RVSO. Each RVS within an RVSO is permitted to have one nonvoting member attend all VSOC meetings, either in-person or via electronic means. A liaison from the AVMA will attend all VSOC meetings as a non-voting representative.

PART ONE: APPLIES TO ALL SPECIALTIES

4 REQUIREMENTS FOR ALL SPECIALTIES

This Manual informs residents, candidates, SIs, PDs, RAs, SDs, and SSSDs of the ACVIM's residency training program (RTP) requirements and of the certification steps for each ACVIM specialty. Current information regarding deadlines, registration procedures, fees, current forms, credentials requirements, and examination content and procedures, is maintained on the ACVIM's website, rather than in this Manual. Candidates should regularly check the ACVIM website for any updates and/or changes in deadlines, registration procedures, fees, current forms, credentials requirements, examination content and procedures, and other matters that may impact the successful completion of the certification process. It is solely the responsibility of candidates and mentors to ensure up-to-date access to the [ACVIM website](#), candidate dashboard, and all relevant ACVIM list serves.

The ACVIM office does not send out individual notices to candidates or mentors regarding approaching deadlines, as that information is maintained and kept current on the [ACVIM website](#).

4.A ACHIEVING DIPLOMATE STATUS (BOARD CERTIFICATION)

An ACVIM Diplomate is a highly educated veterinary professional, who has completed rigorous residency training and fulfilled additional credentialing requirements and is certified by the ACVIM as a veterinary specialist. Residency training is an indispensable component of the transformation of a veterinarian into a veterinary specialist. Residency training is physically, emotionally, and intellectually demanding and requires focused and committed effort on the resident's part to master their chosen discipline. The education of veterinary specialists is largely experiential and necessarily occurs within the context of an SI, with mentorship provided by the PDs, RA, SDs, and SSSDs. Developing the skills, knowledge, and attitudes leading to proficiency at the level of specialty care requires residents to assume personal responsibility for the care of individual patients and/or clients, while routinely seek guidance from their RA, SDs, and SSSDs.

The process for becoming an ACVIM Diplomate (board certified) involves the following steps. An individual must:

- Be a graduate of a college or school of veterinary medicine that is accredited by the [AVMA](#), or be legally qualified to practice veterinary medicine.
- Complete satisfactorily a one-year rotating internship in medicine and surgery, or have undertaken an equivalent broad-based clinical experience.
- Complete satisfactorily an ACVIM-approved RTP in the specialty for which the candidate seeks certification.
- Pass the ACVIM General Examination.
- Pass the ACVIM Specialty Examination in the specialty for which the candidate seeks certification.
- Fulfill all credentialing requirements of the specialty for which the candidate seeks certification.
- Invariably demonstrate professional behavior.

4.B SUMMARY OF PROCEDURES FOR ALL SPECIALTIES (AT A GLANCE)

Registration of a resident as a candidate with the ACVIM is submitted online to the ACVIM office:

- When:* Within 90 days of beginning the RTP.
What: Online registration form and registration fee.
Reviewed by: ACVIM office.
Response time: 8 weeks.

Application to take the ACVIM General Examination is submitted online to the ACVIM office:

- When:* All components are due by the date specified on the [ACVIM website](#). The deadline will be in the year preceding the examination.
What: Online registration form, RA progress letter, two multiple-choice questions, progress record reflecting activities to that point, and examination fee payment.
Reviewed by: ACVIM office.
Response time: 30 days.

Credentials for all specialties for the Specialty Examination are submitted online to the ACVIM office:

- When:* All components are due by the date specified on the [ACVIM website](#). The deadline will be in the year preceding the examination.
What: All components of the credentials packet and credentials fee.
Reviewed by: Specialty CC or RTCC.
Response time: 60 days.

Registration and fee for the Specialty Examination for all specialties are submitted online to the ACVIM office:

- When:* Registration is due by the date specified on the [ACVIM website](#). For most examinations, the deadline will be the year of the examination. For the LAIM Specialty Examination, the deadline will typically be the year before the examination.
What: Examination fee and previously approved credentials.
Reviewed by: ACVIM office.
Response Time: 30 days.

Appeals for rejection of credentials and/or examination failure are submitted online to the ACVIM office:

- When:* An appeal is due within 30 days of results notification to the candidate.
What: Concise letter elaborating the basis for the appeal and any additional relevant documentation.
Reviewed by: ACVIM Appeals Committee.
Response by: ACVIM certification liaison.
Response time: Within 30 days of receipt of appeal.

4.C SPECIAL OR ADDITIONAL PROCEDURES FOR EACH SPECIALTY

4.C.1 CARDIOLOGY

Resident logs are submitted online to the ACVIM office:

When: By the date specified on the ACVIM website. Updated logs are due each year following the start of the residency through the end of the residency.

What: Echocardiography log, procedures log, structured educational experience log, and log summary form.

Reviewed by: Cardiology Residency Training Committee (CRTC).

Response Time: 8 weeks.

4.C.2 LARGE ANIMAL INTERNAL MEDICINE (LAIM)

- Clinical writing assessments (CWAs) may be submitted on a rolling basis. Check the ACVIM website for specific details. See [6.1.6](#) for more details regarding the CWA.
- Proof of publication may be submitted to the RTCC at any time. Publication guidelines are on the [ACVIM website](#).

4.C.3 NEUROLOGY

4.C.3 NUTRITION

- This section will be updated for the year 2023-2024.

4.C.4 ONCOLOGY

- Proof of publication may be submitted to the Oncology CC at any time. Publication guidelines are on the [ACVIM website](#).

4.C.5 SMALL ANIMAL INTERNAL MEDICINE (SAIM)

- Unannounced audits of a resident's journal club log are possible.
- Proof of publication may be submitted to the SAIM CC at any time. Publication guidelines are on the [ACVIM website](#).

4.F THE RESIDENCY TRAINING PROGRAM (RTP) EXPERIENCE

4.F.1 DURATION OF THE RTP

Most ACVIM RTPs are a minimum of 3 years of continuous training. The specialties of LAIM, Neurology and Nutrition do currently allow approval of RTPs that can be completed in 2 years of continuous training. All specialties allow nontraditional RTPs. A nontraditional RTP is an intentionally non-continuous RTP, although all training must take place within clearly defined, continuous blocks of training time. A nontraditional RTP is a maximum of 5 years in duration. All specialties stipulate that in a nontraditional RTP, all the specialty's requirements for residency training must be met, and that all training must take place within clearly defined,

continuous blocks of training time. Moreover, individual ACVIM specialties may stipulate additional expectations for nontraditional RTPs. See specialty requirements later in this Manual for further clarification and specifications: [Cardiology](#) – [LAIM](#) – [Neurology](#) – [Oncology](#) – [SAIM](#).

4.F.2 TIME ALLOWED BETWEEN COMPLETION OF THE RTP TO ACHIEVING ACVIM DIPLOMATE STATUS

In all cases, the maximum time allowed for completion of the board certification process is 5 years from the completion date of the candidate's RTP (the date on the candidate's residency certificate), with the RTP itself being 2-3 years under typical circumstances and a maximum of 5 years for a nontraditional RTP. Consequently, the maximum time allowed for completion of the board certification process is 7-8 years from the start date of the RTP under typical circumstances, and up to 10 years from the start date of the RTP for those candidates undertaking a nontraditional RTP. For those RTPs that do not provide residency certificates, the RTP must provide the candidate and the ACVIM a letter stating that the candidate has completed their RTP and including the date of completion.

4.F.3 REGISTRATION OF THE RESIDENT AS AN ACVIM CANDIDATE

A resident must apply to register as a candidate with the ACVIM using the [online registration form](#), and must also pay a candidate registration-associated fee, within 90 days of beginning an ACVIM-approved RTP (e.g., by October 12 of the same year for RTPs that commence on July 15). The resident must complete the candidate registration process before the certification process can begin. Information pertaining to registration is posted on the [ACVIM website](#). Registration with the ACVIM is necessary to ensure that a resident embarks on an ACVIM-approved RTP that conforms to the requirements of the specialty in which the individual wishes to become board certified. Responsibility for registration is solely incumbent on the resident, with support and guidance to be provided by the PD and RA.

The [ACVIM office](#) evaluates the candidate's registration application. The candidate will receive notification of their registered (or *not*) status within 8 weeks of applying for registration. When approved, the candidate will receive a unique identifying number to be used throughout the certification process to access essential information, including examination results.

Documentation of receipt of the candidate's registration application, receipt of the paid fee, and documentation of registration approval, with the candidate's unique identification number, must be maintained by the candidate as part of their essential documentation.

Separate receipts for each ACVIM fee paid will be provided by the ACVIM and must be maintained by the candidate as part of their essential documentation.

Failure of a candidate to register, or registering after the 90-day deadline, may jeopardize the resident's certification process. Time served in the RTP exceeding 90 days before the candidate's registration will *not* count toward completion of the candidate's ACVIM RTP and board certification requirements. Furthermore, time served in a RTP before the actual RTP is registered and approved (section 4.F.4) also will *not* count toward completion of the candidate's ACVIM RTP and board certification requirements.

Before commencing an RTP, the resident should verify with the SI, PD and/or RA that the RTP is registered with the ACVIM and approved by the appropriate specialty's RTC or RTCC. If the RTP is *not* approved at the time the resident attempts to register, the candidate's registration will either be delayed or denied pending submission of paperwork by the RTP's PD and approval by the appropriate specialty's RTC or RTCC. As noted above, time served in a RTP before the actual RTP is registered and approved (section 4.F.4) will *not* count toward completion of the candidate's ACVIM RTP and certification requirements. The ACVIM maintains a registry of current ACVIM-approved RTPs according to specialty that is available on the [ACVIM website](#), or by request from the [ACVIM office](#).

The CM rules and regulations regarding RTP requirements that are in effect at the time the candidate registers with the ACVIM apply for the duration of that candidate's certification process, unless an exception applies (section 4.F.3).

Policies and procedures that do *not* affect RTP or certification requirements (e.g., registration deadlines, fees, submission forms, etc) may become effective for ALL candidates at the time the change is made and published on the [ACVIM website](#). It is incumbent on candidates to regularly check the [ACVIM website](#).

If a candidate subsequently registers for ACVIM candidacy in an additional ACVIM specialty, the CM rules and regulations regarding RTPs that are in effect for that additional specialty at the time the candidate registers for the additional candidacy apply for the duration of that candidate's certification process for that additional specialty. An additional candidate registration-associated fee is required.

If a candidate wishes to change training emphasis and become certified in a specialty other than the one for which they registered, they must be accepted into a new RTP. The resident then applies to the [ACVIM office](#) to register in the new specialty. An additional candidate registration-associated fee is required. The appropriate specialty's RTC or RTCC rules on the relevance of any training that the candidate has already completed as it pertains to the certification process for the new specialty.

If a candidate wishes to become certified in more than one specialty, the candidate must indicate that multiple registration forms are being submitted, and must pay a separate candidate registration-associated fee for each specialty. The candidate must satisfy the requirements of each specialty. Each RTP component completed may count toward the requirements of one specialty only.

If a candidate wishes to change RTPs, but wishes to continue in the same specialty, the candidate must be accepted into a new RTP. In this case, the new RTP must have received approval as a nontraditional training program for that specific candidate, even if that SI already has an approved RTP in that specialty. This is because the candidate will be participating in a unique experience in that SI, rather than the previously approved RTP. The appropriate RTC or RTCC must approve the newly created nontraditional program for that specific candidate, and the appropriate CC or RTCC will rule on the acceptability of the candidate's credentials up to that point, including the relevance of any training that the candidate has already completed.

Documentation of receipt of the candidate's registration application, receipt of the paid fee, and documentation of registration approval, with the candidate's unique identification number, must be maintained by the candidate as part of their essential documentation.

Separate receipts for each ACVIM fee paid will be provided by the ACVIM, and must be maintained by the candidate as part of their essential documentation.

4.F.4 REGISTRATION OF THE RESIDENCY TRAINING PROGRAM (RTP)

An RTP must be registered with the ACVIM. Residency training program registration is different and separate from candidate registration, which is covered in section 4.F.3.

The ACVIM maintains a registry of current ACVIM-approved RTPs according to specialty that is available on the [ACVIM website](#), or by request from the [ACVIM office](#).

Registration materials for RTPs are specialty-specific. Details regarding required information and online forms can be found on the [ACVIM website](#). Each RTP must register with the ACVIM before any resident begins that RTP. If a candidate commences an RTP before the RTP is registered, the time spent in the RTP before that RTP is registered will *not* count toward the completion of the candidate's ACVIM RTP and certification requirements. PDs must always submit registration information for new and existing RTPs at least 90 days before the scheduled RTP start date(s).

Each year, an ACVIM specialty's RTC or RTCC reviews its specialty's RTPs to ensure that the RTPs remain in good standing (section 3.T.3). The PDs for all existing RTPs must submit current year renewal information each year no later than the date specified on the [ACVIM website](#). Each calendar year (current year), online forms are updated and made available to all PDs no later than the date specified on the [ACVIM website](#). PDs submit completed online forms via the [ACVIM website](#). The ACVIM office forwards the submitted information to the appropriate specialty RTC or RTCC for review and designation as approval, probation or denial / termination. The RTC or RTCC responds within 45 days of the submission deadline or date of submission for new RTPs.

Program directors should note that the requirements specified in the RTP description that is approved by the specialty's RTC or RTCC become the official requirements for completion for residents commencing the RTP that year, even if those requirements exceed the minimum requirements stipulated in this Manual. Neither a candidate nor a PD may retroactively petition for completion of a residency, even if the resident has met the minimum requirements of this Manual, if the candidate left the program before completing all requirements of the RTP as previously approved. Moreover, neither the candidate, nor the PD, may accelerate the completion date nor lessen the requirements of an RTP once that RTP has been approved by the RTC or RTCC.

4.F.5 RESIDENCY TRAINING PROGRAM (RTP) PROBATION

The RTC or RTCC of a specialty may place an RTP on probation. Triggers that may result in probationary status include, but are *not* limited to, the following:

- Failure to submit the appropriate information by the deadlines published on the ACVIM website (on the candidates' pages) or within the deadlines set by the RTC or RTCC if additional information is requested.
- Failure of the PD to fill out all forms accurately and completely and submit them to the [ACVIM office](#) as required.

- Failure of an RTP to comply with all requirements by the ACVIM and the individual specialties for resident training.
- Failure to have an acceptable pass rate, as defined by each specialty's RTC or RTCC, of residents taking the ACVIM General Examination, the Specialty Examination, or both over an extended period.
- Failure to notify the ACVIM, the specialty RTC or RTCC, or both within 14 days of substantive changes to an RTP that could lead to noncompliance with the requirements of the specialty or the ACVIM; placing a resident on probation or terminating a resident will count as such a substantive change.

The RTP may continue to train existing residents during probation, although it will be subject to additional scrutiny by the specialty RTC or RTCC. All residents must be notified of the RTP's change in status.

While on probation, an RTP may *not* accept new residents into the RTP, with the sole exception of a situation in which the RTP can document that the resident was offered and had accepted the residency training position before the RTP was placed on probation. If an RTP is placed on probation after a resident has been offered and accepted a residency training position, but before the resident's start date, the RTP must notify the resident of the change in the RTP's status before the resident's start date. In such a situation, the ACVIM will still allow the resident to register as an ACVIM candidate, in the expectation that the RTP will mitigate the deficiencies resulting in probation and return to good standing (section 3.T.3). However, acceptance of ACVIM candidate registration in this circumstance is not an assurance that the RTP will return to good standing (section 3.T.3), nor an assurance that the time in training will count toward the candidate's RTP requirements. Thus, it is imperative that the resident be fully informed by the RTP of the RTP's communications with the RTC or RTCC.

If an RTC or RTCC review of an RTP results in an RTP being placed on probation, the RTP's PD will have 30 days to respond to the specialty RTC or RTCC with a remediation plan for correcting the deficiencies identified on review. Failure to provide such a plan within 30 days is grounds for termination of the RTP. If, within the time specified by the specialty RTC or RTCC, the RTP fails to successfully execute the plan to mitigate the reasons for imposing probationary status on an RTP, the ACVIM will terminate the RTP. Periods of probation are circumstance-dependent and at the discretion of the RTC or RTCC.

If there are unduly severe deficiencies in an RTP that would result in the RTP being unable to provide the required training, an RTC or RTCC may recommend termination of an RTP immediately, without a probationary period.

4.F.6 RESIDENCY TRAINING PROGRAM (RTP) TERMINATION

The BOR may terminate any RTP upon the recommendation of the relevant specialty's RTC or RTCC. Upon termination, an RTP is immediately ineligible to train residents. Termination typically, but *not* always, follows a probationary period, during which the RTP failed to satisfactorily resolve the deficiencies that initially triggered the probation.

Immediate termination of the RTP by the ACVIM, without prior consideration or probation, may occur when the PD, RA, SD(s) and/or SSSD(s) dishonestly and/or inaccurately report the RTP's training resources or capabilities, or if the ACVIM learns that an RTP fails to meet any of the RTP requirements of the relevant specialty.

The ACVIM archives all relevant documents and notes of the RTC or RTCC pertaining to the termination of an RTP, and these documents are available to future RTCs or RTCCs upon request. If a terminated RTP wishes to be reinstated at a later date, the RTP must submit an RTP application to be approved as a new RTP. The new submission must provide clear documentation of what steps the RTP implemented to correct the prior issues and how it plans to keep the corrections ongoing.

4.F.7 RESIDENCY TRAINING PROGRAM (RTP) SITE LOCATIONS

Residency training experiences may take place on-site at the SI or at approved secondary training site(s), with limits dictated by some specialties.

4.F.7.a PRIMARY TRAINING SITE

The primary training site is the SI.

4.F.7.b SECONDARY TRAINING SITES

A secondary training site is any training site that is not the SI. Examples might include a satellite clinic or hospital or educational facility at a separate location that is directly affiliated with the SI, or an independent training or educational facility for which a current and continuous relationship exists with the RTP.

If the resident completes any clinical portion of the RTP at a secondary training site, i.e., a location separate from the SI, the RA and/or resident must obtain written confirmation of the training experience from the SD(s) and/or SSSD(s) for each secondary training site experience. Documentation of this confirmation must be forwarded to, and approved, by the specialty RTC or RTCC before the start of the training experience at the secondary training site. Ideally, the plan for such secondary training site experiences is included by the PD in the RTP application and/or annual renewal, but this is not required.

4.F.7.c REMOTE TRAINING SITES

Remote training is the use of technology, such as tele- or videoconferencing (e.g., Zoom, MS Teams, Skype) to facilitate some level of resident training. Rounds, journal clubs, seminars and conferences are those best suited to the use of such technologies, but remote training may be utilized to contribute to additional residency training requirements. Remote training may be either interactive, i.e., remote supervision as defined in section 4.F.8.c, or not, involving simply attendance at a remotely-hosted didactic educational event. The utilization and availability of such technologies, and the application of remote training, may be further elaborated by each individual specialty: [Cardiology](#) – [LAIM](#) – [Neurology](#) – [Oncology](#) – [SAIM](#).

4.F.8 SUPERVISION OF RESIDENTS

The SI and PD must ensure that each RTP provides an appropriate level of supervision for all residents and candidates based on the specialty's requirements. Resident supervision is provided by SDs and SSSDs, and may be direct, indirect, or remote.

4.F.8.a DIRECT SUPERVISION

Direct supervision is defined as having the SD(s) or SSSD(s) and candidate on clinical duty together with hands-on management of cases interactively and concurrently. The SD or SSSD is expected to be available for face-to-face consultation with the resident throughout the day. See specialty requirements later in this Manual for any further definition: [Cardiology](#) – [LAIM](#) – [Neurology](#) – [Oncology](#) – [SAIM](#).

4.F.8.B INDIRECT SUPERVISION

Indirect supervision refers to the SD(s) or SSSD(s) being immediately available (e.g., telephone, text, email, Zoom, MS Teams, Skype, etc.) for consultation and direct supervision (section 4.F.11.a) when needed by the candidate.

4.F.8.C REMOTE SUPERVISION

Remote supervision is defined as the use of technology, such as tele- or videoconferencing (e.g., Zoom MS Teams, Skype, etc.) to facilitate some level of interactive resident training. The key component of remote supervision as defined by the ACVIM is that it involves interaction between residents and supervisors. This is in contrast to remote training (section 4.F.7.c), which may be interactive, i.e., supervised, or *not*. Rounds, journal clubs, interactive seminars and conferences are those best suited to the use of such technologies, but remote supervision may be utilized to contribute to additional resident training requirements. The utilization and availability of such technologies and the application of remote supervision may be further elaborated by each individual specialty: [Cardiology](#) – [LAIM](#) – [Neurology](#) – [Oncology](#) – [SAIM](#).

4.F.9 TRAINING WEEKS

The ACVIM stipulates that 1 week's residency training be defined as a minimum of 40 hours accrued during a contiguous 7-day period. Typically, a resident cannot claim more than 1 week of training in any 7-day calendar week. See specialty requirements later in this Manual for further definition of the 40-hour week and an explanation of any exceptions to the contiguous day requirement: [Cardiology](#) – [LAIM](#) – [Neurology](#) – [Oncology](#) – [SAIM](#).

4.F.10 TRAINING HOURS

The ACVIM acknowledges that specific residency training experiences are, or may be, better suited to being completed through training hours, rather than in training weeks. The ACVIM stipulates that 1 training hour be defined as 1 continuous hour (60 minutes) of contact time with a SD or SSSD, undertaking the specified training activity. See specialty-specific sections in this Manual for further definitions and clarification of the application of training hours. [Cardiology](#) – [LAIM](#) – [Neurology](#) – [Oncology](#) – [SAIM](#).

4.F.11 TRAINING MINUTES

The ACVIM acknowledges that specific residency training experiences are, or may be, better suited to being completed through training minutes, rather than in training hours or weeks. The ACVIM stipulates that 4 blocks

of a minimum of 15 training minutes will amount to 1 continuous hour (60 minutes) of contact time with an SD or SSSD, undertaking the specified training activity. See specialty-specific sections later in this Manual for further definitions and clarification of the application of training hours. [Cardiology](#) – [LAIM](#) – [Neurology](#) – [Oncology](#) – [SAIM](#).

4.F.12 RESEARCH REQUIREMENTS

Scientific discovery is critical to the mission of the ACVIM. In recognition of this, all ACVIM RTPs must include an assessable period of instruction or participation in creative scholarship that fosters an appreciation of, competency in, and contribution to the knowledge base of the candidate's respective specialty. This creative scholarship supports the development of candidates as clinician-scientists. Research and scholarly activity is an essential credentialing requirement of all ACVIM specialties that the candidate must fulfill before Diplomate status (board certification) is granted. Individual specialties stipulate specific requirements for research and scholarly activities: [Cardiology](#) – [LAIM](#) – [Neurology](#) – [Oncology](#) – [SAIM](#).

4.F.13 JOURNAL CLUB

An organized, routinely scheduled, and documented journal club of at least 80 total hours over the course of the RTP must be an integral part of all ACVIM RTPs. Through the journal club, a resident sharpens critical thinking skills and increases understanding of statistical analysis of scientific data and clinical material. Residents and at least one board-certified individual from any ACVIM specialty, or from other specialties recognized by the ABVS and/or the EBVS, as permitted by a specialty in this Manual, must attend each journal club. This Manual allows for remote training / supervision and RTPs programs hosting joint journal clubs. Where required, documentation must be maintained by the candidate, and provided as part of the credentials submission. Documentation of journal club will include dates of meetings, names of participants, and articles reviewed at each meeting. The RTC or RTCC may request the documentation from the RTP if there are questions during an RTP's annual review. [Cardiology](#) – [LAIM](#) – [Neurology](#) – [Oncology](#) – [SAIM](#).

4.F.14 DIDACTIC LEARNING EXPERIENCES

Individual ACVIM specialties stipulate resident participation in additional didactic educational experiences during the RTP, which might include rounds, examination preparation sessions, seminars, conferences, regional, state and/or national meetings. Where required, documentation must be maintained by the candidate, and provided as part of the credentials submission. [Cardiology](#) – [LAIM](#) – [Neurology](#) – [Oncology](#) – [SAIM](#).

4.F.15 CLINICAL MILESTONES

Clinical milestones are *not* requirements of the ACVIM for residency training, nor the certification process. Clinical milestones are the recommendations of a specialty ([Cardiology](#), [LAIM](#), [Neurology](#), [Oncology](#), and [SAIM](#)) that provide guidelines for both residents and mentors during an RTP. Clinical milestones vary between specialties. The SI, PD, RA, SD(s), SSSD(s) and resident should utilize these clinical milestones as guides to gauge clinical competencies and resident progress through the arc of the RTP. The RTP can use each specialty's clinical milestones to identify a resident's strengths and weaknesses, and areas where the resident can improve. The PD and RA can also use them to decide whether to give a resident earlier leadership

opportunities or privileges, whether it is appropriate to provide remediation to the resident, or whether it is necessary to dismiss the resident.

4.F.16 ROLES AND RESPONSIBILITIES

4.F.16.a RESPONSIBILITIES OF THE SPONSORING INSTITUTION (SI)

The SI, in partnership with the PD and RA, must ensure a healthy and safe learning and working environment that promotes resident professional advancement, as well as psychological, emotional, and physical well-being. The SI and the PD must ensure the availability of all necessary professional, technical, and clerical personnel to best support the RTP. The responsibilities of the SI and PD include, but are not limited to, the following:

- Register and obtain ACVIM approval of all ACVIM RTPs offered by the SI.
- Give residents ready access to specialty-specific and other appropriate reference material in print or electronic format.
- Make available electronic medical literature databases with search capabilities, including providing access, either directly or remotely, to a veterinary or human medical library containing the textbooks and current journals that the RTC or RTCC specifies.
- Provide access to all required textbooks, either as hard copies or as digital copies.
- Ensure access to clinical pathology services that include hematologic, clinical chemistry, microbiologic, and cytologic diagnostic abilities, and ensure that all clinical pathology reports are archived and retrievable.
- Ensure access to anatomic pathology services and ensure that all anatomic pathology reports are archived and retrievable.
- Establish a medical records system that allows the resident to maintain a medical record for each patient under the resident's care.
- Make medical records retrievable within a searchable database.
- Make all necessary equipment for specialty-appropriate comprehensive imaging studies available. (This includes providing access to standard radiographic equipment, ultrasonography, CT, and MRI as appropriate for the specialty.)
- When required by a specialty, an intensive care facility must be present on the premises with qualified staffing that provides 24-hour care. The ACVIM defines an intensive care facility as a designated area of a hospital facility that is dedicated to the care of patients who are seriously ill and/or in need of continuous monitoring and/or therapeutic interventions. The intensive care facility must be staffed by qualified veterinary technicians with direct supervision by a licensed veterinarian.
- Offer regularly scheduled and performed didactic teaching sessions, journal clubs, and scientific seminars. The RA or PD must be able to provide documentation of these teaching events upon request of the RTC and/or CC.

- Complete and approve semiannual written reviews by the PD and the RA of a resident's progress that evaluate competencies, including the resident's clinical and technical skills and knowledge base. The resident must sign off on these evaluations as documentation that they received the review and must be given a copy of the review for their records.

4.F.16.b RESPONSIBILITIES OF THE PROGRAM DIRECTOR (PD)

The PD, in partnership with the SI and RA, must ensure a healthy and safe learning and working environment that promote resident professional advancement, as well as psychological, emotional, and physical well-being. To this end, the PD's responsibilities are as follows:

- Certify each year to the appropriate RTC or RTCC and to the ACVIM, in writing, that they have read this Manual and understand their role in residency training.
- Ensure that the human resources policies and systems established to support both physical and psychological well-being of the resident are maintained and upheld.
- Ensure that all reports from the SI to the ACVIM are accurate, timely, and complete.
- Ensure that substantive changes within the RTP affecting compliance with a specialty's or ACVIM's requirements are reported to the ACVIM and the chair of the appropriate specialty RTC or RTCC within 14 days of the implementation, including, but not limited to, ensuring that the minimum number of SDs defined by each specialty is present within the RTP structure.
- Update and re-register each RTP with the ACVIM each year by the date specified on the ACVIM website to ensure that the RTP is in good standing and remains approved to train residents.
- Notify the ACVIM of any change in a resident's status within 14 days of such a status change. If the resident is placed on probation, the required information must include the reason for probation and the date of the next scheduled resident review. If the resident is dismissed, the information provided must include the effective date of dismissal. If a resident on probation is reinstated to good standing, the PD will also notify the ACVIM of that change in status within 14 days.
- Submit information by the deadlines posted on the [ACVIM website](#). A failure to meet these deadlines may result in an RTP being placed on probation. If the PD (whether the RTP is in good standing or on probation) does not respond to an RTC's or RTCC's request for documentation regarding the RTP within 30 days of the request, that RTP may be placed on probation or the current probation may be extended or be terminated. If an RTP is placed on probation or is terminated, the ACVIM notifies the PD and all residents currently in the RTP of the action against the RTP. If an RTP is terminated, it may not be renewed. A previously terminated RTP may reapply as a new RTP; however, any time served by a resident after the RTP's termination does not count toward completion of that individual's residency. Therefore, if an RTP is placed on probation before a new resident's start date (before the resident registering as a candidate), the RTP is responsible for notifying the resident of the change in the RTP's status before the resident beginning the residency.

- Inform each new resident, before they start the RTP, of their obligation to read Part One (of this Manual, which applies to all specialties, and the section in Part Two of this Manual that applies to the specialty in which they are to be registered and wish to become board-certified.
- Ensure that the RTP maintains the correct ratio of Diplomates to residents as specified by a specialty.
- Monitor resident supervision provided by others, namely SDs and SSSDs, to ensure adequacy.
- Monitor and ensuring the quality of training activities that do not involve direct patient care, such as journal club, didactic education, and research requirements of the specialty.
- Verify to the relevant specialty's CC or RTCC that a candidate has completed all residency training requirements.

4.F.16.c RESPONSIBILITIES OF THE RESIDENT ADVISOR (RA)

The RA, in partnership with the SI and PD, must ensure a healthy and safe learning and working environment that promotes resident professional advancement, as well as psychological, emotional, and physical well-being. To this end, the RA's responsibilities are as follows:

- Certify each year to the appropriate RTC or RTCC and the ACVIM, in writing, that the RA has read this Manual and understands their role in residency training.
- Contribute to a fair, respectful, and courteous atmosphere within the RTP.
- Make themselves available for career counseling and clinical mentoring of the resident.
- Provide meaningful and direct assessments of strengths and weaknesses to the resident, in writing, at least semiannually (Clinical Milestones: Cardiology – LAIM – Neurology – Oncology – SAIM). The resident is to sign the SI's copy of the evaluation to document that the resident has received the assessment.
- Ensure that the successful resident gains competency and can perform all diagnostic and therapeutic procedures essential to the specialty.
- Support and encourage the resident to participate in scholarly activities and guide the resident and ensure that case reports, publications, and research projects as required by the specialty are completed.
- Support and attend resident journal club regularly.
- Sign all documentation verifying completion of a resident's RTP and provide this documentation to the PD.

4.F.16.d RESPONSIBILITIES OF A SUPERVISING DIPLOMATE (SD)

The SD must contribute to ensuring a healthy and safe learning and working environment that promotes resident professional advancement, as well as psychological, emotional, and physical well-being. To this end, the SD's responsibilities are as follows:

The responsibilities of a supervising Diplomate (SD) in the primary specialty include the following:

- Ensure that the resident provides appropriate and compassionate clinical patient care.
- Ensure that the resident gains a growing knowledge of established and evolving medical literature that is essential to the specialty.
- Participate in clinical rounds or discussions of topical issues germane to the resident's specialty.
- Support and attend resident journal club meetings.
- Contribute to a fair, respectful, and courteous atmosphere within the RTP.

4.F.16.e RESPONSIBILITIES OF A SECONDARY-SPECIALTY SUPERVISING DIPLOMATE (SSSD)

The SSSD must contribute to ensuring a healthy and safe learning and working environment that promotes resident professional advancement, as well as psychological, emotional, and physical well-being. To this end, the SSSD's responsibilities are as follows:

- Provide appropriate mentoring in that supporting discipline as required by a specialty.
- Contribute to a fair, respectful, and courteous atmosphere within the RTP.

4.F.16.f RESPONSIBILITIES OF A RESIDENT

During the certification process, residents are required to:

- Register as an ACVIM candidate within 90 days of commencing their RTP.
- Conduct themselves professionally and ethically. Residents that fail to maintain ethical standards of conduct will be subject to disciplinary actions as described in section 4.G.1 below or in the "Academic Misconduct Statement" located on the candidate pages of the ACVIM's website.
- Reasonably participate in and contribute to their own learning and professional development, as well as psychological, emotional, and physical well-being.
- Provide competent and compassionate medical care.
- Be responsive to patient and/or client needs.
- Communicate effectively and honestly with clients, all members of the supporting medical and administration staff, and referring veterinarians.
- Maintain timely and accurate medical records.
- Respect the privacy interests of the owners of their patients.
- Progress satisfactorily in their RTP as defined by their RTP.
- Participate in research and scholarly activities, such as conferences, seminars, rounds, and journal club.

- Comply with the schedule provided them by their RA, including primary clinic duties, emergency duties, research, study time, and vacation.
- Contribute to a fair, respectful, and courteous atmosphere within the RTP.

4.F.16.g RESPONSIBILITIES OF A CANDIDATE

- Reasonably participate in and contribute to their own education, clinical training, and professional development, as well as psychological, emotional, and physical well-being.
- Reasonably work towards fulfilling the requirements of the ACVIM certification process in the specialty in which they wish to become board-certified.
- Conduct themselves professionally and ethically. Candidates that fail to maintain ethical standards of conduct will be subject to disciplinary actions as described in section 4.G.1 below or in the “[Academic Misconduct Statement](#)” located on the candidate pages of the ACVIM website.

4.G CREDENTIALS

THERE ARE NO EXCEPTIONS TO THE DEADLINE DATE: CREDENTIALS PACKETS MUST BE SUBMITTED BY THE DUE DATE TO ALLOW ADEQUATE TIME FOR REVIEW BY THE RELEVANT CC or RTCC.

4.G.1 CREDENTIALS CONDUCT

Please refer to the “[Academic Misconduct Statement](#)” on the candidate pages of the ACVIM website. All submitted credentials must accurately represent the candidate’s own work.

The following infraction(s) by a candidate may result in disciplinary action:

- Misrepresenting any portion of their credentials.
- Having behaved unethically in any other way during the credentialing process.

The following disciplinary action may be taken regarding the candidate:

- Rejection of credentials.
- Forfeiture of fees.
- Denial of permission to retake the examination in future years.
- Loss of the ability to attain ACVIM Diplomate status.
- Being subject to any other disciplinary action as deemed appropriate by the BOR.
- Any combination of the aforementioned.

4.G.2 CREDENTIALS REQUIREMENTS AND SUBMISSION

Candidates must submit documentation of their credentials to the ACVIM before they are eligible to take their respective Specialty Examination. The specialty CC or RTCC of the relevant specialty reviews, and accepts or rejects, the candidate's credentials documentation.

Each specialty has established credentials requirements, some or all of which must be satisfied before the candidate may take the Specialty Examination. And, all of which must be satisfied before a candidate can attain ACVIM Diplomate status (board certification). Candidates can access submission and credentials requirements on the ACVIM website: ([Cardiology](#) – [LAIM](#) – [Neurology](#) – [Oncology](#) – [SAIM](#))

Deadlines for credentials submission and the credentials fee may vary between the specialties. Deadline dates may be found at the [ACVIM website](#) and within the application materials submitted online. It is each candidate's responsibility to review and comply with all requirements of credentials submission.

4.G.3 CREDENTIALS FEES

Separate fees are associated with; 1) candidate registration, 2) the ACVIM General Examination, 3) specialty credentials submission, and 4) the ACVIM Specialty Examinations ([Cardiology](#) – [LAIM](#) – [Neurology](#) – [Oncology](#) – [SAIM](#)). Candidates must pay a fee associated with credentials submission. Candidates whose credentials were not previously approved, and who are resubmitting credentials, do not pay an additional credentials fee associated with the resubmission.

Documentation of receipt of the candidate's credentials application, receipt of the paid fee, and documentation of credentials approval, with the candidate's unique identification number, must be maintained by the candidate as part of their essential documentation.

Separate receipts for each ACVIM fee paid will be provided by the ACVIM, and must be maintained by the candidate as part of their essential documentation.

The BOR determines the fee amounts annually. Fees must be paid online or by other means set forth by the ACVIM. The ACVIM website contains details regarding payment of the various fees, including deadlines, under individual sections dealing with each specific portion of the certification process: [Cardiology](#) – [LAIM](#) – [Neurology](#) – [Oncology](#) – [SAIM](#).

4.H GENERAL AND SPECIALTY EXAMINATIONS

Always check the candidates' webpage information on the ACVIM website; the examination format is subject to change, as is/are the standard setting/cut score determination method(s) as needed to align with best practice/standards. Any changes will be reflected in the current examination blueprint and/or information provided to candidates.

4.H.1 EXAMINATION CONDUCT

ACVIM candidates take all examinations on the honor system. Please refer to the "[Academic Integrity Statement](#)" on the candidate pages of the ACVIM website.

The following infraction(s) by a candidate may result in disciplinary action:

- Cheating on an examination.
- Receiving outside assistance on an examination (including advance notice of questions on the examination).
- Misrepresenting work on an examination.
- Violating the confidentiality of an examination.
- Having behaved unethically in any other way during the examination process.

The following disciplinary action(s) may be taken regarding a candidate found to have violated the “Academic Integrity Statement”:

- Receiving a failing grade on the examination in question.
- Forfeiture of fees.
- Denial of permission to retake the examination in future years.
- Loss of the ability to attain ACVIM Diplomate status.
- Being subject to any other disciplinary action as deemed appropriate by the BOR.
- Any combination of the aforementioned.

4.H.2 SPECIAL ACCOMMODATIONS

The ACVIM complies with the Americans with Disabilities Act of 1990, as amended (the “ADA”). Any candidate with a disability or impairment, that may require special accommodation(s) to take an examination, must complete the application form available on the candidate pages of the [ACVIM website](#), or by request from the [ACVIM office](#), and return it with the examination registration form by the registration deadline.

The ACVIM cannot guarantee the availability of accommodation if a candidate who requires special accommodation does not request an accommodation by the registration deadline. If a disability or impairment is identified after the registration deadline, the candidate must notify the ACVIM within 30 days of the diagnosis or recognition of the disability or impairment.

Accommodation will not be granted retroactively. Therefore, if a candidate informs the ACVIM of impairment or disability after an examination has been completed, no changes can be made to that candidate’s examination results or to how that candidate’s examination is graded in comparison to other candidates.

4.H.3 SCHEDULING THE EXAMINATIONS

A candidate may elect to take the General Examination and Specialty Examination in the same year, or may elect to take the General Examination and Specialty Examination in separate years, provided the candidate is in good standing (section 3.S.1) at the time of taking either or both the General Examination and the Specialty Examination.

If a candidate leaves an RTP, either temporarily (e.g., a leave of absence) or permanently (e.g., dismissal) before completing the RTP, the candidate is ineligible to take any examination until that individual resumes an RTP and the appropriate specialty's RTC or RTCC approves the candidate's current status as an ACVIM candidate in good standing (section 3.S.1).

Dates for each examination, examination registration deadlines, and the steps required to submit credentials, are maintained in the [candidate pages](#) on the ACVIM website.

- A candidate may take the General Examination for the first time provided that they will have completed at least 18 months of an approved RTP before the examination date, and have fulfilled all additional requirements as specified by the relevant specialty as outlined in the relevant specialty's section of this Manual. Cardiology – LAIM – Neurology – Nutrition - Oncology – SAIM
- A candidate intending to take the Specialty Examination must satisfy the specialty's examination prerequisites first as outlined in the relevant specialty's section of this Manual: Cardiology – LAIM – Neurology – Nutrition - Oncology – SAIM.
- A candidate may elect to take the General and Specialty examinations at the same time. To do so, the candidate generally must have completed at least 27 months of an approved RTP before the examination date. Specialty requirements on credentialing vary but eligibility to take the ACVIM General Examination is the same for all specialties: Cardiology – LAIM – Neurology – Nutrition - Oncology – SAIM.

4.H.4 EXAMINATION FEES

Separate fees are associated with 1) candidate registration, 2) the ACVIM General Examination, 3) specialty credentials submission, and 4) the ACVIM specialty examinations ([Cardiology](#) – [LAIM](#) – [Neurology](#) – [Oncology](#) – [SAIM](#)). Candidates must pay examination fees to take the General and Specialty Examination. Candidates whose credentials have been approved, but who are repeating all or a portion of an examination, whether the General Examination or a Specialty Examination, must pay a retake examination fee.

Documentation of receipt of the candidate's examination registration, receipt of the paid fee, and documentation of credentials approval (where applicable), with the candidate's unique identification number, must be maintained by the candidate as part of their essential documentation.

Separate receipts for each ACVIM fee paid will be provided by the ACVIM, and must be maintained by the candidate as part of their essential documentation.

The BOR determines the fee amounts annually. Fees must be paid online or by other means set forth by the ACVIM. The ACVIM website contains details regarding payment of the various fees, including deadlines, under individual sections dealing with each specific portion of the certification process: [Cardiology](#) – [LAIM](#) – [Neurology](#) – [Oncology](#) – [SAIM](#).

4.H.5 THE ACVIM GENERAL EXAMINATION

The General Examination Item Writing taskforce, General Examination Item Review Committee and Form Review Committees appointed by the BOR, collectively contribute to the development of the General Examination. Appointed members of the Item writing taskforce, General Examination Item Review Committee and Form Review Committees come from all specialties within the ACVIM. In addition, under the guidance of a psychometrician, all new examination content is reviewed for clarity and appropriateness in reflecting the knowledge a candidate should have and rated for suitability before inclusion as an item in the examination bank.

The ACVIM General Examination items (questions) are in a multiple-choice format. The examination consists of 2 parts: a general section for all candidates, and a large animal section or small animal section that candidates select according to their RTP: for example, LAIM candidates will select the large animal section, and SAIM candidates will select the small animal section. Cardiology, neurology, and oncology candidates may choose either the small or large animal section. The ACVIM General Examination covers all aspects of veterinary internal medicine and must be taken and passed by all candidates seeking certification by any specialty within the ACVIM. A candidate who fails the ACVIM General Examination may retake the examination where and when it is next offered.

Each part of the ACVIM General Examination is considered separately, so a candidate that passes one part but not the second is only required to retake the part that was failed.

To take the ACVIM General Examination, candidates must have completed at least 18 months of an ACVIM RTP by the time the ACVIM General Examination is taken. A candidate intending to take the General Examination must register and pay the associated fee by the deadline published on the [ACVIM website](#). Each candidate receives notification no later than 60 days after the registration deadline as to their eligibility to register and take the General examination.

Documentation of receipt of the candidate's General Examination registration, receipt of the paid fee, and documentation of approval of eligibility, with the candidate's unique identification number, must be maintained by the candidate as part of their essential documentation.

Separate receipts for each ACVIM fee paid will be provided by the ACVIM and must be maintained by the candidate as part of their essential documentation.

Detailed information regarding requirements to take the General Examination, criteria for developing and submitting the required original multiple-choice examination questions, and the steps needed to apply for the examination may be found on the candidates' pages of the [ACVIM website](#).

Candidates can use these links for additional information regarding the ACVIM General Examination: [Cardiology](#) – [LAIM](#) – [Neurology](#) – [Oncology](#) – [SAIM](#).

4.H.6 ACVIM SPECIALTY EXAMINATIONS

There are a specialty Examination Item Writing Committees, and Form Review Committees for each specialty that are responsible for developing, administering, and grading the respective Specialty Examinations. This

process is undertaken with the guidance and input of the ACVIM certification staff and a psychometrician, to be certain that the questions are appropriate for inclusion on that specialty's examination. Specific and current information about the composition and grading of each specialty's examination may be found on the candidates' pages of the [ACVIM website](#).

A candidate intending to take a Specialty Examination must submit their credentials by the credentials submission deadline established by each specialty each year and published on the [ACVIM website](#). Each candidate receives notification no later than 60 days after the submission deadline as to the acceptability of the submitted credentials and their eligibility to register and take the Specialty Examination ([Cardiology – LAIM – Neurology – Oncology – SAIM](#)). Candidates retaking the Specialty Examination, or a portion thereof, are not required to resubmit credentials, but must pay another fee to retake the Specialty Examination.

Documentation of receipt of the candidate's Specialty Examination registration, receipt of the paid fee, and documentation of credentials approval, with the candidate's unique identification number, must be maintained by the candidate as part of their essential documentation.

Separate receipts for each ACVIM fee paid will be provided by the ACVIM, and must be maintained by the candidate as part of their essential documentation.

Failure to register to take the Specialty Examination by the [deadline on the ACVIM website](#) renders the candidate ineligible to take the Specialty Examination at its next offering. A candidate not on the list(s) of candidates registered to take the Specialty Examination will not be admitted to the examination.

4.H.7 NOTIFICATION OF ACVIM EXAMINATION RESULTS

Candidates in all ACVIM specialties are identified only by the unique identification numbers assigned to them by the ACVIM office at the time of initial registration as an ACVIM candidate. The BOR reviews and approves individual candidate examination scores displayed only by their unique identification numbers. The notification process is the same for the ACVIM General Examination and all of the Specialty Examinations. The ACVIM General Examination form review committee chair and the respective Specialty Examination form review committee chairs notify specialty presidents of examination results for each specialty. Results are subsequently presented by the Form Review Committee chairs to the BOR for approval. Examination results are provided in letters that are uploaded to the candidates' website. Once the BOR has approved the results, a message is posted on the ACVIM website providing instructions to candidates on how they may obtain their results. Candidates receive this written notification of their examination results within 45 days from the date of the examination.

4.H.8 PROCEDURE FOR REAPPLICATION FOLLOWING ACVIM EXAMINATION FAILURE

A candidate intending to retake a previously failed examination, whether the ACVIM General Examination, the Specialty Examination, or both, must register online and pay the appropriate fee(s) by the [deadline dates specified on the ACVIM website](#). ([Cardiology – LAIM – Neurology – Oncology – SAIM](#)).

Documentation of receipt of the candidate's Specialty Examination registration, receipt of the paid fee, and documentation of credentials approval, with the candidate's unique identification number, must be maintained by the candidate as part of their essential documentation.

Separate receipts for each ACVIM fee paid will be provided by the ACVIM, and must be maintained by the candidate as part of their essential documentation.

4.1 APPEALS

The chair of the BOR appoints one ACVIM Diplomate from each specialty to serve as a voting member on the ACVIM Appeals Committee. The ACVIM certification liaison serves as an ex-officio member of this committee. When a candidate lodges an examination or credentials appeal, or a PD files an RTP appeal, the certification liaison organizes a telephone conference call for the committee membership, led by the committee chair, to review the appeal and to render a decision. The Appeals Committee is charged solely with determining whether the various specialty training, credentials, and examination committees followed proper administrative policy and procedure in the decisions made. The Appeals Committee decides whether the committee(s) acted erroneously by:

- Disregarding established criteria for certification or approval.
- Failing to follow stated policies and/or procedures.
- Failing to consider relevant evidence and documentation presented by the candidate or PD.

4.1.1 APPEALS PROCESS

Either a candidate or a PD who has received a negative decision and who believes that a specialty's residency training, credentials, or examination committee failed to follow proper procedures may appeal the decision. For MOC, there is a standalone appeals process and committee that is specific to the MOC. The process of filing an appeal for MOC is, however, the same as for a general appeal.

Appeals must be submitted to the [ACVIM office in writing or by email](#) within 30 calendar days of receipt of the decision being appealed.

- Appeals should consist of a brief letter summarizing the reason for the appeal, along with any supporting documents.
- When an appeal is received, the ACVIM's certification liaison notifies the chair of the BOR, the appropriate specialty president, the chair of the appropriate specialty Form Review Committee and the appropriate CC, MOC, or RTCC, and the members of the Appeals Committee (or the MOC Appeals Committee) that an appeal has been submitted, maintaining the anonymity of the appellant(s).
- The chair of the appropriate RTC, CC, MOC, RTCC, or Form Review Committee submits all data relevant to the appeal and a letter summarizing the reasons for the committee's decision to the Appeals Committee as soon as practical so that the Appeals Committee (or the MOC Appeals Committee) can meet within its deadline.
- The chair of the appropriate Appeals Committee calls a meeting, organized by the certification liaison, within 30 calendar days of the receipt of the appeal to review an appeal.

Requirements for all Specialties

- The certification liaison notifies the chair of the BOR, the specialty president, and the appropriate committee chair(s) of the results of that review within 7 calendar days of the decision, maintaining the anonymity of the appellant(s).
- The ACVIM certification liaison notifies the PD or candidate of the Appeals Committee's decision within 7 calendar days of the decision.
- Decisions of the ACVIM Appeals Committee and the ACVIM MOC Appeals Committee are final and cannot be appealed within the ACVIM.

4.J MAINTENANCE OF CREDENTIALS (MOC)

An MOC program is in effect for all ACVIM Diplomates certified after January 1, 2016, and for any Diplomat certified before January 1, 2016, who volunteered to participate in the MOC program. Every Diplomat who completed credentials and became a Diplomat on, or after, January 1, 2016, is awarded a Diplomat certificate that is valid for 10 years. By the conclusion of this 10-year period, the Diplomat must have met the criteria established to maintain credentials. If the Diplomat fails to meet the established criteria for MOC, the Diplomat certificate will be repossessed, the veterinarian is no longer recognized as an ACVIM Diplomat (board-certified), and the veterinarian forfeits all associated privileges.

Reinstatement of an ACVIM Diplomat certificate is possible with the individual meeting all the requirements of the specialty's MOC committee. Reinstatement is contingent upon the approval of the BOR, payment of all dues in arrears (to a maximum of 3 years), and payment of current dues in full.

The established criteria for MOC can be found on the [ACVIM website](#). Individual specialties may stipulate their own MOC criteria ([Cardiology](#) – [LAIM](#) – [Neurology](#) – [Oncology](#) – [SAIM](#)). Each ACVIM specialty has an MOC committee that evaluates and scores activities submitted by Diplomates in that specialty toward meeting the established MOC criteria of the specialty.

4.K ACVIM DIPLOMATE CERTIFICATES

A candidate becomes an ACVIM Diplomat immediately upon completion and acceptance by the ACVIM of all requirements established in this Manual. The ACVIM office notifies the candidate of the decision. The candidate is awarded an official ACVIM Diplomat certificate at the next ACVIM Forum. The ACVIM office prepares these certificates and publishes lists of new ACVIM Diplomates.

4.K.1 REPOSSESSION OF ACVIM DIPLOMATE CERTIFICATES

ACVIM Diplomat certificates always remain the property of the ACVIM and will be repossessed when one or more of the following occurs:

- The issuance of such an ACVIM Diplomat certificate or its receipt is contrary to, or in violation of, any provisions of the [ACVIM's constitution and bylaws](#).
- An ACVIM Diplomat fails to maintain an acceptable degree of competence in the practice of veterinary internal medicine, one of its specialties, or both.

Requirements for all Specialties

- An ACVIM Diplomate who earned a certificate during or after 2016 fails to meet the criteria required to maintain credentials.
- An ACVIM Diplomate is in breach of the ACVIM's constitution, bylaws and/or code of conduct.

4.K.2 REINSTATEMENT OF ACVIM DIPLOMATE CERTIFICATES

Reinstatement of an ACVIM Diplomate certificate is possible with the individual adequately addressing the reason(s) for repossession. Reinstatement is contingent upon the approval of the BOR, payment of all dues in arrears (to a maximum of 3 years), and payment of current dues in full.

4.L POLICY ON POST-RTP TERMINOLOGY AND SPECIALTY TITLE USAGE

A candidate who has not completed the credentialing process and who is not an ACVIM Diplomate may *not* use partial completion of the credentialing process as a qualification for self-promotion, nor can they use the name ACVIM, the letters ACVIM, the ACVIM logo, or any other implication of achievement of some degree of specialization. Such usage is unethical and forbidden.

The ACVIM's [Code of Conduct](#), the [AVMA's Principles of Veterinary Ethics](#), and the [ABVS Policy Manual](#) are quite clear that it is unethical for veterinarians to identify themselves as members of an ABVS recognized specialty or ABVS recognized specialty organization if such certification has *not* been awarded. Only those veterinarians who are board-certified may claim Diplomate status or associate themselves with the ACVIM. Only those veterinarians who have been certified by an ABVS recognized specialty or ABVS recognized specialty organization may refer to themselves as specialists.

In the opinion of the ACVIM and the ABVS, the terms "board eligible" and "board qualified" are outdated, inappropriate and misleading when referring to the certification process, and neither term should be used by any veterinarian. A veterinarian is either board-certified, having met all of the criteria of a particular specialty college or board, or a veterinarian has *no* such board certification. Candidates who have completed an RTP and have received a residency certificate, but *not* completed all the relevant specialty's criteria for certification, may identify themselves in one of two ways: 1) They may identify themselves as "practice limited to" the specialty in which they were trained, for example, practice limited to oncology, and/or 2) They may identify themselves as "residency trained in" the specialty in which they were trained (e.g., residency trained in cardiology).

PART TWO: SPECIALTY-SPECIFIC REQUIREMENTS

5 SPECIFIC REQUIREMENTS FOR THE SPECIALTY OF CARDIOLOGY

The ACVIM certifies specialists in veterinary cardiology. Cardiologists focus on diagnosing and treating diseases of the cardiovascular system. This section of Part Two explains the requirements for ACVIM cardiology residency training programs (RTPs) and the requirements for candidates working toward certification in this specialty that are in addition to the requirements specified in Part 4, which are required of all candidates in all specialties.

5.A. CARDIOLOGY DOCUMENTS AND FORMS

The following may *not* be an exhaustive list of applicable documents and forms. Please navigate the [ACVIM website](#) for additional documentation and forms.

- [Online resident registration form.](#)
- [Cardiology Log Acceptable Abbreviations document.](#)
- [Cardiology Log Summary Form \(version 21-22\) .](#)
- [Cardiology Catheterization Log \(version 21-22\).](#)
- [Cardiology Echo Log \(version 21-22\).](#)
- [Cardiology Education Log \(version 21-22\).](#)
- [General Examination registration information.](#)
- [General Examination registration \(via candidate dashboard\).](#)
- [Cardiology credentials packet.](#)
- [List of reading and study resources for the cardiology Specialty Examination.](#)
- [Cardiology Specialty Examination registration \(via candidate dashboard\).](#)
- [Cardiology Specialty Examination blueprint \(60 days before the examination date\).](#)

5.B DEFINITIONS FOR CARDIOLOGY CANDIDACY AND RESIDENCY TRAINING PROGRAMS

These definitions expand upon those provided in section 3 of this Manual as they pertain specifically to the specialty of cardiology.

5.B.1 CARDIOLOGY CREDENTIALS COMMITTEE (CCC)

As defined in section 3.L, the cardiology credentials committee (CCC) evaluates a cardiology candidate's progress during the ACVIM certification candidacy period, including completion of RTP requirements, General and Specialty Examination results, and fulfillment of any additional credentials requirements, such as the resident's echocardiography, procedures and structured educational experiences logs. The CCC is responsible for reviewing and grading the cardiology candidate's credentials packet, and certifying that a candidate meets all the requirements for becoming a Diplomate of the ACVIM in cardiology.

5.B.2 CARDIOLOGY RESIDENCY TRAINING COMMITTEE (CRTC)

As defined in section 3.Z, the cardiology residency training committee (CRTC) specifies the residency training criteria that must be met for certification. The CRTC reviews and approves all new RTPs. The CRTC reviews and approves for renewal each registered RTP annually. The CRTC also reviews any significant changes in an RTP (e.g., change in PD or RA, a resident or candidate's early termination or failure to complete an RTP, alterations in program duration or content, and locations of secondary training sites) and notifies the CCC of the approved changes. These reviews are normally based on documents submitted by the PD; however, if questions arise, the CRTC may solicit supplemental documentation from other individuals who have knowledge of a particular RTC. The CRTC also handles questions from the residents and candidates or PDs regarding the interpretation of the RTP guidelines.

5.B.3 CARDIOLOGY OMBUDSPERSON

As defined in section 3.X, the [cardiology ombudsperson](#) is an individual appointed by the specialty president. This individual is available to candidates, and serves as a liaison during conflicts between a candidate and either an RTP or the ACVIM. The cardiology ombudsperson provides a neutral and confidential environment in which to voice concerns. The cardiology ombudsperson advises and offers options toward resolution of a problem as deemed appropriate, should any arise, between residents in training and either their institutional training programs officers, supervisors, or directors or with the ACVIM as an organization. All communications are held in strict confidence. The scope of the cardiology ombudsperson's work excludes matters relating to examinations and/or denial of credentials, which are addressed by the Appeals Committee (see section 4.H). The cardiology ombudsperson does not engage in any arbitration process, does not offer legal advice, and does not impose sanctions on individual candidates or RTPs. If the cardiology ombudsperson is personally involved in a dispute with a candidate, the ombudsperson must recuse themselves. In such a case, the ACVIM certification liaison will serve as the cardiology ombudsperson during that dispute. The cardiology ombudsperson may be contacted at CardiologyOmbuds@acvim.org. All communications are held in strict confidence.

5.B.4 CARDIOLOGY PROGRAM DIRECTOR (PD)

As defined in section 3.Y, a cardiology program director (PD) is the individual at the SI who assumes overall responsibility for the conduct and integrity of that institution's RTP(s). Unlike some specialties, the specialty of cardiology requires that a cardiology PD must be an ACVIM Diplomate in the specialty of cardiology, or an ECVIM-CA Diplomate in the specialty of cardiology. If the PD is an ECVIM-CA Cardiology Diplomate, that individual must be part of an RTP located in the United States or Canada.

5.B.5 CARDIOLOGY RESIDENT ADVISOR (RA)

As defined in section 3.AD, the cardiology resident advisor (RA) is the primary individual at the SI who monitors the cardiology resident's progress during residency training. A cardiology RA must be an ACVIM Diplomate in the specialty of cardiology or an ECVIM-CA Diplomate in the specialty of cardiology. If the RA is an ECVIM-CA Cardiology Diplomate, that individual must be part of an RTP located in the United States or Canada. A cardiology RA must also be actively involved as an SD for the assigned residents, and be substantially involved in the clinical supervision of assigned residents.

5.B.6 CARDIOLOGY SUPERVISING DIPLOMATE (SD)

As defined in section 3.AF, a cardiology supervising diplomate (SD) must be a board-certified veterinary specialist in the specialty of cardiology, who is contributing to the training of the cardiology resident in the specialty of cardiology. Here, board-certified refers to both ACVIM cardiology Diplomates and ECVIM-CA cardiology Diplomates. The ACVIM or ECVIM-CA cardiology Diplomate must be in good-standing with the ACVIM or ECVIM-CA, respectively. Unlike some specialties, there may only be one board-certified veterinary specialist in the specialty of cardiology with SD responsibility at the SI for an cardiology RTP to be approved and to maintain annual re-approval.

5.B.7 CARDIOLOGY SECONDARY-SPECIALTY SUPERVISING DIPLOMATES (SSSDs)

As defined in section 3.AG, a secondary-specialty supervising diplomate (SD) for a cardiology RTP must be a board-certified veterinary specialist in any specialty other than cardiology, who is contributing to the training of the cardiology resident in any specialty other than cardiology. Here board-certified refers to any veterinary specialists certified by an ABVS or EBVS registered veterinary specialty or registered veterinary specialty organization. The board-certified veterinary specialist must be in good-standing with the relevant ABVS or EBVS registered veterinary specialty or registered veterinary specialty organization.

5.B.8 SUPERVISION OF RESIDENCY TRAINING

5.B.8.A DIRECT SUPERVISION

As described in section 4.F.8.a, direct supervision is defined as having the SD and resident participating in clinical practice together, wherein both the SD and the resident are on the clinic floor, interactively and concurrently managing cases. The SD need not personally examine each patient seen by the resident, but must review the case with the resident, and must remain physically available on-site for face-to-face consultation with the resident throughout the day.

5.B.8.B INDIRECT SUPERVISION

As described in section 4.F.8.b, indirect supervision refers to circumstances wherein the SD or SSSD and resident, although participating in a clinical practice together, are not on the clinic floor simultaneously and are not interactively nor concurrently managing cases. The SD or SSSD must be immediately available for consultation and direct supervision when needed by the resident. Moreover, the specialty of cardiology specifies that to qualify as indirect supervision, the SD or SSSD is required to be on-site and have face-to-face contact with the resident for at least one hour per day for the entire week.

5.B.8.C REMOTE SUPERVISION

As described in section 4.F.8.c, remote supervision is the use of technology, such as tele- or videoconferencing (e.g., Zoom, MS Teams, Skype) to facilitate some level of interactive resident supervision. It is most suited to rounds, journal club, and interactive seminars and conferences, but may

be utilized on a limited basis to contribute to indirect supervision. The key component to remote supervision is the interaction between resident and supervisor.

5.B.9 TRAINING TIMES / TRAINING WEEK

As defined in section 4.F.9, a cardiology RTP must have a resident working at least 40 hours in 7 contiguous days for it to count as 1 week of an RTP. This time includes emergency duties and patient care on weekends. Four weeks constitutes 1 month of training.

5.B.10 NONTRADITIONAL TRAINING IN CARDIOLOGY

As defined in section 3.W, a nontraditional cardiology RTP is a program that is approved by the CRTC and that is intentionally non-continuous. A nontraditional RTP may be a maximum of 5 years in duration. The cardiology specialty stipulates that in a nontraditional residency, all the specialty's requirements for residency training must be met, and that all training must take place within clearly defined, continuous blocks of training time. The CRTC must approve the RTP before the resident or candidate commences the RTP.

5.C THE CARDIOLOGY RESIDENCY TRAINING PROGRAM (RTP)

The standards contained in this section of this Manual are the minimum requirements for the specialty of cardiology. Any ACVIM-approved cardiology RTP may include additional requirements above the minimum required by this Manual. Those additional requirements then become part of that specific RTP. A resident in such an RTP must fulfill all the additional requirements of that RTP, along with the minimum requirements in this Manual, in order to become an ACVIM Cardiology Diplomate, as those additional requirements are necessary for that resident to complete the RTP and obtain a residency certificate.

5.C.1 CARDIOLOGY RTP REGISTRATION AND EVALUATION

5.C.1.a CARDIOLOGY RTP REGISTRATION

As described in section 4.F.4, a cardiology RTP must register with the ACVIM and be approved by the CRTC before accepting residents for training. The PD must submit a completed [RTP registration form online](#) for review by the CRTC.

The CRTC either approves the RTP, or provides details of those deficiencies that must be corrected before the RTP can be approved.

Each year, the PD must update and renew the RTP's registration with the ACVIM by the date specified on the [ACVIM website](#), to ensure the RTP remains ACVIM-approved, in good standing (section 3.S.2) and adequate to train residents in cardiology.

5.C.1.b CARDIOLOGY RTP PROBATION

As described in section 4.F.5, the CRTC may place a cardiology RTP on probation. Consistent poor performance (low certification rate) or negative feedback provided to the ombudsman or other cardiology Diplomates may lead to an investigation of the RTP that could ultimately result in probation.

The CRTC may place a cardiology RTP on probation or, in the case of serious issues, terminate the RTP for various reasons. Triggers that might result in cardiology RTP probation and/or termination, include, but are not limited to, the following:

- Serial problems experienced by sequential residents or candidates who are similar between resident classes.
- If an RTP has continuous issues with candidates failing to pass the examinations after two attempts. This information is provided to the CRTC by the ACVIM office who compiles data for each cardiology RTP on the number of candidates who pass the General Examination and cardiology Specialty Examination and on the number of candidates who must take the examinations more than once to pass them. In such cases, the CRTC conducts an intensive review in an attempt to identify and help the RTP correct the problem.
- Failure to provide direct resident or candidate supervision.
- Failure to provide sufficient case experience as evidenced by resident logs.
- Failure to provide a sufficient number of journal clubs or cardiology structured educational experiences.
- Increased frequency of reviews by the CRTC that fails to result in resolution of deficiencies of current residents or candidates.
- Failure to respond to CRTC requests for documentation regarding the RTP within 30 days of the request.
- Failure to submit the appropriate information by the deadlines published in this Manual or on the ACVIM website.

While on probation, the RTP may continue to train residents, but may *not* accept new residents into the RTP.

If the PD fails to provide an acceptable response within an additional 30 days, after being placed on probation, the CRTC will terminate the RTP. If the problem(s) with an RTP remain unresolved in a reasonable timeframe, the CRTC may terminate the RTP.

If the problem(s) with an RTP are unduly serious and determined to be incapable of resolution in a reasonable timeframe, the RTP may be terminated without having first been placed on probation.

5.C.1.c CARDIOLOGY RTP TERMINATION

As described in section 4.F.6, the BOR may terminate any RTP upon the recommendation of the relevant specialty's RTC or RTCC.

A cardiology RTP may be terminated if that RTP is placed on probation and the PD fails to provide an acceptable response to the CRTC within 30 days, and/or if the RTP fails to correct the deficiencies identified by the CRTC in a timely manner, as decided by the CRTC. If a RTP is found to have unduly serious deficiencies that prevent adequate resident training, or if it is discovered that a PD submitted

false or misleading RTP documentation, the RTP may be terminated immediately, without a preceding probationary period.

Upon termination, an RTP is immediately ineligible to train residents. Time served by a resident in a terminated RTP will not count towards the completion of a cardiology RTP or ACVIM candidacy.

A terminated RTP may not simply be renewed. A previously terminated RTP, however, may apply to the ACVIM as a new RTP.

5.C.2 ACCEPTABLE CARDIOLOGY RTPS

A registry of the current ACVIM-approved cardiology RTPs, as evaluated by the CRTCC, is available on the [ACVIM website](#), or upon request from the [ACVIM office](#).

5.C.3 CARDIOLOGY CANDIDATE REGISTRATION

As described in section 4.F.3., a cardiology resident enrolled in an ACVIM-approved cardiology RTP must register with the ACVIM as a candidate within 90 days of commencing the RTP (e.g., by October 12 of the same year for RTPs that commence on July 15) for the residency training time to count towards the certification process. The resident [registration form](#) is available online on the ACVIM website. A registration fee must also be paid.

Documentation of receipt of the candidate's registration, receipt of the paid fee, and documentation of the candidate's unique identification number, must be maintained by the candidate as part of their essential documentation.

Separate receipts for each ACVIM fee paid and registration acknowledgement will be provided by the ACVIM, and must be maintained by the candidate as part of their essential documentation.

5.C.4 GENERAL OBJECTIVES OF THE CARDIOLOGY RTP

The cardiology RTP will provide intensive training in clinical cardiology, including major responsibility for the care of patients with cardiovascular disease. An RTP will place lesser emphasis on training in internal medicine, which may be completed by having residents participate in primary patient care, attend internal medicine rounds, and/or attend medical conferences in internal medicine.

Cardiology residents will acquire broad working knowledge of the anatomy, physiology, and pathology of all body systems, and in-depth knowledge of the cardiovascular system in health and disease. Although clinical training in most cardiology RTPs is likely to emphasize small animal practice, knowledge of comparative cardiology across species is an expected outcome of every cardiology RTP.

During the cardiology RTP, residents will obtain knowledge and understanding of the following areas:

- General internal medicine.
- Physical and laboratory diagnosis, management, and prognosis of cardiovascular disease of all domestic animals.

- Basic sciences of the cardiovascular system that relate to clinical cardiology, including macroscopic and microscopic anatomy, macroscopic and microscopic pathology, biochemistry, genetics/molecular biology, physiology/pathophysiology, and pharmacology/drug therapy.
- Recording and interpreting specialized cardiac diagnostic studies used in cardiovascular disease evaluation, including:
 - Electrophysiological studies: interpretation of electrocardiograms (including loop recordings, Holter monitoring, and intracardiac recordings), and cardiac pacing (including pacemaker interrogation and programming).
 - Cardiovascular sounds: auscultation and phonocardiography.
 - Hemodynamics: cardiac catheterization techniques, interpretation of pressure tracings, indicator dilution studies, blood gases and oximetry, and calculation of shunt volumes/ratios based on these data.
 - Cardiovascular radiography, CT, and cardiac MRI, including angiographic and other contrast studies.
 - Echocardiography: all modalities.
 - Nuclear cardiology: understanding the principles of radioisotope studies of perfusion, cardiac dynamics, and shunts.
- Interventional procedures: knowledge of the anatomy, techniques, indications, and risks of interventional procedures.

5.C.5 SPECIFIC REQUIREMENTS FOR THE CARDIOLOGY RTP

It is incumbent upon the SI, PD, RA, SDs, SSSDs, resident and candidate, as well as relevant ACVIM staff and committee members, to be aware of the following RTP requirements, and to collectively work towards ensuring they are being fulfilled.

5.C.5.a DURATION OF CARDIOLOGY RTP TRAINING

A cardiology RTP is a minimum of 36 months. The minimum requirement for each RTP is 24 months of directly supervised intensive training in veterinary clinical cardiology. The remaining 12 months of the 36 month cardiology RTP will include a combination of additional directly supervised training in veterinary cardiology, directly supervised training by SSSDs in related disciplines, indirect supervision in veterinary cardiology or related disciplines, research and scholarly activity, study time, and vacation. If the resident is spending time with a physician cardiologist, up to 2 weeks can be logged as indirect supervision as long the experience is discussed or reviewed with the RA or a SD.

5.C.5.b INTENSIVE TRAINING IN CLINICAL CARDIOLOGY

An ACVIM-approved cardiology RTP must provide residents with suitable clinical case experience to ensure clinical proficiency as a veterinary cardiologist, as well as with adequate practical experience in both invasive and noninvasive cardiac diagnostic and therapeutic techniques. The minimum requirement

for each RTP is 24 months of intensive clinical training in veterinary cardiology under the direct supervision of an ACVIM cardiology Diplomate and/or an ECVIM-CA cardiology Diplomate.

The number of cases seen during the RTP will vary among training sites. At all training sites, the majority of case material must emphasize cardiac disorders. Emphasis should be on quality rather than quantity, although a sufficient caseload must be available to provide experience with all types of cardiovascular disease in as many different species as possible.

Given a clinical case with cardiovascular disease, the candidate should be able to evaluate the patient logically and skillfully. The candidate should be able to perform the following tasks:

- Obtain and interpret the patient's history and conduct a complete physical and cardiovascular examination.
- Develop a differential diagnosis, including both etiologic and pathologic (anatomical and physiological) diagnoses.
- Suggest appropriate laboratory studies to confirm or rule out each possible diagnosis.
- Perform and interpret diagnostic studies.
- Make a presumptive or definitive diagnosis based on accumulated data.
- Outline and explain the rationale for appropriate treatment, including options and alternatives for therapy, and render a prognosis.
- Understand the principles of cardiovascular surgery and interventional cardiac catheterization (e.g., balloon valvuloplasty). (Basic knowledge of how to perform surgical and interventional procedures is considered essential; the ability to perform some but not all basic interventional procedures is also essential as per cardiovascular procedure guidelines ([5.C.5.d](#)), but true proficiency is not considered attainable in all programs unless additional training is undertaken. Understanding the indication for these procedures, how to monitor the progression of the disease if intervention is not yet indicated, when and where these procedures may be performed, and follow-up after completion of these procedures is essential even if proficiency is not attained in the performance of the particular procedure.)
- Communicate clearly to the client the diagnosis, prognosis, and recommended management of the patient's problem.

Residents will document this experience, including salient information about patients and procedures, by maintaining a log of echocardiograms and cardiovascular procedures they have performed using the currently approved forms. The log forms can be obtained from the [ACVIM website](#), or by requesting them in writing from the [ACVIM office](#). Residents will submit the logs to the CCC annually and at the time of submitting credentials. Residents must use the most appropriate version of the log for each year's submission. Ideally, residents would use the most current format for submitting logs. However, residents may also use the template in use at the beginning of their RTP. However, residents may *not* use templates that were outdated at the time of commencing their RTP, that is templates that were replaced

before the start of their RTP. The use of outdated log forms will result in the rejection of the resident's log(s) by the CCC and CRTC.

5.C.5.c ECHOCARDIOGRAMS

The recording and interpretation of at least 500 echocardiograms, including M-mode, 2D, and Doppler studies, is required during the cardiology RTP. A log of these echocardiograms must be maintained for annual evaluation and credentials purposes. The log forms can be obtained from the [ACVIM website](#), or by requesting them in writing from the [ACVIM office](#).

In addition to the detailed echocardiogram log, a log summary form must be submitted by the resident for annual evaluation and credentials purposes. The log summary form should indicate the type and number of all cardiovascular procedures performed. The log summary form is supplemental to the echocardiography log and the cardiac procedures logs, and must be submitted annually in addition to those 2 logs. The summary form can be obtained from the [ACVIM website](#), or by requesting it in writing from the [ACVIM office](#).

5.C.5.d CARDIOVASCULAR PROCEDURES

Performance of at least 15 supervised cardiovascular procedures is required during the cardiology RTP. This is the minimum number of acceptable cardiovascular procedures. True proficiency is likely to require more than this minimum standard. The resident must perform at least 12 of these 15 cardiovascular procedures at the SI. All 15 procedures must be performed under the direct supervision of a SD. The SD is expected to be physically present in the catheterization lab (may or may not be scrubbed in) for every procedure recorded in the resident's log. A log of these procedures must be maintained for annual evaluation and credentials purposes. The log forms can be obtained from the [ACVIM website](#), or by requesting them in writing from the [ACVIM office](#).

For these guidelines, cardiovascular procedures are defined as diagnostic cardiac catheterization and selective angiography, balloon valvuloplasty, intravascular stenting, endomyocardial biopsy, permanent transvenous cardiac pacing, placement of Swan-Ganz catheters with subsequent hemodynamic monitoring, placement of intravascular/intracardiac occlusion devices, heartworm or intravascular foreign body extraction, transvenous electrical cardioversion of atrial fibrillation, invasive electrophysiological studies, and radiofrequency ablation.

No one procedure type can account for more than 6 of the 15 total cardiovascular procedures to fulfill this requirement. For example, a candidate may implant more than 6 transvenous pacemakers during the RTP, but only 6 will count toward this requirement, and additional procedures of other types will be required.

Procedures that involve multiple techniques, such as diagnostic catheterization, selective angiography, and an intervention (e.g., balloon valvuloplasty or coil embolization) will be counted in any 1 (but not more than 1) category. For example, a resident who performed 8 balloon valvuloplasties may count 6 of

them as balloon valvuloplasties, and 2 as diagnostic catheterizations (which would represent the 8 procedures performed, 6 counted in 1 category and 2 in the second).

Other cardiovascular procedures may be acceptable for meeting this requirement, but such procedures must be approved in writing by the CRTC before being performed. The request for approval must be submitted to the CRTC at least 10 business days before the procedure is scheduled to be performed.

“Performance” of the required procedure is defined as the trainee’s active participation in the procedure. Observation of the required procedures is NOT adequate to fulfill the cardiovascular procedures requirements. The resident performing the procedure will also have primary case responsibility (“primary operator”) under the direct supervision of the Supervising Diplomate (SD) responsible for the procedure. A secondary operator is a resident who actively participates in the procedure but does not meet the criteria listed above. An SD is expected to be physically present in the catheterization lab (may or may not be scrubbed in) for every procedure recorded in a resident’s log. The primary operator must be actively involved, with the SD’s guidance, in all of the following steps: pre-procedural case management, procedural planning, performance of technical manipulations during the procedure, and post-procedural case management. Both the primary and secondary operator may enter the procedure into their logs. When 2 residents (a primary and a secondary operator) perform 2 or more procedures, such as a coronary angiogram followed by a balloon valvuloplasty, in the same patient during the same session, each resident may enter a maximum of one procedure in their individual logs for that patient session.

The ACVIM cardiology Diplomate or a cardiology Diplomate of the European College of Veterinary Internal Medicine – Companion Animal (ECVIM-CA) directly supervising a cardiovascular procedure, as defined in section 4.F.4, will provide signed documentation of each procedure’s supervision.

As noted above, in addition to the detailed procedures log, a log summary form must be submitted by the resident for annual evaluation and credentials purposes. The log summary form should indicate the type and number of all cardiovascular procedures performed. The log summary form is supplemental to the echocardiography log and the cardiac procedures logs and must be submitted annually in addition to those 2 logs. The summary form can be also obtained from the [ACVIM website](#), or by requesting it in writing from the [ACVIM office](#).

5.C.5.e SPECIAL CARDIOVASCULAR PROCEDURES

Training in special cardiovascular procedures is also desirable, if facilities, equipment, and qualified personnel are available. For these guidelines, special cardiovascular procedures are defined as radionuclide angiography, CT angiography, MRI, digital subtraction angiography, and invasive electrophysiological testing. Theoretical training in the principles and application of radionuclide angiography, CT angiography, MRI, digital subtraction angiography, and invasive electrophysiological testing can be beneficial. Theoretical training may include remote training.

The ACVIM Cardiology Diplomate or a Cardiology Diplomate of the European College of Veterinary Internal Medicine – Companion Animal (ECVIM-CA) directly supervising a cardiovascular procedure, as defined in section 4.F.8.a, will provide signed documentation of each procedure’s supervision. A [log](#) of

these procedures must be maintained for annual evaluation and credentials purposes. The log forms can be obtained from the [ACVIM website](#), or by requesting them in writing from the [ACVIM office](#).

As noted above, in addition to the detailed procedures log, a log summary form must be submitted by the resident for annual evaluation and credentials purposes. The log summary form should indicate the type and number of all cardiovascular procedures performed. The log summary form is supplemental to the echocardiography log and the cardiac procedures logs and must be submitted annually in addition to those 2 logs. The summary form can be also obtained from the [ACVIM website](#), or by requesting it in writing from the [ACVIM office](#).

5.C.5.f INTENSIVE CLINICAL TRAINING IN OTHER ACVIM AND NON-ACVIM SPECIALTIES

Consultation with qualified veterinary specialists, in addition to cardiologists, is an important component of the cardiology RTP. The CRTC recommends that residents have the equivalent of a minimum of 2 weeks clinical training with a board-certified specialist in each of the following: 1) internal medicine, 2) clinical pathology and/or anatomic pathology, 3) anesthesiology, and 4) advanced diagnostic imaging (e.g., CT, MRI, noncardiac ultrasonography, etc.). This recommended 8 weeks are not to be counted as part of the minimum of 24 months of directly supervised intensive clinical training in cardiology, and are not to be drawn from weeks dedicated to examination study time, nor vacation.

Telemedicine consultations are not considered adequate training for the cardiology resident in the specialties listed in the previous paragraph unless the consult includes a detailed and complete verbal discussion of the case between the mentor, resident, and radiologist or pathologist or another specialist giving the consult. The receipt of a written diagnostic imaging or pathology report via telemedicine is not considered adequate to meet the training requirements of a resident, and neither is an interaction conducted via email; there must be one-on-one dialogue between the resident and the consultant.

The CRTC considers the availability of board-certified specialists when evaluating cardiology RTP applications and renewals. A SI that trains cardiology residents should have access to other board-certified specialists, or have a plan to send the resident to other locations to receive this training during the 3-year residency to improve the residents' general medical knowledge, to improve their ability to pass the ACVIM General Examination, and to improve their ability to manage cardiac cases that have problems with other body systems. The number of rotations will be determined by the PD in concert with the CRTC based on the individual resident's background.

5.C.5.g RESEARCH REQUIREMENT

Residents are expected to participate in clinical or laboratory research projects, including a role in project design, execution, data analysis, evaluation, the presentation of results in a peer-reviewed setting (e.g., ACVIM Forum), and publication.

Proof of completion of this research requirement may include any of the following:

- Copy of a first author published research paper in a peer-reviewed journal, or letter of acceptance (unconditional) from a peer-reviewed journal.

Specific Requirements for the Specialty of Cardiology

- Evidence of presentation of an abstract (oral or poster), original work, at a scientific meeting.
- Documented (letter from RA) completion of a prospective or retrospective research project that is unpublished (e.g., thesis).
- Documented (letter from RA) submission of a prospective research grant/project pertinent to the candidate's specialty.
- Documented (letter from RA and/or transcript) completion of graduate course work in research methods, biostatistics, and/or research ethics.
- Documented (letter from RA and/or certificate) completion of a minimum of 25 hours of research-focused seminars or classes of an appropriately advanced level. These may be offered by the ACVIM, through online programs, or by other institutions. These seminars or classes will cover subjects such as the following:
 - Critical evaluation of the veterinary medical/biomedical literature.
 - Grant writing.
 - Study design and participation in clinical trials.
 - Biostatistics.
 - Research ethics.

5.C.5.h PUBLICATION REQUIREMENT

There is currently no publication requirement for the cardiology specialty, although a copy of a published research paper appearing in a peer-reviewed journal, or letter of acceptance (unconditional) from a peer-reviewed journal, may provide evidence of fulfillment of the aforementioned research requirement (section 5.C.4.g).

5.C.5.i CARDIOLOGY JOURNAL CLUB

Residents must participate in at least 80 hours of journal club throughout their residency as stated in section 4.F.13.

Review and critical analysis of the cardiovascular literature is central to a journal club. The cardiovascular literature is broadly defined in the context of a journal club to include peer-reviewed medical, comparative, and veterinary journal articles pertinent to the theory and practice of veterinary cardiology. The article(s) will have been distributed before the journal club session for review by participants.

At least 1 ACVIM Diplomate or ECVIM-CA Diplomate who is a cardiology RTP SSSD in any ACVIM specialty must attend each journal club meeting. Residents must keep a [log](#) of journal club activities that includes the date, topics discussed, and those in attendance. The cardiology education log form can be obtained from the [ACVIM website](#), or by requesting it in writing from the [ACVIM office](#). The log is submitted as part of the credentials packet to be reviewed by the CCC.

Cardiology journal clubs may be held remotely, provided that there is an ACVIM Diplomate or ECVIM-CA Diplomate who is a cardiology RTP SSSD in any ACVIM specialty present in each remote meeting.

The cardiology journal club requirement is specific to the review of articles in scientific periodicals (journals); activities such as resident seminar series, local conferences, meetings, and the like are not considered part of the cardiology journal club.

The requirement for a minimum of 80 hours of cardiology journal club is in addition to the 150 hours of cardiology structured educational experiences as outlined below (section 5.C.4.j).

5.C.5.j CARDIOLOGY STRUCTURED EDUCATIONAL EXPERIENCES

Residents and candidates must complete 150 hours of cardiology-related structured educational experiences throughout the cardiology RTP, which are in addition to the aforementioned required 80 hours of journal club (section 5.C.4.i). Case-specific discussions and daily case rounds undertaken during intensive clinical cardiology training do not count towards this RTP requirement.

It is anticipated that these structured educational experiences will primarily occur at the SI. Cardiology structured educational experiences may take many forms, including formal cardiology case conferences, internal medicine case conferences, grand rounds, cardiology conferences or seminars at medical schools and pediatric hospitals, journal club and book reviews. Remotely delivered conferences, seminars and/or shared conferences between multiple institutions are acceptable in meeting this requirement. The availability and structure of these structured educational experiences will be considered by the CRTc during both the initial review of the RTP application and at each annual renewal. Cardiology residents must keep a [log](#) of structured educational experiences that includes the date, experience undertaken, and those in attendance. The cardiology education log form can be obtained from the [ACVIM website](#), or by requesting it in writing from the [ACVIM office](#).

Acceptable cardiology structured educational experiences include, but are not limited to, the following:

FORMAL TOPIC, TEXTBOOK REVIEW AND EXAMINATION PREPARATION SESSIONS

A cardiology RTP may provide intensive review sessions or courses for residents on topics covered in the General Examination and cardiology Specialty Examination.

When given at the SI, lectures, topic review sessions, textbook chapter reviews, and cardiology journal clubs, given by the RTP's SDs or SSSDs may be counted toward this RTP requirement for up to a maximum of 3 hours (total daily maximum) in one day.

given by the RTP's SDs may be counted toward this RTP requirement for up to a maximum of 3 hours (total daily maximum) in one day.

JOURNAL CLUBS

Review and critical analysis of the literature is central to a journal club. The veterinary internal medicine literature is broadly defined in the context of a journal club to include peer-reviewed medical, comparative, and veterinary journal articles pertinent to the theory and practice of veterinary internal medicine. The article(s) will have been distributed before the journal club session for review by participants.

At least 1 ACVIM Diplomate or ECVIM-CA Diplomate who is a cardiology RTP SSSD in any ACVIM specialty must attend each journal club meeting. Residents must keep a [log](#) of journal club activities that includes the date, topics discussed, and those in attendance. The cardiology education log form can be obtained from the [ACVIM website](#), or by requesting it in writing from the [ACVIM office](#). The log is submitted as part of the credentials packet to be reviewed by the CCC.

Journal clubs may be held remotely, provided that there is an ACVIM Diplomate or ECVIM-CA Diplomate who is a cardiology RTP SSSD in any ACVIM specialty present in each remote meeting.

These requirements are in addition to the 80 hours of journal club mandated in the general ACVIM guidelines and in section 5.C.4.i. above.

When given at the SI, lectures, journal clubs, and textbook chapter reviews given by the RTP's SDs or SSSDs may be counted toward this RTP requirement for up to a maximum of 3 hours (total daily maximum) in one day.

CARDIOLOGY FORMAL CASE CONFERENCES

Formal case conferences provide a forum for thorough and detailed consideration of clinical cases. These structured activities emphasize pathophysiology, clinical presentations, interpretation of diagnostic studies, therapy, and outcome.

Rounds with residents and candidates presiding over clinical cases do not meet the criteria for formal case conferences.

SEMINAR OR LECTURE SERIES

Seminars or lectures in cardiology presented by ACVIM cardiology Diplomates, ECVIM-CA cardiology Diplomates, residents or candidates provide an opportunity for in-depth investigation of cardiovascular topics.

UNIVERSITY CLASSES / GRADUATE COURSE WORK

This is formal course work pertinent to the RTP in which a resident participates. If a resident enrolls in a course that has a direct relationship to cardiology practice or research, such as physiology, pathology, statistics, or other related fields, the resident may log the course as part of a cardiology educational experience. If a physician cardiologist or Cardiology Diplomate (ACVIM or ECVIM-CA) teaches a course, it can be used to fulfill the education requirements. If a course covers a cardiology topic, the resident may enter the full number of hours that the resident attends the course into their log. If the resident attends a class in a related field (e.g., statistics) and wants to use the class as cardiology educational experience for more than 10 hours per year, then the resident must submit a written description of the class to the CRTC along with the logs. If the CRTC rejects these hours, and if the SD or the resident disagrees with the CRTC's decision, then an appeal can be made to the ACVIM Appeals Committee.

ACVIM FORUM

Attendance at 1 ACVIM forum is required during a cardiology RTP. Residents and mentors should note that attendance at conferences or meetings outside of the SI cannot fulfill greater than 10 hours per year of logged structured educational experiences.

ACVIM ADVANCED CONTINUING EDUCATION (ACE) COURSE

Attendance at a cardiology-focused ACE course is *not* a requirement of a cardiology RTP, but may be beneficial. Residents and mentors should note that attendance at a continuing education conferences outside the SI may *not* fulfill greater than 10 hours per year of logged structured educational experiences.

Residents may meet the requirement for cardiology structured educational experiences by means other than those described. However, the CRTC must approve any structured educational experiences in advance of the educational experience for it to count towards the resident's RTP requirements and certification process.

5.C.5.k STUDY TIME

The RTP determines the amount of time off to study for the General Examination and the cardiology Specialty Examination. The CRTC would generally like to see specific time earmarked for candidates to study for both examinations, with representative examples being 3 to 4 weeks preparation time for the General Examination and 5 to 8 weeks preparation time for the cardiology Specialty Examination. Study time should be scheduled to immediately precede the examination dates as much as is practical.

It is expected that the cardiology resident develop a structured self-study program in consultation with the resident's RA. The cardiology Form Review / Examination Committee provides a comprehensive reading list, and this list should be reviewed at the start of the RTP. A self-study program should include standard texts in veterinary and human internal medicine and cardiology, cardiovascular anatomy, physiology, pharmacology, embryology, pathology, and appropriate current and past journal articles detailing veterinary and human cardiology.

5.C.5.l VACATION AND PERSONAL TIME

A resident should take vacation during the cardiology RTP that is totally separate from the other RTP activities and requirements. While the SI/RTP ultimately allocates vacation times for its residents, the CRTC recommends that a resident take at least 2 weeks of vacation per year of the RTP.

An RTP is also expected to provide reasonable accommodation for a resident's medical needs (e.g., doctor's appointments, etc.).

5.C.5.m RTP INTERRUPTION

Training interruptions may be unavoidable in circumstances where a resident must switch from one RTP to another to fulfill all RTP and credentialing requirements. In such cases, the CRTC must approve the

new RTP before the onset of clinical training, and the CCC should be notified of the approved changes. In addition, the CCC and CRTC must each verify which portions of the training at the original RTP will be accepted as fulfilling credentialing requirements. If a resident has been placed on probation at one training site and is accepted into an RTP at another institution (nontraditional program), the time on probation can only be counted toward the cumulative training requirements with the consent of the PD at the site that implemented probation for the resident. All such requests for approval of prior training must be reviewed and approved by both the CCC and the CRTC.

5.C.5.n RTP VARIANCES

Variances may be permitted by the CRTC, but a request for a variance will require a detailed explanation from the PD to the CRTC, and written permission from the CRTC must be granted. In general, such approval will relate to combined residency-graduate degree programs or RTPs that include significant resident research commitments. Variances must be approved by the CRTC before the resident includes them as part of the RTP.

5.C.5.o ONLINE RTP EXIT SURVEY

Within 90 days of completing a cardiology RTP, residents are strongly encouraged to complete [an online survey](#) regarding the quality of their RTP experience.

Responses are shared with the appropriate PD to provide important feedback regarding their RTP. Data, held strictly confidential, will be published as a 5-year rolling average score per surveyed category calculated for each RTP, and will be released every 3 years to ensure the anonymity of candidates who completed smaller RTPs.

5.D ROLES AND RESPONSIBILITIES ASSOCIATED WITH CARDIOLOGY CANDIDACY AND RTPS

These descriptions expand upon those required by section 4.F.3 of this Manual, as they pertain specifically to the specialty of cardiology.

5.D.1 RESPONSIBILITIES OF THE SPONSORING INSTITUTION

The SI for a cardiology RTP, in partnership with the PD, RA, SD and SSSDs, must ensure a healthy and safe learning and working environment that promotes resident professional advancement, as well as psychological, emotional, and physical well-being. The SI must ensure the availability of all necessary professional, technical, and clerical personnel to best support the cardiology RTP.

5.D.1.a SUPERVISION

To host an ACVIM-approved cardiology RTP, the SI must be a veterinary medical facility with a minimum of 1 ACVIM cardiology Diplomate(s) and/or ECVIM-CA cardiology Diplomate(s), and an engaged faculty and staff active in a variety of disciplines and veterinary specialties. The CRTC prefers that a board-certified internist, clinical pathologist and/or anatomic pathologist, anesthesiologist, radiologist and surgeon be located at the SI; however, it is not required.

Training that is *not* under the direct or indirect supervision of an ACVIM or ECVIM-CA Diplomate in cardiology must be detailed in the individual resident's application and approved by the CRTCC in advance of the start of the resident's RTP.

5.D.1.b FACILITIES AND EQUIPMENT

The SI for an ACVIM-approved cardiology RTP must have on-site radiography, electrocardiography, angiocardiology, cardiac catheterization and invasive pressure monitoring. This essential equipment must be available and functioning at all times. If an SI fails to obtain a repair, or replacement, for nonfunctioning, or unavailable, essential equipment for 2 months or more in a calendar year, the RTP will be placed on probation. If there are multiple persistent equipment issues at an RTP, the RTP may be immediately terminated.

Availability of facilities for other studies, including intracardiac electrophysiology, CT angiography, MRI, and nuclear medicine, is desirable.

Additional diagnostic equipment and facilities must include access to laboratories for clinical pathology, and anatomic pathology (both gross and microscopic), microbiology and parasitology.

Patient care facilities at the SI should be sufficient to allow for outpatient, in-hospital, and intensive patient care.

As per section 4.F.15.a, physical and/or electronic library facilities that provide access to textbooks and journals in both human and veterinary medicine are mandatory.

5.D.1.c DIDACTIC LEARNING OPPORTUNITIES

The SI for a cardiology RTP must commit to providing the resident with the required didactic learning opportunities.

5.D.2 RESPONSIBILITIES OF SECONDARY TRAINING SITES

Secondary training sites are those not at the SI that may be used to provide access to both required RTP experiences and to supplement training.

If a secondary training site is used to fulfill a portion of the requirement for direct supervision in intensive clinical cardiology, or to complete any of the required echocardiography or cardiovascular procedures, the SD at the secondary site must complete a [Cardiology Training Agreement Form](#). This form must be submitted online to and approved by the CRTCC along with the RTP application and/or annual renewal. The Cardiology Training Agreement Form will indicate clearly the scope and duration of the proposed training and the specific (single) trainee to which the particular agreement pertains. The SD at the secondary sites must be ACVIM Cardiology Diplomate or ECVIM-CA Diplomate in good standing, and must commit to providing direct supervision. Upon completion of the proposed training, the original Cardiology Training Agreement Form must be updated to describe the actual time spent with the resident and the procedures performed. The SD at the secondary site

must sign all appropriate resident logs. No more than four of the required 24 months of direct supervision in intensive clinical training in cardiology can be accrued at secondary training sites.

Additional secondary site cardiology training experiences that are not used to fulfill a portion of the required direct supervision in intensive clinical cardiology, or to complete any of the required echocardiography or cardiovascular procedures, do not require completion of the Cardiology Training Agreement Form. Brief descriptions of these experiences should be listed in the RTP application and annual renewal.

If an RTP plans to provide training in internal medicine, clinical pathology, anatomic pathology, anesthesiology, advanced diagnostic imaging, and/or direct supervision by other ACVIM specialties at secondary training sites, i.e., locations other than the SI, the PD must provide letters of commitment from the secondary training site SSSDs to the CRTC. If the PD, RA, and/or CRTC deems it necessary to require 1 or more rotations under the direct supervision of specialists *not* available at the SI (e.g., internist, radiologist, anesthesiologist, and pathologist), then an outside rotation needs to be included in the RTP description to satisfy the requirement. During this time, direct supervision by another specialist is required and must be documented in writing as having been completed.

Updated letters of commitment must be submitted at the annual renewal of an existing program. Additional information about secondary training sites is found in section 4.F. 6.b of this Manual.

5.D.3 RESPONSIBILITIES OF THE PROGRAM DIRECTOR (PD)

As defined in section 5.B.4, a cardiology program director (PD) is the individual at the SI who assumes overall responsibility for the conduct and integrity of that institution's RTP(s). Unlike some specialties, the specialty of cardiology requires that a cardiology PD must be an ACVIM Diplomate in the specialty of cardiology, or an ECVIM-CA Diplomate in the specialty of cardiology. If the PD is an ECVIM-CA cardiology Diplomate, that individual must be part of an RTP located in the United States or Canada.

As outlined in section 4.F.16.b, the PD is responsible for ensuring that substantive changes within a cardiology RTP affecting compliance with cardiology specialty RTP requirements are reported to the CRTC for approval before implementing the changes. Substantive changes include, but are not limited to, the following:

- Alteration of program duration or resources, such as addition or removal of a secondary practice location (any such change would require RTC approval before the resident participates in any added locations).
- Change of RAs who are cardiology Diplomates of the ACVIM or ECVIM-CA.
- Change of SDs who are cardiology Diplomates of the ACVIM or ECVIM-CA or changes in their reported contact hours with residents.
- Any change in a resident's status (e.g., the resident is placed on probation).
- Addition or removal of resident (e.g., dismissal or withdrawal of a resident).
- Resident switching to or from a dual board program (this includes non-ACVIM residencies, e.g., the American College of Veterinary Emergency and Critical Care).

- Resident enrolling in an institutional graduate program.

Reporting inaccuracy may result in cardiology RTP probation or termination.

If a PD leaves the RTP, the SI must notify the CRTC of the proposed change in PD at least 7 days before the change occurs. Failure to do so will result in the RTP being placed on probation. Failure to respond satisfactorily to CRTC requests for relevant information, within 30 days, will result in RTP termination. Time served by residents in an unapproved or terminated RTP will not count toward the completion of a cardiology RTP or certification requirements.

5.D.4 RESPONSIBILITIES OF THE RESIDENT ADVISOR (RA)

As defined in section 5.B.5, the cardiology resident advisor (RA) is the primary individual at the SI who monitors the cardiology resident's progress during residency training. A cardiology RA must be an ACVIM Diplomate in the specialty of cardiology or an ECVIM-CA Diplomate in the specialty of cardiology. If the RA is an ECVIM-CA Cardiology Diplomate, that individual must be part of an RTP located in the United States or Canada. The cardiology RA must also be actively involved as an SD for the assigned residents, and be substantially involved in the clinical supervision of assigned residents.

As outlined in section 4.F.3c, the RA must evaluate, in writing, an assigned resident at least semiannually and discuss the results of each evaluation with the resident. The resident must sign the RA's copy of the written evaluation to indicate that the resident has received a copy of the evaluation. The CRTC may request copies of these semiannual evaluations if there is a discrepancy between the candidate's and the RA's records. The RA signs and verifies all documentation related to resident completion of RTP requirements.

5.D.5 RESPONSIBILITIES OF THE SUPERVISING DIPLOMATE (SD)

As defined in section 5.B.6, a cardiology supervising diplomate (SD) is an ACVIM Diplomate in the specialty of cardiology or an ECVIM-CA Diplomate in the specialty of cardiology, who is contributing to the training of the cardiology resident in the specialty of cardiology. Unlike some specialties, there may only be one board-certified veterinary specialist in the specialty of cardiology with SD responsibility at the SI for an cardiology RTP to be approved and to maintain annual re-approval. Additional SDs may be located at secondary training sites.

As outlined in section 5.B.6, it is the SD's primary responsibility to provide daily direct supervision of the resident when undertaking intensive clinical training in cardiology, and to participate in journal club and structured educational experiences with the resident.

The RTP must not have more than 2 cardiology residents per ACVIM Cardiology Diplomate or ECVIM-CA Cardiology Diplomate. If a SD leaves the RTP and the RTP has more than 2 residents per SD, the CRTC must be notified by the PD, and the RTP will be placed on probation until the RTP restores the minimum required resident to SD ratio.

An SD who comes to the SI on a part-time basis and provides direct supervision to a candidate during that time must advise the CRTC of this in writing at least 10 business days before the intended start of the period of direct supervision. The RA is also responsible for notifying the RTC in writing, at least 10 business days before the

intended start of the period of direct supervision, of the SD's role in the RTP. Both communications need to specify the start and end dates of the supervision and the number of complete training weeks that the visiting SD will directly supervise for which resident(s). Failure to meet these requirements will lead to the period of interaction between the visiting cardiologist and the resident not being approved or not being counted as direct supervision.

5.D.6 RESPONSIBILITIES OF THE RESIDENT

It is the responsibility of the resident to fulfill all the requirements of the specialty's RTP as outlined in this Manual, while adhering to the highest professional standards and the ACVIM's code of conduct.

5.D.7 RESPONSIBILITIES OF THE CANDIDATE

It is the responsibility of the candidate to fulfill the requirements of the specialty's certification process as outlined in this Manual, while adhering to the highest professional standards and the ACVIM's Code of Conduct, in order to become a Diplomate of the ACVIM in the specialty of cardiology. The certification process includes, but is not limited to, fulfilling all the requirements of the specialty's RTP as outlined in this Manual.

Candidates can access this Manual, other relevant information, all relevant forms, and deadlines on the [ACVIM website](#), or request said information from the [ACVIM office](#).

It is the candidate's responsibility to be aware of all certification and RTP requirements, other relevant information and deadlines. It is the candidate's responsibility to maintain a record of all communications, receipts and essential documentation.

5.E CLINICAL MILESTONES FOR CARDIOLOGY RESIDENTS

5.E.1 CLINICAL MILESTONES FOR FIRST-YEAR CARDIOLOGY RESIDENTS

First-year residents should meet the following milestones to continue to the second year of their RTP:

- Register with the ACVIM within 90 days of beginning the RTP.
- Demonstrate competency, as determined by the RA, in cardiovascular examination and physical diagnosis.
- Demonstrate satisfactory progress in the program on semiannual written review of the resident by the RA.
- Complete 40 to 50 structured educational hours, realizing that 50 hours is the goal to achieve each year of residency for a total of 150 hours at the end of 3 years.
- Attend 25 to 27 hours of journal club (in addition to the structured educational hours above), realizing that 20 to 30 hours is the goal to achieve each year for a total of at least 80 hours at the end of 3 years.
- Perform two to five cardiovascular procedures. Relative to second- and third-year residents, first-year residents might not have the opportunity to perform as many procedures, which explains why this number is fairly low.

Specific Requirements for the Specialty of Cardiology

- Perform 100 to 150 echocardiograms in the first year. Because most first-year residents and candidates are learning to do echocardiograms, this number is prorated to 50 to 100 echocardiograms by the time of log submission on the date specified on the [ACVIM website](#).
- Determine with the RA a plan to achieve the research requirement as outlined in Part One of this document and above. This may consist of ideas for a research project and/or planned coursework to attend, depending on the option selected.

The CRTC considers extenuating circumstances on a case-by-case basis, provided the RA or the SD to whom the impacted resident is assigned submits a letter explaining the circumstances.

Because the CRTC reviews logs residents submitted by the dates specified on the [ACVIM website](#); a full year of work is not normally reviewed in a resident's first year; this will vary based on a resident's start date. Typically, a resident includes 7 to 8 months of first-year logs. Therefore, the number of items in the log is prorated for that amount of time.

5.E.2 CLINICAL MILESTONES FOR SECOND- AND THIRD-YEAR CARDIOLOGY RESIDENTS

Second-year residents should reach the following milestones to continue to the third year of their RTP:

- Demonstrate competency, as determined by the SD and the RA, in clinical cardiology; demonstrate satisfactory progress on the RA's annual review of the resident.
- Complete 100 educational hours cumulatively, realizing that 50 hours is the goal to achieve in each year of residency training, for an ideal total of 150 hours at the conclusion of 3 years.
- Attend 52 to 54 hours of journal club meetings cumulatively, realizing that 20 to 30 hours is the goal to achieve in each year to allow for a total of at least 80 hours at the end of 3 years.
- Perform additional cardiovascular procedures for a cumulative total of 6 to 10 procedures by the end of the second year of residency; roles as the primary or secondary operator as described in 5.A.3.
- Perform additional echocardiograms for a cumulative total of 300 to 350 echocardiograms performed by the end of the second year of residency.
- Continue the plan developed to fulfill the research requirements. For example, completion of data collection in a research project or completion of coursework now or in the next 12 months.

5.F RESIDENT AND CANDIDATE EVALUATION

Residents should receive a formal written evaluation from their RA at least semiannually. The evaluation may be completed using criteria developed by the SI, based upon the RTP requirements outlined in this Manual, as well as the aforementioned clinical milestone recommendations. The resident is to sign the RA's copy of the written evaluation to indicate that the resident has received a copy, and has reviewed it with the RA.

Consultation with the cardiology ombudsperson is recommended if a discrepancy exists among the PD, SD, RA, and resident as to the cause of a resident's unsatisfactory progress.

5.F.1 RESIDENT LOGS

Cardiology residents and candidates must keep logs of all echocardiograms, cardiovascular procedures, special cardiovascular procedures, and educational activities they complete.

Residents and candidates must complete the following logs to verify their fulfillment of the cardiology RTP requirements:

- Echocardiography log.
- Cardiovascular procedures log.
- Education log.
- Resident log summary form.

Log completion begins with the start date of the resident in the RTP and continues throughout the RTP. Residents must use [the logs the ACVIM provides](#) to submit information to the CRTC, CC and to the ACVIM office. Residents should verify, before submission, that they are using the most appropriate logs (either the most current or the one in place at the start of their RTP).

Log entries must be typed in the proper format and signed by the PD, RA, SD(s) and/or SSSD(s) as instructed on the log forms. Residents submit completed logs online to the [ACVIM office](#) according to the timeline and by the deadlines defined on the [ACVIM website](#).

The exception is for the year before residents intend to take the cardiology Specialty Examination. In that circumstance, candidates submit their credentials packet by the date specified on the [ACVIM website](#) in the year before they plan to take the cardiology Specialty Examination. At the time of that submission, residents submit a copy of all logs completed through the date specified on the [ACVIM website](#). They will submit their **final** log after completion of the residency (which will be after the examination). If a resident elects not to take the cardiology Specialty Examination during the last year of residency, then the **final** log is to be submitted at the end of the residency according to the timeline defined on the [ACVIM website](#), which will be before their examination.

Periodically, the CRTC updates the log form templates. Residents must check the [ACVIM website](#) yearly and, where appropriate, adapt their logs accordingly for use moving forward. Ideally, residents use the most current format for submitting logs. They may also use the template in use at the beginning of their RTP. Residents may not use outdated templates, that is templates replaced before the start of their RTP.

Residents should also download and use in their log entries the [list of acceptable abbreviations](#) compiled by the CRTC.

5.F.1.A CARDIOLOGY RESIDENCY TRAINING COMMITTEE (CRTC) LOG REVIEW

The CRTC annually reviews first and second-year resident logs in every RTP and third and fourth-year logs in longer RTPs. The CRTC assesses the status and accomplishments of a resident or candidate in the training program and considers the content of the resident logs in the annual review for program renewal. If satisfactory progress is not observed, the CRTC notifies and works with the PD and RA of the RTP to ascertain why performance is not satisfactory and what to do to rectify the situation. The CRTC

may approve the program depending on the degree of concern and provided that the resident or candidate and the PD give an adequate response regarding the deficiencies. If the deficiency in the progress of the resident or if the explanation provided is unsatisfactory, the CRTC may recommend a more intensive review of the RTP (e.g., an increase in the frequency of log submissions, submission of a scheduled plan for the remainder of the educational sessions for the residency, or a plan for additional outside rotations). After this more intensive review of the program, the CRTC may place the program on probation and provide guidance on how that program must proceed to regain reinstatement. Each resident is notified no later than 8 weeks after review of the logs regarding their acceptability.

5.F.1.B CARDIOLOGY CREDENTIALS COMMITTEE (CCC) LOG REVIEW

During the credentials approval process, the CCC reviews a resident's logs, after which the CCC chair notifies individuals with any deficiencies in any area and indicates which action(s) the resident must take to remedy the deficiencies. After correcting the deficiencies, the resident submits a **final** log to CCC for review and completion of verification. Once verified, the CCC chair notifies the ACVIM office that the resident completed all requirements.

No candidate can become a cardiology Diplomate of the ACVIM, even if the candidate passes the General and cardiology Specialty Examinations, until the candidate has completed all RTP and credentialing requirements.

5.G THE GENERAL EXAMINATION

All ACVIM cardiology candidates must pass the General Examination (section 4.H.5) in order to be eligible to attain Diplomate status (board certification).

5.H CARDIOLOGY CREDENTIALS

Credentials approval (or conditional approval) is a prerequisite for taking an ACVIM Specialty Examination, and for board certification.

5.H.1 PROCEDURES FOR SUBMITTING CARDIOLOGY CREDENTIALS

*****Always check the ACVIM website before credentials submission; this process is subject to change.*****

Candidates may submit their complete credentials packet to the attention of the CCC chair and pay the credentials fee online to the ACVIM office following the completion of 27 months of their RTP. If an individual is ACVIM board-certified in a different specialty and is participating in an ACVIM-registered cardiology RTP, that individual may submit credentials during the final 12 months of the cardiology RTP. Applicant instructions for meeting the credentials requirements are available on the [ACVIM website](#), or by request in writing from the [ACVIM office](#). If a candidate has any questions regarding the credentials process, the candidate should request clarification in writing from the CCC chair well before the credentials submission deadline.

A candidate who intends to take the cardiology Specialty Examination must submit credentials for the cardiology Specialty Examination so that the ACVIM office receives the credentials packet no later than the deadline date

specified on the ACVIM website of the year preceding the year in which the candidate intends to take the Specialty Examination. Each candidate is notified no later than 60 days after the submission deadline regarding the acceptability of the submitted credentials packet and their eligibility to take the cardiology Specialty Examination.

Inadequate attention to detail or fundamental errors or omissions may cause the entire credentials application to be rejected.

Residents who submit credentials packets by the date specified on the ACVIM website in 1 year do not submit their logs to the CRTC on the date specified on the ACVIM website the following year. See the website for specific details for each year of residency.

The candidate must meet or surpass the following RTP requirements toward receiving board certification in cardiology:

- Complete 500 echocardiograms.
- Complete 15 catheterization procedures.
- Complete the research requirement.
- Complete 80 journal club hours (*not* included in the 150 hours of structured educational experiences).
- Complete 150 structured educational hours.

If the resident fails to fulfill, or ideally surpass, these RTP requirements by the deadline date specified on the [ACVIM website](#) of the year they submit the credentials packet, the CCC will identify the remaining deficiencies. The CCC will request that the resident resubmit the applicable logs after correcting the deficiencies for final approval before the resident can complete the RTP. Once the CCC has determined that all deficiencies have been addressed, the CCC chair will notify the ACVIM office that the resident has completed all RTP requirements.

Failure to correct the deficiencies and have logs reviewed and approved by the CCC will render the resident ineligible for Diplomate status. The resident is ineligible to receive board certification until all requirements are completed, even if that individual successfully passes the General and Specialty Examinations.

5.H.2 CREDENTIALS ITEMS TO BE SUBMITTED / COMPLETED FOR THE CARDIOLOGY SPECIALTY EXAMINATION

*****Always check the ACVIM website before submission; this list is subject to change.*****

5.H.2.a APPLICATION FORM AND FEES PAID

The credentials application form must be completed and the associated fee paid online via the [candidate's dashboard](#) by the deadline specified on the [ACVIM website](#).

Documentation of receipt of the candidate's credentials application, receipt of the paid fee, and documentation of credentials approval with the candidate's unique identification number, must be maintained by the candidate as part of their essential documentation.

Separate receipts for each ACVIM fee paid and application acknowledgement will be provided by the ACVIM, and must be maintained by the candidate as part of their essential documentation.

5.H.2.b QUESTIONS

Each resident must prepare and submit a set of questions suitable for use in future cardiology specialty examinations. The intent of these questions is to demonstrate the candidate's knowledge of cardiovascular medicine and to demonstrate that individual's clarity of scientific communication. In addition, it gives residents input for future examinations. All questions must be typed in a standard word processing program. The questions and their correct answers must be referenced from the veterinary literature. No human medical journals may be used as references unless veterinary references also exist for the same question or unless an ACVIM Cardiology Diplomate wrote the article. The candidate should *not* use the same references for more than one question.

The directions for the formulation of these questions contained in the Guidelines for Cardiology Credentials are the most updated directions. They supersede the following requirements for question preparation if a conflict exists between the two. The CCC reviews and grades the set of questions a resident prepares and submits based on content, level of difficulty, references, and clarity of graphics. A score of 0 to 5 will be assigned to the submitted questions, and this score will constitute 5% of the total score for the cardiology Specialty Examination. The required materials that must be submitted with the credentials application include the following:

- Five multiple-choice questions that follow the American Board of Internal Medicine guidelines for writing examination questions. Questions must be from at least four of the subcategories designated by capital letters in the Cardiology Subject Category Study Outline. No more than two questions can address a single subcategory. The subject category and subcategory must be clearly indicated for each question.
- Three essay questions. The questions may relate to any 3 different categories in the Cardiology Subject Category Study Outline. The subject categories may include those addressed by the candidate's multiple-choice questions. The subject category and subcategory must be clearly identified. A suitable answer must accompany each question. This answer must be referenced.
- Three high-quality, publishable electrocardiograms (ECGs), each of which allows a candidate to evaluate it within 2 to 3 minutes. An ECG may be obtained from any species, other than humans. Questions and referenced answers regarding the interpretation of the ECG must accompany the submission. The ECGs should be submitted as high-quality digital images (dpi of 300 or higher is recommended). ECGs should be optimized for amplitude and paper speed where possible.

- Three questions with accompanying answers that require the interpretation of submitted graphic material, such as (but not limited to) radiographs, cardiac catheterization data, ultrasound exams, gross or microscopic pathology, or other special studies. These still graphics must be of publishable quality. Images should be 300 dpi or higher to ensure publishable quality. Images where color is important should be provided as color images. A single image sufficient to make a diagnosis is preferred. If a single image is insufficient to allow a diagnosis, then it is strongly recommended that each image submission consist of no more than two parts (i.e., image #1A and image #1B).
- A single high-quality (at least 300 dpi) digital video recording of an echocardiogram, angiogram, or other fluoroscopic procedure. This is to be accompanied by a description of the findings and an appropriate question regarding the submission with an accurate answer(s) to the question proposed. Multiple recordings are unacceptable for submission in this section; however, an edited compilation of several echocardiographic views from a single patient's examination contained in a single clip (i.e., a video montage) is acceptable. The candidate should ensure that a diagnosis can be made using a single digital video loop. The image and diagnosis should be referenced as described above.
- A single case study with multiple high-quality images or videos, such that multiple questions and answers about the case can be developed. The ideal submitted case should have some complexity and should not be a "simple" case (e.g., a congenital case with more than one defect might be a possibility for submission).
- A submitted case study would need to have a minimum of three of the diagnostic tests, but more than three of the following is acceptable and strongly encouraged. The three diagnostic tests can consist of a heart sound recording or phonocardiogram, ECG, thoracic radiographs, diagnostic echocardiogram (multiple loops and stills), angiogram, pressure tracings, or other forms of imaging or diagnostics (CT, MRI, oximetry, EP study). The candidate should submit a minimum of three questions that can be answered from these case materials, including the diagnosis, and the answer to the questions should be referenced as described above.
- A letter signed by the candidate's RA and the candidate stating that the candidate did not have any direct help in preparing the questions must accompany the set of questions.

5.H.2.c LETTERS OF REFERENCE

Three letters of reference from cardiology associates with whom the candidate has worked during the cardiology RTP must be included in the cardiology credentials submission. At least 1 must be from either an ACVIM Cardiology Diplomate or an ECVIM-CA Cardiology Diplomate. It is preferred that a second reference also come from either an ACVIM Cardiology Diplomate or an ECVIM-CA Cardiology Diplomate, and the third from an ACVIM Diplomate in the specialty of Small Animal Internal Medicine

and/or Large Animal Internal Medicine. Each letter of reference must be submitted as directed in the cardiology credentials packet.

5.H.2.D RESIDENT LOGS

If the resident fails to fulfill, or ideally surpass, these RTP requirements by the deadline date specified on the [ACVIM website](#) of the year they submit the credentials packet, the CCC will identify the remaining deficiencies. The CCC will request that the resident resubmit the applicable logs after correcting the deficiencies for final approval before the resident can complete the RTP. Once the CCC has determined that all deficiencies have been addressed, the CCC chair will notify the ACVIM office that the resident has completed all RTP requirements.

Candidates must submit their final, updated echocardiography log, cardiovascular procedures log, structured educational experience log, and a completed summary form to the ACVIM office as soon as they have addressed all deficiencies as identified by the CCC. Finalized logs must be submitted and approved by the CCC before the resident finishes the cardiology RTP. Failure to address the deficiencies identified by the CCC, and have the logs reviewed and approved by the CCC, will result in the candidate *not* being awarded Diplomate status (board certification). Failure to address the deficiencies, and have the logs reviewed and approved by the CCC, will render the resident ineligible for Diplomate status (board certification). The resident is ineligible to receive Diplomate status (board certification) until all cardiology RTP and certification requirements are completed, even if that individual successfully passes the General and Specialty Examinations.

5.I CARDIOLOGY SPECIALTY EXAMINATION

5.I.1 CARDIOLOGY SPECIALTY EXAMINATION REGISTRATION AND FEE

Once the credentials required to take the Cardiology Specialty Examination are submitted, candidates may register for the Cardiology Specialty Examination and pay the fee online to the ACVIM office by the date specified on the [ACVIM website](#) of the year that they intend to take the examination. Candidates taking or retaking the Cardiology Specialty Examination must complete an application and pay online by the date specified on the [ACVIM website](#) of the year they plan to take the examination. Candidates can expect a response to their requests to take the Specialty Examination within 30 days of applying.

Documentation of receipt of the candidate's cardiology Specialty Examination registration, receipt of the paid fee, and documentation of credentials approval, with the candidate's unique identification number, must be maintained by the candidate as part of their essential documentation.

Separate receipts for each ACVIM fee paid and registration acknowledgement will be provided by the ACVIM, and must be maintained by the candidate as part of their essential documentation.

5.I.2 CARDIOLOGY SPECIALTY EXAMINATION CONTENT AND FORMAT

*****Always check the candidates' webpage information on the ACVIM website; the examination format is subject to change, as is/are the standard setting/cut score determination method(s) as needed to align**

with best practice/standards. Any changes will be reflected in the current examination blueprint and/or information provided to candidates. ***

The ACVIM specialty of cardiology uses subject-matter experts and, in the multiple-choice section, statistical equating to maintain the standard of the cardiology Specialty Examination and for cut score determination. The cardiology Specialty Examination consists of 6 parts taken over 2 days. The subjects covered in the examination are listed in the [Cardiology Category Study Outline](#), which candidates can obtain from the [ACVIM website](#) or by request from the [ACVIM office](#).

No special equipment is required for the examination. However, examinees may bring calipers, a calculator, and a watch without Wi-Fi, cellular data, or data/digital memory capabilities to assist them in evaluating some material and monitoring time spent on various portions of the examination. ***The preceding list is subject to change as the ACVIM moves to remote examination administration and proctoring.***

The score given by the CCC to the credentials packet submitted by the candidate will account for 5% of the candidate's final score. The remaining 95% of the score is generated from the following six examination parts:

- Multiple-choice questions (20–25%)
 - Covers all aspects of basic and clinical sciences related to cardiovascular medicine.
- Essay questions (18–25%)
 - Covers basic and clinical sciences related to cardiovascular medicine.
- Case studies (20–25%)
 - Consists of clinical patient studies, including radiographs and other noninvasive and invasive examinations (ECG, echocardiograms, hemodynamics, etc.).
- Cardiac anatomy and pathology (8–12%)
 - Covers macroscopic anatomy, microscopic anatomy, cytology, radiographs, static angiograms, and M-mode echocardiograms, and so forth.
- Physiologic recordings (15–20%)
 - Consists of electrocardiograms, electrophysiological studies, phonocardiograms, static spectral and color flow Doppler echocardiograms, hemodynamic studies, pacemaker interrogations, special studies including CT or MRI, audio recordings (heart sounds), and so forth.
- Videos (8–12%)
 - Consists of real-time recordings of patient examinations; may include noninvasive (M-mode, 2-dimensional, Doppler echocardiograms, transesophageal echocardiograms, etc.) and invasive studies (angiograms, etc.).

A candidate must pass the entire examination with a total score of 70% or better. No specific minimum score is required on each part of the examination. For the multiple-choice part, the pass point is determined using either the modified Angoff method or statistical equating, whichever method is determined to be most appropriate by the ACVIM's psychometricians. The candidate's raw score is scaled where the minimum passing score equals

70% of the points available for this part of the examination. The total score an examinee achieves consists of this scaled score and the raw scores of the other examination sections.

A [blueprint on the cardiology Specialty Examination](#) is posted on the ACVIM website at least 60 days before the examination date.

5.J QUERIES, ISSUES AND COMPLAINTS BY RESIDENTS AND/OR CANDIDATES

Residents with queries and/or complaints regarding program noncompliance, especially concerns that are not sufficiently resolved by the RTP's PD, should direct concerns in writing to the [cardiology ombudsperson](#) and/or to the current CRTC chair. Residents can obtain the names and contact information of these individuals from the [ACVIM office](#) or [ACVIM website](#). A response to the query and/or complaint can be expected within 4 weeks. Assistance from the cardiology ombudsperson can also be sought for situations that are difficult to resolve. The cardiology ombudsperson can be contacted directly by email at CardiologyOmbuds@ACVIM.org. The ACVIM can only address matters related to adherence to this Manual's requirements. Personnel matters are unique to each SI and its Human Resources policies and procedures, and are not subject to ACVIM review.

5.K MAINTENANCE OF CREDENTIALS (MOC)

The [cardiology maintenance of credentials committee \(CMOC\)](#) maintains a [list of acceptable continuing education experiences](#) and their associated points that count toward the renewal of cardiology credentials by the ACVIM. The MOC requirements are posted on the [ACVIM website](#).

6 SPECIFIC REQUIREMENTS FOR THE SPECIALTY OF LARGE ANIMAL INTERNAL MEDICINE

The ACVIM certifies specialists in Large Animal Internal Medicine (LAIM). Large animal internists focus on treating diseases of the internal systems in horses, cattle, sheep, goats, camelids, and pigs. This section of Part Two explains the requirements for LAIM residency training programs (RTPs) and the requirements for residents and candidates working toward certification in this specialty that are in addition to the requirements specified in Part 4, which are required of all candidates in all specialties.

6.A LAIM DOCUMENTS AND FORMS

The following may *not* be an exhaustive list of applicable documents and forms. Please navigate the [ACVIM website](#) for additional documentation and forms.

- [Online Candidate Registration Form](#).
- [General Examination registration and preparation information](#).
- [Registration to take the General Examination](#) (via candidate dashboard).
- [LAIM credentials packet](#).
- [Registration to take the LAIM Specialty Examination](#) (via candidate dashboard).
- [List of reading and study resources for the LAIM Specialty Examination](#).
- [LAIM Specialty Examination blueprint](#) (60 days before the examination date).

6.B DEFINITIONS FOR LAIM CANDIDACY AND RESIDENCY TRAINING PROGRAMS (RTPs)

These definitions expand upon those provided in section 3 of this Manual as they pertain specifically to the specialty of LAIM.

6.B.1 LAIM RESIDENCY TRAINING AND CREDENTIALS COMMITTEE (RTCC)

As defined in section 3.Z, the LAIM residency training and credentials committee (RTCC) establishes the standards for LAIM RTPs, determines the equivalency of approved RTPs, and oversees RTP registration and candidate credentialing. The LAIM RTCC reviews all RTP registration requests. The LAIM RTCC must approve all new and continuing RTP requests before the RTP begins training residents to ensure that any time a resident serves in the RTP counts toward meeting training and credentialing requirements. The LAIM RTCC also reviews and approves credentials packets submitted by candidates. If a candidate desires to change RTPs, the RTCC will be responsible for determining what portions of training (if any) may be carried over to the new program. They will also be responsible for approving the new RTP, as an RTP transfer automatically results in the resident moving into a nontraditional RTP.

6.B.2 LAIM CLINICAL WRITING ASSESSMENT DOCUMENTATION COMMITTEE (CWADC)

The LAIM clinical writing assessment (CWA) is designed to develop and refine resident written communication skills. Although CWAs are *not* graded, the clinical writing assessment documentation committee (CWADC) briefly reviews a residents' CWAs to ensure their acceptability. The CWA requirement will be satisfied when the

resident completes 2 CWAs that meet the requirements of their RTP, as deemed acceptable by the resident advisor (RA) or supervising Diplomate (SD), and they are submitted to the CWADC via the ACVIM office and receive final approval. The LAIM [credentials packets](#) for both 2-year and 3-year residents provide more detailed guidelines for preparing and submitting CWA documents.

6.B.3 LAIM OMBUDSPERSON

As defined in section 3.X, candidates and residents may contact the LAIM ombudsperson at LAIMOmbudsperson@ACVIM.org to discuss any questions or concerns that may arise during (or after) their RTPs. All communications are held in strict confidence.

6.B.4 LAIM PROGRAM DIRECTOR (PD)

As defined in section 3.Y, a LAIM program director (LAIM PD) is the individual at the SI who assumes overall responsibility for the conduct and integrity of that institution's RTP(s). Unlike some specialties, the specialty of LAIM requires that a LAIM PD must be an ACVIM Diplomate in the specialty of LAIM. When an SI has more than one LAIM RTP, one PD can be responsible for all RTPs of the SI. There can also be a unique PD for each RTP (typically one PD for a food animal RTP and another PD for an equine RTP). There will not be more than 1 LAIM PD for each LAIM RTP.

6.B.5 LAIM RESIDENT ADVISOR (RA)

As defined in section 3.AD, the LAIM resident advisor (RA) is the primary individual who monitors the LAIM resident's progress during residency training. A LAIM RA must be an ACVIM Diplomate in the specialty of LAIM. Each LAIM RA may not advise more than 3 residents at any one time. A LAIM RA must also be actively involved as an SD for the assigned residents, and be substantially involved in the clinical supervision of assigned residents.

6.B.6 LAIM SUPERVISING DIPLOMATE (SD)

As defined in section 3.AF, a LAIM supervising diplomate (SD) must be a board-certified specialist in the specialty of LAIM. Here, for LAIM SDs, board-certified refers to both ACVIM LAIM Diplomates and ECEIM Diplomates. A LAIM SD must be actively involved in the practice of LAIM, maintain clinical competency in the field, and be substantially involved in the clinical supervision of assigned residents.

6.B.7 LAIM SECONDARY-SPECIALTY SUPERVISING DIPLOMATES (SSSDs)

As defined in section 3.AG, a LAIM secondary-specialty supervising diplomate (SSSD) for a LAIM RTP must be a board-certified veterinary specialist in any specialty other than LAIM or Equine Internal Medicine, who is contributing to the training of the LAIM resident in any specialty other than LAIM or Equine Internal Medicine. Here board-certified refers to any veterinary specialists certified by an ABVS or EBVS registered veterinary specialty. The board-certified veterinary specialist must be in good-standing with the relevant ABVS or EBVS registered veterinary specialty. A LAIM SSSD must be actively involved in their area of specialty, maintain competency in the field, and be substantially involved in the training of the assigned residents.

6.B.8 LAIM TRAINING WEEK

The LAIM specialty requires all RTP training be accrued in training weeks, excepting training in clinical pathology, anatomic pathology and imaging. The ACVIM defines a residency training week (section 4.F.9) as a minimum of 40 hours accrued over a contiguous 7-day period.

6.B.9 LAIM TRAINING HOUR

For the specialty of LAIM, it is recognized that certain fields or activities, specifically clinical pathology, anatomic pathology and imaging, are better suited to time being accrued in training hours rather than training weeks. The ACVIM defines a training hour (section 4.F.10) as 1 continuous hour (60 minutes) of contact time with a SD or SSSD while actively engaged in a training field or activity.

6.B.10 NONTRADITIONAL RESIDENCY TRAINING PROGRAM IN LAIM

Defined in section 3.W, for the specialty of LAIM, it is possible to achieve certification in a nontraditional RTP. The SI must provide thorough justification for a nontraditional RTP to the LAIM RTCC, including the following:

- Details of how all training requirements of a traditional RTP will be satisfied, including training that may occur at multiple sites.
- Documentation that training will occur in blocks of no less than two consecutive weeks per block.
- Documentation by the PD, RAs, and SDs that training occurred as specified in the RTP proposal.
- Requests for approval of a nontraditional RTP must be submitted to the RTCC at least 90 days in advance of a resident's start date. The LAIM RTCC must approve the program before a candidate can receive credit for time spent in a nontraditional RTP.

If a resident is unable to participate in the RTP continuously, then the time in training must be arranged in blocks of time of no less than 2 weeks each with a minimum of 12 weeks of training in any residency year (a residency year is the 12-month period which immediately follows a resident resuming their training program). The maximum duration of an RTP is 5 years.

For all RTPs, the maximum length of the training period is 5 years and the total time to achieve Diplomate status after completion of all RTPs may not exceed 5 years.

6.C LARGE ANIMAL INTERNAL MEDICINE RESIDENCY TRAINING PROGRAMS (RTTPS)

The RTP is the foundation for ACVIM training of future Diplomates in LAIM. All of the general requirements for residents and residency training found in Part One of this Manual must be met, in addition to the specific LAIM requirements contained in this section. Any individual approved RTP may include additional requirements above the minimum required by this Manual. Those additional requirements then become part of that specific RTP. A resident in such an RTP **must** fulfill all the additional requirements of that RTP along with the minimum requirements in this Manual to complete that residency.

A LAIM RTP ensures that residents provide primary patient care to which they are capable based on their level of training. They manage cases in all facets of veterinary internal medicine, including clinical pathology, pathology, radiology, ultrasonography, advanced imaging, and endoscopy.

6.C.1 LAIM RESIDENCY TRAINING PROGRAM (RTP) REGISTRATION AND EVALUATION

6.C.1.a LAIM RTP REGISTRATION

An RTP must be registered with the ACVIM and approved by the LAIM RTCC before accepting residents for training. In addition to the specialty-specific section of this Manual, each approved RTP must comply with all requirements as specified in [Part One](#) of this Manual. RTP registration forms are available on the [ACVIM website](#).

6.C.2.b LAIM RTP PROBATION

As outlined in [Part One](#). Consistent poor performance (low certification rate) or negative feedback provided to the ombudsman or other LAIM Diplomates may lead to an investigation of the program that could ultimately result in probation.

In addition, failure to submit RTP documents, failure to respond to requests for additional information from the RTCC in a timely manner, or failure to meet the requirements of this Manual for a valid residency may result in a program either being placed on probation or terminated.

6.C.2.c LAIM RTP TERMINATION

As outlined in [Part One](#). Consistent poor performance (low certification rate) or negative feedback provided to the ombudsman or other LAIM Diplomates may lead to an investigation of the program that could ultimately result in probation.

In addition, failure to submit RTP documents, failure to respond to requests for additional information from the RTCC in a timely manner, or failure to meet the requirements of this Manual for a valid residency may result in a program either being placed on probation or terminated.

6.C.2 ACCEPTABLE LAIM RTPS

A registry of the current ACVIM-approved LAIM RTPs, as evaluated by the RTCC, is available via the [ACVIM website](#), or upon request from the [ACVIM office](#).

6.C.3 LAIM CANDIDATE REGISTRATION

As described in section 4.F.3., a LAIM resident enrolled in an ACVIM-approved LAIM RTP must register with the ACVIM as a candidate within 90 days of commencing the RTP (e.g., by October 12 of the same year for RTPs that commence on July 15) for the residency training time to count towards the certification process. The resident [registration form](#) is available online on the ACVIM website. A registration fee must also be paid.

Documentation of receipt of the candidate's registration, receipt of the paid fee, and documentation of the candidate's unique identification number, must be maintained by the candidate as part of their essential documentation.

Separate receipts for each ACVIM fee paid and registration acknowledgement will be provided by the ACVIM, and must be maintained by the candidate as part of their essential documentation.

6.C.4 GENERAL OBJECTIVES OF THE LAIM RESIDENCY TRAINING PROGRAM

6.C.4.a PATIENT CARE AND TECHNICAL SKILL

A LAIM RTP will meet objectives related to patient care and technical skill so that upon completion of the RTP, residents will be able to do the following:

- Design a comprehensive diagnostic and treatment plan for either one animal or for a group of animals as appropriate for the circumstances.
- Design a plan to relieve the pain and suffering of patients.
- Provide emergency and intensive care for patients.
- Employ all medical, diagnostic, and treatment procedures considered essential in the LAIM job or task analysis competently.

6.C.4.b KNOWLEDGE OF LARGE ANIMAL INTERNAL MEDICINE

A LAIM RTP will meet objectives related to large animal internal medicine so that upon completion of the RTP, residents will be able to do the following:

- Demonstrate in-depth knowledge of large animal medical diseases, etiology, epidemiology, pathophysiology, immunology, pathology, and therapy.
- Demonstrate competency in the problem-oriented approach to patient diagnosis that includes the following:
 - Collecting signalment and history.
 - Performing a thorough physical examination.
 - Developing an appropriate problem list.
 - Listing differential diagnoses for the identified problems.
- Knowing which follow-up procedures or tests are required to rule in or out each of the differential diagnoses (e.g., laboratory tests and imaging).
- Demonstrate knowledge of the disposition of drugs used to treat a food animal, including the potential for adulteration of the food supply, and know how to mitigate the potential for residues in meat and milk.
- Demonstrate a working knowledge of the Animal Medicinal Drug Use Clarification Act.
- Design and implement disease prevention and biosecurity protocols.

6.C.4.c TEACHING SKILLS AND LIFELONG LEARNING

A LAIM RTP will meet objectives related to teaching skills and lifelong learning so that, upon completion of the RTP, residents will be able to do the following:

- Demonstrate effective clinical teaching and instructional skills that result from participating regularly in ward rounds; giving seminars to veterinary students, supervisors, or resident peers; and being involved in other educational endeavors.
- Evaluate and assimilate scientific evidence as a lifelong learner to continually improve patient care.

6.C.4.d INTERPERSONAL AND COMMUNICATION SKILLS

A LAIM RTP will meet objectives related to interpersonal and communication skills so that upon completion of the RTP, residents will be able to do the following:

- Use skills for clearly communicating with clients, students, colleagues, staff, and the public.
- Articulate findings clearly in writing as demonstrated by medical recordkeeping, patient discharge summaries, and peer-reviewed publications.

6.C.4.e RESEARCH AND SCHOLARLY ACTIVITIES

A LAIM RTP will meet objectives related to scholarly activities so that upon completion of the RTP, residents will be able to do the following:

- Extend their knowledge of the basic principles of research for testing hypotheses and answering clinically important questions.
- Understand the principles of evidence-based medicine.
- Participate regularly in critical review of the LAIM literature (journal club).
- Participate in scholarly activities, such as research projects and peer-reviewed publication.
- Present their findings at scientific meetings.

6.C.4.f PROFESSIONALISM

A LAIM RTP will meet objectives related to professionalism so that upon completion of the RTP, residents will be able to do the following:

- Demonstrate professionalism including tact and diplomacy, composure under pressure, initiative, organization, and receptiveness toward guidance.
- Demonstrate compassion and practice excellent patient care while adhering to ethical principles.

6.C.5 SPECIFIC REQUIREMENTS OF A LAIM RTP

It is incumbent upon the SI, PD, RAs, SDs, SSSDs, residents and candidates, as well as relevant ACVIM staff and committee members, to be aware of these RTP requirements, and to collectively work towards ensuring they are being fulfilled.

6.C.5.a DURATION OF A LAIM RTP

An approved LAIM RTP must be a minimum duration of 104 weeks.

6.C.5.b INTENSIVE CLINICAL TRAINING IN LAIM

A minimum of 52 of the 104 weeks of a LAIM RTP must consist of intensive clinical training in LAIM. Additional weeks spent in LAIM training are desirable. During this time, the resident must be under the direct supervision of 1 or more LAIM SDs.

Residents must actively participate in patient management, including initial evaluation, diagnostic test selection and interpretation, case management and decision-making, client (owner) communication, appropriate follow-up, and prompt professional communication with referring veterinarians. An ACVIM SD or other approved specialists must directly supervise and review case management.

Residents must maintain complete medical records for all patients.

During LAIM clinical training involving patient management, residents must attend and participate in daily (weekday) clinical rounds with at least one LAIM SD present. In an RTP where veterinary students are integral to and participating in hospital activities, residents should lead rounds discussions at least once weekly with an SD present.

6.C.5.c INTENSIVE CLINICAL TRAINING IN ACVIM SECONDARY SPECIALTIES

A minimum of 16 weeks of the remaining minimum of 52 weeks of a LAIM RTP must consist of clinical training under the direct supervision of 1 or more SDs and/or SSSDs who are ACVIM Diplomates or ECEIM Diplomates.

At least 6 of these 16 weeks must be under the supervision of Diplomates other than the primary SDs, which can include ACVIM Diplomates in cardiology, neurology, nutrition, oncology and/or SAIM, or additional ACVIM LAIM Diplomates or ECEIM Diplomates, not the SDs supervising the aforementioned 52 weeks of intensive clinical training in LAIM at SI, if the RTP has fewer than 2 ACVIM LAIM Diplomates at either the primary or other sites.

6.C.5.d TRAINING IN NON-ACVIM SECONDARY SPECIALTIES

The remaining minimum of 36 weeks of a LAIM RTP, should consist predominantly of additional LAIM training or training in related fields. This may include rotations in related clinical fields, such as dermatology, ophthalmology, surgery, theriogenology, emergency medicine and critical care, clinical pharmacology, and/or anesthesiology.

Some of these 36 weeks must also include nonclinical responsibilities, such as writing, research, teaching, attendance at scientific meetings, study time for examinations, and vacation. However, no more than 2 weeks (10 business days) of vacation per year can be counted toward these 36 weeks. The following required experiences in radiology and pathology can also be counted within these 36 weeks.

6.C.5.e DIAGNOSTIC IMAGING TRAINING

This remaining 36 weeks of a LAIM RTP must include two weeks (80 hours) training in diagnostic imaging. A minimum of one week (40 hours) must be in direct, one-on-one contact with a board-certified veterinary radiologist interpreting radiographs, learning and evaluating the results of special imaging techniques, and attending radiology rounds and/or seminars. The second week (40 hours) of diagnostic imaging must be spent training in ultrasonography, under the direct supervision of a ABVS or EBVS board-certified radiologist and/or under the direct supervision of an ACVIM LAIM Diplomate with advanced skills in ultrasonography. The diagnostic imaging training may be accrued in training hours rather than training weeks.

6.C.5.f PATHOLOGY TRAINING

This remaining 36 weeks of a LAIM RTP must also include one week (40 hours) in direct, one-on-one contact with a board-certified veterinary clinical pathologist or anatomic pathologist; remote training is acceptable when necessary. The training includes evaluating clinical pathologic findings, performing necropsy examinations, reviewing cytology preparations and biopsies, and attending clinical pathologic conferences or seminars. The pathology training may be accrued in training hours rather than training weeks.

6.C.5.g EXTERNAL (AFFILIATED) ROTATIONS

Residents may participate in external rotations during LAIM clinical training that are *not* specified in the RTP registration document. However, the PD or the RA must request approval for these rotations from the LAIM RTCC before the resident starts the rotation for the rotation to count toward the 104 weeks of a LAIM RTP.

6.C.5.h RESEARCH AND SCHOLARLY ACTIVITY

At least 12 weeks of the aforementioned remaining 36 weeks of a LAIM RTP must be allocated for research and scholarly activity in the pursuit of publication. Residents are encouraged to participate in clinical or laboratory research projects, including the design, execution, evaluation, presentation of an abstract at the annual ACVIM Forum, and publication.

Documentation of the completion of at least one of the above activities is required as part of the completion of the residency training overview form submitted as a component of the LAIM credentials packet.

Proof of completion of this research requirement can include any of the following:

- Copy of a first-author published research paper in a peer-reviewed journal, or letter of acceptance (unconditional) from a peer-reviewed journal.
- Evidence of presentation of an abstract (oral or poster), original work, at a scientific meeting.
- Documented (letter from RA) completion of a prospective or retrospective research project that is unpublished (e.g., thesis).

- Documented (letter from RA) submission of a prospective research grant/project pertinent to the candidate's specialty.
- Documented (letter from RA and/or transcript) completion of graduate course work in research methods, biostatistics, and/or research ethics.
- Documented (letter from RA and/or certificate) completion of at least 25 hours of research-focused seminars or classes of an appropriately advanced level. These may be offered by the ACVIM, through online programs, or by other institutions. These seminars or classes will cover subjects such as the following:
 - Critical evaluation of the veterinary medical/biomedical literature.
 - Grant writing.
 - Study design and participation in clinical trials.
 - Biostatistics.
 - Research ethics.

6.C.5.i PUBLICATION REQUIREMENT

As part of the requirement for a resident to become board-certified in LAIM, the candidate must publish at least one first-author scientific manuscript relevant to LAIM in a refereed scientific, medical, or veterinary medical journal. The purpose of the publication requirement is to ensure that candidates demonstrate skill in written scientific medical communication, in particular that they display the ability to organize scientific data, communicate these data accurately in writing, and are capable of discussing the scientific findings in the context of the current medical literature. Ideally, the manuscript documents a completed laboratory or clinical investigative research project undertaken during the RTP. Retrospective studies and comprehensive reviews may also be acceptable. The resident must submit an electronic copy of the published or accepted manuscript, with the resident as first author, relevant to the discipline of LAIM that demonstrates critical thinking and expertise in LAIM as part of credentials submission. Manuscripts that were published within the 3 years before the resident's start date may also be submitted to the LAIM RTCC for consideration toward fulfillment of the publication requirement. The resident must submit to the LAIM RTCC chair in writing any questions concerning the acceptability of a publication before submitting the publication as part of the LAIM credentials packet.

The manuscript must be written in English and published in a refereed journal. A refereed journal is one governed by policies and procedures established and maintained by an active editorial board that requires critical review and approval of papers submitted by at least one recognized authority on the manuscript's subject. Mainstream journals of major disciplines are acceptable, provided that they adhere to the principles of peer review, and providing the manuscript's subject is in the field of LAIM.

Due to variability in editorial quality and process and due to the proliferation of online journals, the LAIM RTCC must approve all journals not listed on the acceptable journal list used to meet the publication requirement by a resident, preferably before the resident submits the manuscript for publication. The LAIM publication requirement guidelines contain details on the LAIM RTCC journal review process and a list of acceptable journals. Residents seeking approval of a journal not on the acceptable journal list must

provide documentation as described in the publication requirement guidelines to the RTCC. The LAIM RTCC reviews and may update the acceptable journal list annually based on changes in journal availability, editorial process, and impact factor.

The LAIM RTCC determines the relevance of the manuscript to the topic of LAIM by assessing whether it meaningfully impacts the scientific understanding of a subject relevant to LAIM or the diagnosis or management of a clinical condition by a specialist in LAIM. The manuscript should demonstrate the proficiency of the resident in understanding the scientific method and study design, including statistics and conducting a comprehensive literature review. The LAIM RTCC publication requirement guidelines contain current information on factors the LAIM RTCC considers in assessing the quality of a manuscript. As publication requirement guidelines are certification policies, not residency training requirements, they may change during a residency. As such, every resident and RA should check the most current publication requirement guidelines before submitting a paper for publication to ensure that it will be acceptable to the LAIM RTCC. A publication is subject to the guidelines in effect at the time the article was submitted to the journal. If guidelines changed after the submission of the manuscript, the candidate can provide proof of the submission date to ensure that the original guidelines will be used in evaluating their submission.

A resident may submit a published scientific manuscript or a copy of the final acceptance notification from the journal editor to the ACVIM office at any time after the resident successfully registers and enrolls in an approved LAIM RTP. An accepted manuscript is *not* required before the resident takes the LAIM Specialty Examination. However, the resident is strongly encouraged to meet this requirement before taking the Specialty Examination. The manuscript must be accepted for publication no more than 5 years after the resident completes their RTP.

If the manuscript has not been published, then the resident must submit an electronic copy of the accepted manuscript and acceptance notification. Otherwise, the publication will not be considered by the LAIM RTCC. The ACVIM Board of Regents (BOR) adopted a standard definition of a manuscript accepted for publication. A manuscript is deemed as accepted for publication when the corresponding author receives one of the following:

- An email from the official email address of the journal or a letter on the journal's letterhead from the editor stating that the manuscript has been accepted for publication.
- An email from the official email address of the journal or a letter on the journal's letterhead from the editor stating that all reviewers have approved the manuscript for publication and the manuscript awaits editing before publication.
- A galley proof of the manuscript with an email from the official email address of the journal or a cover letter from the editor on the journal's letterhead stating that the manuscript is scheduled for publication.

A notice from an editor that states the corresponding author must address reviewer comments, no matter how minor, is considered unacceptable for credentialing purposes. Such a notice implies that the final review of the manuscript is incomplete and that it has not yet been accepted. If a resident is unsure

whether a response from a journal is final acceptance, then that individual should petition the LAIM RTCC chair in writing for a determination.

Book chapters and conference proceedings are *not* acceptable to fulfill the publication requirement. Case reports, clinical vignettes, short communications, brief communications, and serial features (e.g., ECG of the month or drug topic of the month) are also *not* acceptable.

6.C.5.j CLINICAL WRITING ASSESSMENTS (CWAs)

In addition to the publication requirement, LAIM residents and candidates must complete two CWAs.

The purposes of the CWAs are to:

- Verify that the resident has been working in the area of LAIM.
- Demonstrate the resident's ability to use medical principles in the diagnosis, treatment, and prevention of animal disease.
- Display the resident's ability to communicate medical observations and data to colleagues in a clear, concise, and organized written manner.

The CWA requirement is both a training exercise and an assessment tool. It is expected that residents will learn and benefit from the experience by reviewing cases in-depth and communicating their thought processes clearly and professionally. Through a back and forth-writing process with one or more internal reviews by their RA and/or SDs, residents are expected to improve their written communication skills by developing concise and organized writing skills. Additionally, the CWA is used by the RA to assess the resident's ability to reach an acceptable level of expertise in written communication of medical principles in the diagnosis, treatment, and prevention of animal disease.

The LAIM [credentials packets](#) for both 2-year and 3-year residents, available on the [ACVIM website](#), or by request from the [ACVIM office](#), provide more detailed guidelines for case selection, preparing, formatting and submitting CWA documents.

6.C.5.k JOURNAL CLUB

Large animal internal medicine residents must participate in a minimum of 80 hours of journal club throughout the LAIM RTP. The goal of the journal club is to foster critical thinking and improve the resident's understanding of and ability to interpret scientific and clinical data, including statistical analysis. Journal club typically consists of 1 hour of protected time at which at least one SD must be in attendance, unless extenuating circumstances develop. SSSDs and experts in other disciplines, including statistics, should also be invited to attend. This Manual allows for remote journal club and joint journal clubs between SIs or training sites.

Large animal internal medicine residents are encouraged to keep a log of journal club activities that includes the date, journal articles discussed, and those in attendance.

6.C.5.l DIDACTIC LEARNING OPPORTUNITIES

Residents must participate in the following didactic learning opportunities, facilitated by the SI: LAIM topic review sessions, formal conferences, continuing education conferences, and formal examination preparation sessions.

Residents are encouraged to keep a log of all seminars and didactic lectures they attend for presentation to their RAs and other SDs during a progress review. Each log entry should include the seminar or lecture date, topic, and presenter.

This Manual allows for remote participation (primarily RACE acceptable) when necessary.

FORMAL TOPIC REVIEW AND EXAMINATION PREPARATION SESSIONS

A LAIM RTP must provide intensive review sessions or courses for residents on topics covered in the General Examination and LAIM Specialty Examination. The resident must attend or participate in at least 80 hours of such review sessions or courses during the RTP.

Attending daily clinical rounds does not fulfill this requirement, although structured courses and seminars may.

This requirement can be met in part by attending or participating remotely in an ACVIM advanced continuing education (ACE) course, the ACVIM Forum, or other high-quality continuing education conferences or meetings (with prior approval by the RTCC).

FORMAL CONFERENCES

Large animal internal medicine residents are expected to attend formal conferences in LAIM and related disciplines throughout the RTP. Examples may include conferences or seminars in clinicopathology, anatomic pathology, internal medicine and/or other LAIM-related disciplines. Conferences or seminars given within a veterinary practice or hospital, or at a medical school or medical teaching hospital, are acceptable. Remote participation is acceptable.

FORMAL PRESENTATION(S)

The LAIM resident must give 1 formal presentation at such a formal conference a minimum of once per residency year. A presentation at a regional, state, or national meeting may also fulfill this requirement. Remote presentations at approved conferences and meetings are acceptable. Documentation of these presentations, for example a copy of the program from the regional, state, or national meeting, must be included in the LAIM credentials packet.

CONTINUING EDUCATION CONFERENCE(S)

Large animal internal medicine residents must attend or participate in at least 1 major state, regional, national, or international veterinary medical or human medical continuing education conference during the RTP. Documentation of attendance at the conference must be included in the LAIM credentials packet.

LAIM residents are strongly encouraged to give a scientific presentation at a regional, state, or national meeting at least once during the RTP. This may fulfill the aforementioned requirement for a formal presentation.

6.C.5.m STUDY TIME

A minimum of 4 weeks (preferably without emergency duty) of study time must be allocated to the resident to prepare for the ACVIM General Examination. Study time should be scheduled to immediately precede the examination date by as much as is practical.

An additional minimum of 4 weeks (preferably without emergency duty) of study time must be allocated to the resident to prepare for the LAIM Specialty Examination. Study time should be scheduled to immediately precede the examination date by as much as is practical.

6.C.5.n VACATION AND PERSONAL TIME

Vacation time varies between SIs, but no more than 6 weeks in total can be included in the 36 weeks for 3-year RTPs, and no more than 4 weeks in total can be included in the 36 weeks for 2-year RTPs. Additional vacation and personal time, however, may be granted to a resident, just *not* counted in RTP training time.

An RTP is expected to provide reasonable accommodation for a resident's medical needs (e.g., doctor's appointments, etc.).

6.C.5.o RESIDENCY TRAINING PROGRAM INTERRUPTION

In some circumstances, a resident may need to take a leave of absence that prevents them from completing an RTP on time. In such cases, the LAIM RTCC must be contacted to approve an extension of the RTP. When residency training resumes, training must be accomplished in blocks of at least 2 consecutive weeks, with at least 12 weeks of training completed in each residency year (a residency year is the 12-month period immediately following the resident resuming their training program). When a leave of absence is necessary, the resident has a maximum of 5 years from the end of completing the RTP to achieve board certification in LAIM.

Training interruptions may also occur if a resident must switch from one RTP to another to fulfill all RTP and credentialing requirements. In such cases, the following steps must be taken:

- A new training program must be identified and that RTP's PD must submit a proposal for a nontraditional RTP for that resident to the LAIM RTCC.
- The resident must re-register with the ACVIM in the new RTP.
- The LAIM RTCC must approve the new RTP before the onset of clinical training.

6.C.5.p ONLINE EXIT INTERVIEW SURVEY

Within 90 days of completing an RTP, residents are strongly encouraged to fill out an online survey regarding the quality of their RTP experience.

Responses are shared with the appropriate PD to provide important feedback regarding their RTP. Data, held strictly confidential, will be published as a 5-year rolling average score per surveyed category calculated for each RTP and will be released every 3 years to ensure the anonymity of candidates who completed smaller RTPs.

6.D ROLES AND RESPONSIBILITIES ASSOCIATED WITH LAIM CANDIDACY AND RTPS

These descriptions expand upon those required by section 4.F.3 of this Manual, as they pertain specifically to the specialty of LAIM.

6.D.1 ROLES AND RESPONSIBILITIES OF THE SPONSORING INSTITUTION (SI)

The SI for a LAIM RTP, in partnership with the PD, RA, SD and SSSDs, must ensure a healthy and safe learning and working environment that promotes resident professional advancement, as well as psychological, emotional, and physical well-being. The SI must ensure the availability of all necessary professional, technical, and clerical personnel to best support the cardiology RTP.

6.D.1.a DOCUMENTATION AND VERIFICATION

Described in under registration of the RTP. Failure to respond to LAIM RTCC requests for information may result in RTP probation or in RTP termination.

6.D.1.b LAIM SUPERVISION

In order to host a LAIM RTP, the SI must have at least 2 full-time ACVIM Diplomates, 1 of whom must be an ACVIM Diplomate in the specialty of LAIM.

6.D.1.c SUPPORTING DISCIPLINES REQUIRED

In order to host a LAIM RTP, the SI must ensure at least 1 board-certified radiologist, 1 board-certified clinical pathologist, 1 board-certified anatomic pathologist, 1 board-certified neurologist, and 1 board-certified cardiologist are available for direct or interactive remote consultation with residents.

For fulfillment of the 40 hours of required training with a board-certified radiologist and 40 hours of required training with a board-certified pathologist, these hours must be spent in one-on-one consultation (face-to-face or remotely) either in defined blocks of time or during the course of case management. For these requirements, the definition of training hours, rather than training weeks, may apply.

6.D.1.d FACILITIES AND EQUIPMENT

The SI must have the following facilities and equipment:

- Standard radiographic, ultrasonographic, electrocardiographic, and endoscopic equipment.

- The ability to provide resident instruction in ultrasonography, endoscopy, blood pressure measurement, and electrodiagnostics by appropriate specialists.
- Ready access to clinical pathology services, including CBC, serum chemistries, blood gases, urinalysis, cytology, parasitology, microbiology, and endocrinology. If these services are not available at the SI, the SI must have arrangements with local and/or regional laboratories to provide these services.
- A 24-hour emergency and intensive care facility, with adequate staffing as allowed by state practice acts.
- Access to MRI, CT, and nuclear medicine is highly recommended but is not required.

6.D.1.e DIDACTIC LEARNING OPPORTUNITIES

The SI must provide LAIM residents with the aforementioned didactic learning opportunities (section 6.C.4.I)

6.D.2 RESPONSIBILITIES OF SECONDARY TRAINING SITES

If adequate personnel or facilities are unavailable for all required resident training at the primary training site, the PD must make arrangements at a secondary training location(s) to fulfill all RTP requirements. The LAIM RTCC must approve all secondary training experiences before residents participate in external rotations that contribute to the minimum training requirements of the program.

6.D.3 RESPONSIBILITIES OF THE LAIM PROGRAM DIRECTOR (PD)

As defined in section 6.B.4, a LAIM program director (LAIM PD) is the individual at the SI who assumes overall responsibility for the conduct and integrity of that institution's RTP(s). Unlike some specialties, the specialty of LAIM requires that a LAIM PD must be an ACVIM Diplomate in the specialty of LAIM. When an SI has more than 1 LAIM RTP, 1 PD can be responsible for all RTPs at the SI. There can also be a unique PD for each RTP (typically one PD for a food animal RTP and another PD for an equine RTP), providing each PD is an ACVIM Diplomate in the specialty of LAIM. There will not be more than 1 PD for each LAIM RTP.

Examples of information that a PD must report to the LAIM RTCC:

- Changes (addition or deletion) in supervisory personnel such as having too few RAs or SDs for the number of residents in the RTP; no program may have more than three residents for each RA that is listed in the RTP description.
- For programs placed on probation, the PD must provide the LAIM RTCC with an updated plan for what will happen to any current residents if no resolution occurs within a 12-month probation period. During that period, the PD provides written updates every 3 months to the LAIM RTCC on what is being done to correct the program deficiencies. If the deficiencies are not resolved within the 12-month probation period, the LAIM RTCC may terminate the program.
- Alteration of program duration (any proposed alteration must be approved by the RTCC before implementation).

- A resident transferring from 1 RTP to another (any proposed transfer requires prior review and approval by the RTCC).
- A resident either being placed on probation or being dismissed from the program.
- A resident beginning another RTP.
- A resident enrolling in an institutional graduate program.

At the time of annual RTP renewal, PDs and RAs may be asked to verify resident activities.

If the PD, regardless of RTP standing, fails to acknowledge the LAIM RTCC's request for documentation regarding the RTP within 14 days of the request or fails to provide the requested documentation within 30 days of the request, the LAIM RTCC will place the RTP on probation. Failure to comply with the LAIM RTCC's requests or recommendations in a timely manner while on probation may lead to program termination.

6.D.3 RESPONSIBILITIES OF THE LAIM RESIDENT ADVISOR (RA)

As defined in section 6.B.5, the LAIM resident advisor (RA) is the primary individual who monitors the LAIM resident's progress during residency training. A LAIM RA must be an ACVIM Diplomate in the specialty of LAIM. Each LAIM RA may not advise more than 3 residents at any one time. A LAIM RA must also be actively involved as an SD for the assigned residents, and be substantially involved in the clinical supervision of assigned residents.

The RA monitors the progress of residents encourages achievement of clinical milestones in a timely manner. The RA must provide each resident with at least two comprehensive written performance evaluations per year, and the results of these evaluations must be shared in person with the resident. Residents should also receive a copy of the written evaluations, and the resident is to sign the RA's copy of the evaluation to document that the resident has received the assessment. If needed to reconcile discrepancies, the LAIM RTCC may request copies of these evaluations.

6.D.4 RESPONSIBILITIES OF THE LAIM SUPERVISING DIPLOMATE (SD)

As defined in section 6.B.6, a LAIM supervising diplomate (SD) must be a board-certified specialist in the specialty of LAIM. Here, for LAIM SDs, board-certified refers to both ACVIM LAIM Diplomates and ECEIM Diplomates. A LAIM SD must be actively involved in the practice of LAIM, maintain clinical competency in the field, and be substantially involved in the clinical supervision of assigned residents.

For the specialty of LAIM, the SD regularly reviews, generally daily, the medical care of patients assigned to a resident. The SD conducts these reviews face-to-face with the resident. If necessary for public health reasons, these reviews may be conducted remotely.

Consultation with other qualified individuals is encouraged; however, it does not replace the regular reviews with a LAIM SD. During after-hours periods (evenings and weekends) the SD should also be available for electronic discussion and consultation, such as telephonic or video conversations, on the care of patients assigned to a resident.

6.D.5 RESPONSIBILITIES OF THE LAIM RESIDENT

It is the responsibility of the resident to fulfill all the requirements of the specialty's RTP as outlined in this Manual, while adhering to the highest professional standards and the ACVIM's code of conduct.

6.D.6 RESPONSIBILITIES OF THE LAIM CANDIDATE

It is the responsibility of the candidate to fulfill the requirements of the specialty's certification process as outlined in this Manual, while adhering to the highest professional standards and the ACVIM's code of conduct, in order to become a Diplomate of the ACVIM in the specialty of LAIM. The certification process includes, but is not limited to, fulfilling all the requirements of the specialty's RTP as outlined in this Manual.

Candidates can access this Manual, other relevant information, all relevant forms, and deadlines on the [ACVIM website](#) or request said information from the [ACVIM office](#).

It is the candidate's responsibility to be aware of all certification and RTP requirements, other relevant information and deadlines. It is the candidate's responsibility to maintain a record of all communications, receipts and essential documentation.

6.E CLINICAL MILESTONES FOR LAIM RESIDENTS

6.E.1 FIRST-YEAR LAIM RESIDENTS

By the end of the first year, residents should strive to meet the following clinical milestones:

- Register with the ACVIM within 90 days of beginning the RTP.
- Complete online learning objectives or a webinar series on understanding the credentialing process.
- Submit the Residency Training Oversight (RTO) form by the posted deadline. Candidates who began their RTP off-cycle and have not completed 4 months of RTP by the submission deadline are exempt from this requirement.

6.E.2 SECOND-YEAR LAIM RESIDENTS

By the end of the second year, residents should strive to meet the following clinical milestones:

- Complete at least 1 training week equivalent to 40 training hours of the diagnostic imaging requirements.
- Complete one training week equivalent to 40 training hours of the pathology requirement.
- Take the ACVIM General Examination (strongly recommended).
- Submit their credentials packet after completing at least 20 months of the RTP. For credentials to be reviewed, the candidate must first pay the credentials fee.

6.E.3 THIRD-YEAR LAIM RESIDENTS

By the end of the third year, residents should strive to meet the following clinical milestones:

- Submit two CWAs (together or separately throughout the second and third year; first years are not eligible to submit a CWA).
- Complete the remaining training week equivalent of 40 training hours of the diagnostic imaging requirements.
- Submit a manuscript (strongly recommended) to a peer-reviewed journal for consideration as a publication.
- Take the LAIM Specialty Examination (strongly recommended).
- Submit their credentials final documentation, if applicable.

6.F RESIDENT EVALUATION

RTPs are responsible for conducting performance evaluations (verbal and written) of each resident every 6 months, preferably including feedback from all SDs and other SSSDs, who have overseen training in the preceding 6 months.

Evaluations should include a rubric that measures various aspects of clinical performance, teaching ability (when applicable), communication skills, and scholarly activity as well as progress toward clinical milestones.

The resident must sign the RA's copy of the written evaluation to document that the RA has reviewed the evaluation with the resident and provided the resident with their own copy of the evaluation. The LAIM RTCC may request copies of these evaluations during a program review.

RAs must also ensure that residents who have completed 6 months or more of their program and have not or are not submitting their credentials submit annual progress reports to the ACVIM by the required deadline.

6.F.1 RESIDENT CASE LOGS

Residents are encouraged to keep a log of their cases for presentation to their RAs and to other SDs during a progress review.

6.F.2 RESIDENT PROCEDURE LOGS

Residents are encouraged to keep a log of all procedures they complete for presentation to their RAs and other SDs during a progress review.

6.F.3 EDUCATION LOGS

Residents are encouraged to keep a log of all seminars and didactic lectures they attend for presentation to their RAs and other SDs during a progress review. Each log entry should include the seminar or lecture date, topic, and presenter.

6.G ACVIM GENERAL EXAMINATION

All ACVIM LAIM candidates must pass the General Examination (section 4.H.5) in order to be eligible to attain Diplomate status (board certification).

6.H LAIM CREDENTIALS

Credentials approval (or conditional approval) is a prerequisite for taking an ACVIM Specialty Examination, and for board certification.

6.H.1 PROCEDURES FOR SUBMITTING LAIM CREDENTIALS

*****Always check the ACVIM website before submission; this process is subject to change.*****

The information listed in this section provides an overview of the procedures for submitting credentials. Specific guidelines are in the [LAIM credential information packet](#). Because application requirements change periodically, candidates must be certain that they are using the most current application and credentials packet. If candidates have any questions regarding the application process, they should request clarification in writing from the [ACVIM office](#) or from the [LAIM RTCC chair](#) well before the submission deadline.

Candidates may submit the completed credentials packet and credentials fee online to the [ACVIM office](#) following the completion of 20 months of the RTP. The LAIM RTCC only evaluates credentials packets for candidates who have paid the credentials fee. Payment of the fee triggers a review of the submitted credentials packets for completeness and accuracy.

A candidate who intends to take the LAIM Specialty Examination must submit credentials for the LAIM Specialty Examination so that the ACVIM office receives the credentials packet no later than the date specified on the [ACVIM website](#) in the year preceding that examination date. **THERE ARE NO EXCEPTIONS TO THIS DEADLINE. CREDENTIALS PACKETS MUST BE SUBMITTED ON THE DUE DATE TO ALLOW ADEQUATE TIME FOR REVIEW BY THE RTCC. CREDENTIALS PACKETS WILL NOT BE REVIEWED IF THE CREDENTIALS FEE HAS NOT BEEN PAID BEFORE THE SUBMISSION OF THE CREDENTIALS PACKET.**

Each resident or candidate is notified no later than 60 days after the submission deadline regarding the acceptability of the credentials packet as a prerequisite for the LAIM Specialty Examination. All candidates must submit the current standard LAIM application form along with the other required documents.

Candidates must carefully follow the instructions provided in the [LAIM credentials packet](#). Inadequate attention to detail may cause the candidate's entire credentials packet to be rejected.

Documentation of receipt of the candidate's credentials application, receipt of the paid fee, and documentation of credentials approval, with the candidate's unique identification number, must be maintained by the candidate as part of their essential documentation.

Separate receipts for each ACVIM fee paid and application acknowledgement will be provided by the ACVIM, and must be maintained by the candidate as part of their essential documentation.

6.H.2 LAIM CREDENTIALS ITEMS TO SUBMIT

*****Always check the ACVIM website before submission; this list is subject to change.*****

Candidates must include the following items in their credentials packets and submit them online to the [ACVIM office](#) by the date specified on the [ACVIM website](#) in the year preceding the date of the special examination:

- The completed [LAIM Specialty Examination credentials packet](#) as described in the [LAIM credentials information packet](#).
- The completed current [LAIM credentials application form](#).
- One peer-reviewed published manuscript, manuscript and acceptance letter from a journal, or a signed [letter of understanding](#) stating that a publication and documentation of its acceptance will be submitted upon acceptance of a publication by a journal.
- [Reference forms or letters](#). Candidates must have 3 references that meet the criteria specified on the candidates' pages of the ACVIM website for acceptable referees and submission format.

It is the candidate's responsibility to submit all credential items before the deadline, as late applications will not be reviewed.

6.H.3 EVALUATION OF CREDENTIALS FOR LAIM SPECIALTY EXAMINATION

The ACVIM office and the LAIM RTCC review all eligible (i.e., fees paid) LAIM candidate credentials packets.

A reviewer assigned by the LAIM RTCC evaluates and rates a candidate's credentials as acceptable or unacceptable. The reviewer records the evaluation results on a standard form, which the ACVIM office retains. The LAIM RTCC chair compiles the reviewer's comments about whether a candidate's credentials packet is complete and acceptable. The LAIM RTCC notifies candidates regarding acceptance (or conditional acceptance) or rejection of their credentials within 60 days of the deadline for credentials submission.

Conditional acceptance of credentials may be attained if a candidate has not met the publication requirement, the case report or CWA requirement, or both. With conditional acceptance, the candidate may take the LAIM Specialty Examination. However, the candidate cannot achieve Diplomate status or receive a Diplomate certificate until that individual completes the approved RTP and fulfills the pending publication and case report or CWA requirements.

During the credentials review period, the LAIM RTCC reviews a resident's credentials, after which the chair will notify individuals of any deficiencies in any area and indicate which action(s) the resident must take to remedy the deficiencies (via a credentials results letter). After correcting and completing all deficiencies, the resident submits a final RTO for the RTCC to review. Once verified, the RTCC chair notifies the ACVIM office that the resident completed all requirements. No candidate can become a Diplomate, even if the candidate passes the General Examination and LAIM Specialty Examination until the candidate has completed all requirements, including their RTP.

6.1 LAIM SPECIALTY EXAMINATION

6.1.1 LAIM SPECIALTY EXAMINATION REGISTRATION AND FEE

Once credentials are approved, candidates may register for the LAIM Specialty Examination and pay the Specialty Examination fee online by the date specified on the [ACVIM website](#) of the year preceding the examination date. Late registration and fee payment will result in the candidate being unable to sit for the examination that year. Also, see Part One for procedures common to all candidates.

Documentation of receipt of the candidate's LAIM Specialty Examination registration, receipt of the paid fee, and documentation of credentials approval, with the candidate's unique identification number, must be maintained by the candidate as part of their essential documentation.

Separate receipts for each ACVIM fee paid and registration acknowledgement will be provided by the ACVIM, and must be maintained by the candidate as part of their essential documentation.

6.1.2 LAIM SPECIALTY EXAMINATION CONTENT AND FORMAT

****Always check the candidates' webpage information on the ACVIM website; the examination format is subject to change, as is/are the standard setting/cut score determination method(s) as needed to align with best practice/standards. Any changes will be reflected in the current examination blueprint and/or information provided to candidates. *****

A blueprint of the LAIM specialty examination is posted on the [ACVIM website](#) at least 60 days before the Specialty Examination date.

The current LAIM Specialty Examination consists of three sections that cover all aspects of LAIM. The sections are as follows:

- Section 1: Multiple-choice questions on mechanistic or basic knowledge from current text and journal articles.
- Section 2: Multiple-choice questions on case-based knowledge from current text and journal articles.
- Section 3: Case management questions that test the candidate's ability to diagnose, treat, and develop prevention strategies for large animal diseases.

The specialty of LAIM uses subject-matter experts and statistical equating to maintain the standard of the Specialty Examination and to make cut score determinations.

The LAIM Specialty Examination is graded in sections. A candidate must pass each section of the examination to become certified. More specific information on grading the examination is provided in the instructions distributed to candidates taking the examination at least 60 days before the examination date. Candidates who do not pass all sections on the first examination attempt need only retake the failed section(s) on a subsequent examination attempt(s).

6.J QUERIES, ISSUES AND COMPLAINTS BY RESIDENTS AND/OR CANDIDATES

Residents with queries and/or complaints regarding program noncompliance, especially concerns that are not sufficiently resolved by the RTP's PD, should direct concerns in writing to the [LAIM ombudsperson](#) and/or to the current LAIM RTC chair. Residents can obtain the names and contact information of these individuals from the [ACVIM office](#) or [ACVIM website](#). A response to the query and/or complaint can be expected within 4 weeks. Assistance from the LAIM ombudsperson can also be sought for situations that are difficult to resolve. The LAIM ombudsperson can be contacted directly by email at LAIMOmbuds@ACVIM.org. The ACVIM can only address matters related to adherence to this Manual's requirements. Personnel matters are unique to each SI and its Human Resources policies and procedures, and are not subject to ACVIM review.

6.K MAINTENANCE OF CREDENTIALS (MOC)

The [LAIM Maintenance of Credentials \(MOC\)](#) Committee maintains [a list of acceptable continuing education experiences](#) and their associated points that count toward the renewal of LAIM credentials by the ACVIM.

7 SPECIFIC REQUIREMENTS FOR THE SPECIALTY OF NEUROLOGY

The ACVIM certifies specialists in veterinary neurology. Neurologists focus on diagnosing and treating diseases involving the neurological system. This section of Part Two explains the requirements for ACVIM neurology residency training programs (RTPs) and the requirements for residents and candidates working toward certification in this specialty that are in addition to the requirements specified in Part 4, which are required of all candidates in all specialties.

7.A NEUROLOGY DOCUMENTS AND FORMS

The following may *not* be an exhaustive list of applicable documents and forms. Please navigate the [ACVIM website](#) for additional documentation and forms.

- [Online candidate registration form](#)
- [Resident report of annual progress form \(RRAP\)](#).
- [Neurology weekly schedule document](#).
- [Neurosurgery case log](#).
- [Neurology journal club log](#).
- [Application to take the General Examination](#) (via candidate dashboard).
- [Neurology credentials candidate letter](#).
- [Neurology Credentials application](#).
- [Neurology credentials referee form](#).
- [Application to take the neurology Specialty Examination](#) (via candidate dashboard).
- [List of reading and study resources for the neurology Specialty Examination](#).
- [Neurology Specialty Examination blueprint](#) (60 days before the examination date).

7.B DEFINITIONS FOR NEUROLOGY CANDIDACY AND RESIDENCY TRAINING PROGRAMS

These definitions expand upon those provided in section 3 of this Manual as they pertain specifically to the specialty of neurology.

7.B.1 NEUROLOGY CREDENTIALS COMMITTEE (CC)

As defined in section 3.L, the neurology Credentials Committee (CC) evaluates a neurology candidate's progress during the ACVIM certification candidacy period, including completion of RTP requirements, General and Specialty Examination results, and fulfillment of additional credentials requirements, such as the resident's logs / publication. The neurology CC is responsible for reviewing the neurology candidate's credentials application packet, and certifying that a candidate meets all the requirements for becoming a Diplomate of the ACVIM in neurology.

7.B.2 NEUROLOGY RESIDENCY TRAINING COMMITTEE (RTC)

As defined in section 3.Z, the neurology residency training committee (RTC) specifies the residency training criteria that must be met for certification. The neurology RTC reviews and approves all new RTPs. The neurology RTC reviews and approves for renewal each registered RTP annually. The neurology RTC also reviews any significant changes in an RTP (e.g., change in PD or RA, a resident or candidate's early termination or failure to complete an RTP, alterations in RTP duration or content, and locations of secondary training sites) and notifies the neurology CC of the approved changes. These reviews are normally based on documents submitted by the PD; however, if questions arise, the CRTC may solicit supplemental documentation from other individuals who have knowledge of a particular RTC. The neurology RTC, in concert with the certification liaison, also handles questions from the residents and candidates or PDs regarding the interpretation of this Manual's RTP guidelines.

7.B.3 NEUROLOGY OMBUDSPERSON

As defined in section 3.X, the neurology ombudsperson is an individual appointed by the specialty president to be available to residents still in training and to candidates who have completed their RTP but have not achieved Diplomate status, in order to serve as a liaison during conflicts between a candidate and either an RTP or the ACVIM. Residents or candidates may contact the neurology ombudsperson with any questions and concerns they have about their residency or candidacy experience. The ombudsperson may provide advice and assistance with these issues. The neurology ombudsperson may be contacted at neurologyombuds@ACVIM.org. All communications are held in strict confidence.

7.B.4 NEUROLOGY PROGRAM DIRECTOR (PD)

As defined in section 3.Y, the neurology program director (PD) is the individual at the SI who assumes overall responsibility for the conduct and integrity of that institution's RTP(s). Unlike some specialties, the specialty of neurology stipulates that a neurology PD must be an ACVIM Diplomate in any ACVIM specialty, or a Diplomate of the European College of Veterinary Neurology (ECVN), and must have been board-certified for a minimum of 5 years. The ACVIM neurology Diplomate or ECVN Diplomate must be in good-standing with the ACVIM or ECVN, respectively. A neurology PD must also have had a minimum of 3 years of experience training residents before becoming a PD. If the PD is in an ACVIM Diplomate in an ACVIM specialty other than neurology, that PD may not also be a PD for another specialty's RTP. A SI may have only one neurology PD.

7.B.5 NEUROLOGY RESIDENT ADVISOR (RA)

As defined in section 3.AD, the neurology resident advisor (RA) is the primary individual at the SI who monitors the neurology resident's progress during residency training. The specialty of neurology stipulates that the neurology RA must be an ACVIM Diplomate in the specialty of neurology or an ECVN Diplomate, and must have been board-certified for a minimum of 1 year before becoming an RA. The ACVIM neurology Diplomate or ECVN Diplomate must be in good-standing with the ACVIM or ECVN, respectively. The neurology RA must be active in the practice of neurology and must maintain clinical competency in the field. The RA must be actively involved as a supervising Diplomate (SD) for the assigned residents and substantially involved in the clinical

supervision of assigned residents. Each neurology RA is permitted to advise no more than 2 residents at any one time.

7.B.6 NEUROLOGY SUPERVISING DIPLOMATE (SD)

As defined in section 3.AF, a neurology supervising Diplomate (SD) must be an ACVIM Diplomate in the specialty of neurology or an ECVN Diplomate, who is contributing to the training of the neurology resident in the specialty of neurology. The ACVIM neurology Diplomate or ECVN Diplomate must be in good-standing with the ACVIM or ECVN, respectively. A neurology SD must be active in the practice of neurology and must maintain clinical competency in the field. The SI must provide the on-site presence of a minimum of 2 neurology SDs.

7.B.7 NEUROLOGY SECONDARY-SPECIALTY SUPERVISING DIPLOMATES (SSSDs)

As defined in section 3.AG, a secondary-specialty supervising diplomate (SSSD) for a neurology RTP must be a board-certified veterinary specialist in any veterinary specialty other than neurology, who is contributing to the training of the neurology resident in any specialty other than neurology. Here board-certified refers to a veterinary specialist certified by an ABVS or EBVS registered veterinary specialty or registered veterinary specialty organization. The board-certified veterinary specialist must be in good-standing with the relevant ABVS or EBVS registered veterinary specialty or registered veterinary specialty organization. A SSSD for a neurology RTP must be active in their specialty discipline and must maintain clinical competency in the field.

7.B.8 SUPERVISION OF RESIDENCY TRAINING

7.B.8.A DIRECT SUPERVISION

As described in section 4.F.8.a, direct supervision is defined as having the SD or SSSD and resident participating in clinical practice together, wherein both the SD or SSSD and the resident are on the clinic floor, interactively and concurrently managing cases. The SD or SSSD need not personally examine each patient seen by the resident, but must review the case with the resident, and must remain physically available on-site for face-to-face consultation with the resident throughout the day.

7.B.8.B INDIRECT SUPERVISION

As described in section 4.F.8.b, indirect supervision refers to circumstances wherein the SD or SSSD and resident, although participating in a clinical practice together, are not on the clinic floor simultaneously and are not interactively nor concurrently managing cases. The SD or SSSD must be immediately available for consultation and direct supervision when needed by the resident. The specialty of neurology stipulates that during indirect supervision, the SD or SSSD must be on-site with face-to-face consultation with the resident for at least 1 hour each day.

7.B.8.C REMOTE SUPERVISION

As described in section 4.F.8.c, remote supervision is the use of technology, such as tele- or videoconferencing (e.g., Zoom, MS Teams, Skype) to facilitate some level of interactive resident supervision and/or training. It is most suited to rounds, journal club, interactive seminars and conferences,

but may be utilized on a limited basis to contribute to indirect supervision. The key component to remote supervision is that it must be interactive. The specialty of neurology now stipulates that solely telephone or text-based communications are inadequate for remote supervision, and that video technology (e.g., Skype, Zoom, MS Teams, or Facetime) should ideally be utilized.

(Note: remote training may be interactive i.e. supervised – remote supervision, or *not*.)

7.B.9 NEUROLOGY TRAINING WEEK

As described in section 4.F.9, the specialty of neurology defines a directly or indirectly supervised training week as a minimum of four 10-hour days or five 8-hour contiguous days within a 7-day period, to account for a total of 40 hours per week. Neurology residency training must occur in blocks of time that consist of 4 or 5 consecutive days (1 full week), except as specified in section 7.B.10 below.

7.B.10 TRAINING HOUR

As described in section 4.F.10, the specialty of neurology recognizes that certain fields or activities (i.e., clinical pathology, imaging, neurosurgery, neuropathology, electrodiagnostics, and emergency duties), may be better suited to training time being defined as training hours rather than training weeks. A training hour is defined as a minimum of 1 continuous hour (60 minutes) of direct supervision with a SD or SSSD while engaged in that field or activity. For electrodiagnostics and neurosurgery, specifically, where training time is determined by the duration of the procedure, training time may be earned in contiguous 15-minute blocks, with four 15-minute blocks equaling 1 training hour.

7.B.11 TRADITIONAL NEUROLOGY RESIDENCY TRAINING PROGRAM

As defined in section 3.AB, a traditional neurology residency training program (RTP) is a multiyear postgraduate clinical training and educational program conducted at a SI under the oversight and supervision of a PD, RA, SDs and SSSDs. The duration of a traditional neurology RTP may range from 2 to 3 years. A traditional neurology RTP entails a minimum of 96 weeks of supervised clinical training, at least 75 weeks of which must be intensive clinical training in neurology.

7.B.12 NONTRADITIONAL NEUROLOGY RESIDENCY TRAINING PROGRAM

As defined in section 3.W, a nontraditional neurology RTP is a program that is approved by the neurology RTC and that is intentionally non-continuous. A nontraditional neurology RTP may be a maximum of 5 years in duration. The neurology specialty stipulates that in a nontraditional residency, all the specialty's requirements for residency training must be met, and that all training must take place within clearly defined, continuous blocks of training time. The only allowable exception from a traditional RTP is that the residency training may occur in blocks of time separated by additional block of time and therefore occurring over an extended period. The neurology specialty stipulates that each block of training time must be no less than 4 weeks in duration and the resident must also complete a minimum of 20 weeks (5 blocks) of residency training per calendar year for those portions of the RTP which must be completed in training weeks rather than in training hours. One-year extensions may be granted by the neurology RTC due to extenuating circumstances and upon petition by the

PD. Under exceptional circumstances, such as pandemic-imposed travel restrictions, the RTC may allow a one-time variance in the required minimum of five training blocks in a residency year, upon petition by the PD.

7.C NEUROLOGY RESIDENCY TRAINING PROGRAMS

The standards contained in this section of this Manual are the minimum requirements for the specialty of neurology. Any approved neurology RTP may also include additional requirements above the minimum required by this Manual. Those additional requirements then become part of that specific RTP. A resident in such an RTP must fulfill all the additional requirements of that specific RTP, along with the minimum requirements in this Manual, in order to become an ACVIM Neurology Diplomate, as those additional requirements are necessary for that resident to complete the RTP and receive a residency certificate.

A neurology RTP is more than completing the requirements contained in this section of this Manual. It embodies the spirit inherent to training highly capable neurologists whose capabilities build upon those of their mentors. The ACVIM expects neurology RTPs to be cohesive, integrated, stable, ongoing programs that continually raise the standards in veterinary neurology.

7.C.1 NEUROLOGY RTP REGISTRATION AND EVALUATION

As described in section 4.F.4, a neurology RTP, whether traditional or nontraditional, must register with the ACVIM and be approved before a resident commences residency training. The designated PD must submit a completed [neurology RTP registration form online](#) for review by the neurology RTC by the date specified on the [ACVIM website](#). Completed and submitted registration forms must include information about personnel (names of RAs and SDs), the facility, and equipment available to support the resident training. The PD must also provide a written plan for allowing residents to continue their training should the RTP be terminated for any reason.

The neurology RTC either approves the RTP or provides details of those deficiencies that must be corrected before the RTP can be approved.

Each year, the PD must update and re-register the neurology RTP to ensure each RTP remains ACVIM-approved, in good standing (section 3.T.2) and adequate to train residents in neurology.

7.C.1.a NEUROLOGY RTP PROBATION

As described in section 4.F.5, the neurology RTC may place a neurology RTP on probation. Failure to submit the appropriate information by the deadlines published in this Manual and on the ACVIM website will result in a neurology RTP being placed on probation. If the PD fails to respond to neurology RTC requests for documentation regarding the RTP within 30 days of the request, that RTP will be placed on probation. Other triggers exist.

If the neurology RTC places an RTP on probation or terminates the program, the ACVIM notifies the PD and all residents currently in the program.

While on probation, the RTP may continue to train existing residents, but may not accept new resident(s) into the RTP.

If the PD fails to provide an acceptable response within 30 days, or fails to correct the deficiencies identified by the RTC in a timely manner, the neurology RTC may recommend termination of the RTP.

7.C.1.b NEUROLOGY RTP TERMINATION

As described in section 4.F.6, the BOR may terminate any RTP upon the recommendation of the relevant specialty's RTC or RTCC.

A neurology RTP may be terminated if that RTP is placed probation and the PD fails to provide an acceptable response within 30 days, or the RTP fails to correct the deficiencies identified by the RTC in a timely manner. In addition, if a program is found to have serious deficiencies that prevent adequate training of a resident (e.g., loss of all neurologists), or if it is determined that a PD submitted false or misleading documents, that RTP may be terminated directly, without a probationary period.

Upon termination, and RTP is immediately ineligible to training residents. Time served by a resident in a terminated RTP cannot count toward the completion of a neurology RTP or ACVIM candidacy requirement. If the BOR terminates a neurology RTP, the ACVIM notifies the PD and all residents currently in the program.

A terminated RTP may not simply be renewed. A previously terminated RTP, however, may apply to the ACVIM as a new RTP.

7.C.2 ACCEPTABLE NEUROLOGY RTPS

A registry of current ACVIM-approved neurology RTPs, as evaluated by the neurology RTC, is available on the [ACVIM website](#), or upon request from the [ACVIM office](#).

7.C.3 NEUROLOGY CANDIDATE REGISTRATION

As described in section 4.F.3., a neurology resident enrolled in an ACVIM-approved neurology RTP must register with the ACVIM as a candidate within 90 days of commencing the RTP (e.g., by October 12 of the same year for RTPs that commence on July 15) for the residency training time to count towards the certification process. The resident [registration form](#) is available online on the ACVIM website. A registration fee must also be paid.

Documentation of receipt of the candidate's registration, receipt of the paid fee, and documentation of the candidate's unique identification number, must be maintained by the candidate as part of their essential documentation.

Separate receipts for each ACVIM fee paid and registration acknowledgement will be provided by the ACVIM, and must be maintained by the candidate as part of their essential documentation.

7.C.4 GENERAL OBJECTIVES OF THE NEUROLOGY RTP

A neurology RTP will provide intensive training in clinical neurology, neurosurgery, internal medicine, imaging, clinical pathology, emergency medicine, critical care, anesthesiology, anatomy, pathology, and physiology. In addition, the neurology RTP will ensure that residents will have obtained the following upon completion of their training:

- Skills to care for patients with neurological diseases.
- Broad working knowledge of anatomy, physiology, and pathology for all body systems.
- In-depth knowledge of the effects of neurological disorders on the patient.
- Proficiency in clinical neurology by exposure to a sufficient number and variety of cases representing all facets of neurology in a hospital equipped for the practice of veterinary neurology.
- Exposure to basic science and clinical research.
- Training in internal medicine to develop an understanding of common medical problems and competency in their clinical management.
- Understanding of the fundamentals and applications of diagnostic methods, including but not limited to hematology, clinical pathology, cytology, radiography, myelography, CT, MRI, electrodiagnostic techniques (e.g., electromyography, motor and sensory conduction studies, spinal cord and brain evoked potentials, late waves and repetitive nerve stimulation, and EEG), immunology, gross and microscopic neuropathology, muscle and nerve biopsy techniques, immunopathology, and gross and surgical pathology as related to the nervous system.
- In-depth knowledge of treatment methods, including pharmacotherapy, chemotherapy, radiation therapy, immunotherapy, and surgery as well as awareness of important investigational methods of therapy.
- Awareness and understanding of the importance of neurological diseases in food and fiber animals, common laboratory species, and companion animals (dogs, cats, and horses).
- Exposure to clinical trial design and implementation.

7.C.5 SPECIFIC REQUIREMENTS OF THE NEUROLOGY RTP

It is incumbent upon the SI, PD, RA, SDs, SSSDs, resident and candidate, as well as relevant ACVIM staff and committee members, to be aware of the following RTP requirements, and to collectively work towards ensuring they are being fulfilled.

7.C.5.a DURATION

An approved neurology RTP is a minimum of 104 weeks in duration for a traditional 2-year RTP, or 156 weeks in duration for a traditional 3-year RTP. A neurology RTP must entail a minimum of 96 weeks of intensive clinical training, 75 weeks of which must be in neurology, and additional training time in electrodiagnostics, neurosurgery, neuropathology, clinical pathology, radiology, and emergency, as well as various scholarly and research activities. Nontraditional neurology RTPs or neurology RTPs that are interrupted must be completed a maximum period of 5 years beginning with the first day of the residency.

7.C.5.b INTENSIVE CLINICAL TRAINING IN NEUROLOGY

A minimum of 75 weeks of a neurology RTP must consist of intensive clinical training in neurology. The 75 weeks must include no fewer than 50 weeks of direct supervision by a neurology SD. The 75 weeks may include up to 25 weeks of indirect supervision by a neurology SD. A resident may spend up to 25 weeks of the 75 weeks managing the clinical neurology service.

During these 75 weeks of intensive clinical training in neurology, a resident is assigned to a clinical neurology service, and is under the supervision (direct or indirect) of a neurology SD.

During this time, the resident provides patient care, and must have primary responsibility for their cases. This includes receiving patients, supervising daily patient care, coordinating neurology clinical teaching, providing optimal client service, communicating with clients (owners), and engaging in appropriate follow-up and professional communication with referring veterinarians. The resident must maintain complete medical records for all patients. The problem-oriented veterinary medical record system is strongly encouraged. Residents must actively participate in the management of small and large animal neurology patients. The number of cases a resident sees depends on the species, the kinds of problems, and the depth of study required. Emphasis should be on the quality of cases rather than on the quantity of cases.

During this time, the resident must also attend and participate in daily patient- or case-orientated rounds with at least 1 neurology SD present. In a SI where veterinary student and interns are integral to, and participating in, hospital activities, the resident should be encouraged to lead these daily rounds discussions, with a neurology SD present, until the SD deems a resident capable of leading student rounds independently.

Academic degree programs (master's or doctorate) may *not* be substituted for intensive clinical training in neurology.

7.C.5.c ELECTRODIAGNOSTICS

In addition to the required 75 weeks of intensive clinical training in neurology, and potentially contributing to the additional required 21 weeks to make the total of 96 weeks required intensive clinical training, neurology residents must spend a minimum of 50 hours during the neurology RTP participating in, reviewing, evaluating, and interpreting different aspects of electrodiagnostics, including, but not limited to, electroencephalography, electromyography, motor and sensory nerve conduction studies, and evoked potentials. In electrodiagnostics, where much of the training time is determined by the duration of the procedure, the training time may be earned in contiguous 15-minute blocks, with four 15-minute blocks equaling 1 training hour. No more than 40 hours is expected to be accomplished in a single training week. For portions of this requirement the specialty of neurology allows for remote supervision (section 7.B.8.c).

7.C.5.d INTENSIVE CLINICAL TRAINING IN ACVIM SECONDARY SPECIALTIES

In addition to the required 75 weeks of intensive clinical training in neurology, and potentially contributing to the additional required 21 weeks to make the total of 96 weeks required intensive clinical training, a

neurology resident may choose to accrue intensive clinical training in pertinent ACVIM secondary specialties, including internal medicine, cardiology, oncology, and/or nutrition. Additional intensive clinical training in neurology exceeding the required 75 weeks may also contribute to this minimum of 21 weeks.

During intensive clinical training in ACVIM secondary specialties, a resident is assigned to a clinical service, and is either under the direct supervision of the equivalent of a minimum of 1 full-time ACVIM Diplomates or 1 full-time ECVIM-CA Diplomate (SSSDs). The resident provides patient care during this time.

Academic degree programs (master's or doctorate) cannot be substituted for intensive clinical training in ACVIM secondary specialties.

7.C.5.e INTENSIVE CLINICAL TRAINING IN NON-ACVIM SECONDARY SPECIALTIES

In addition to the required 75 weeks of intensive clinical training in neurology, and potentially contributing to the additional required 21 weeks to make the total of 96 weeks required intensive clinical training, the resident must accrue intensive clinical training in pertinent non-ACVIM secondary specialties.

Because neurology is a multimodal discipline, residents must receive additional clinical training under the direct supervision of SDs in the fields of neurosurgery, radiology, clinical pathology, anatomic pathology, and emergency medicine. Additionally, specific training in neurosurgery, electrodiagnostic testing, and neuropathology (anatomic pathology) are required.

The non-ACVIM clinical training experiences required by the specialty of neurology, and that may contribute to the minimum of 21 weeks additional clinical training, are as follows:

NEUROSURGERY

Neurology residents must spend a minimum of 50 hours during the neurology RTP participating in veterinary neurosurgical procedures. This time may be completed in training hours rather than training weeks (section 7.B.9). There are specific neurosurgical procedures, such as nerve biopsies, where the training time is determined by the duration of the procedure, and the training time may be earned in contiguous 15-minute blocks, with four 15-minute blocks equaling 1 training hour. No more than 40 hours is expected to be accomplished in a single training week.

RADIOLOGY

Neurology residents must spend at least 50 hours in interactive contact time with a board-certified veterinary radiologist, interpreting images, learning and evaluating the results of special imaging techniques, and attending radiology rounds or seminars. This time may be completed in training hours rather than training weeks (section 7.B.10). No more than 40 hours is expected to be accomplished in a single training week. The neurology specialty does allow that this interactive contact time with a board-certified radiologist to be accomplished by direct supervision or remotely.

CLINICAL PATHOLOGY

Neurology residents must spend at least 50 hours in interactive contact time with a board-certified veterinary clinical pathologist, and/or board-certified anatomic pathologist with experience in clinical pathology, evaluating clinical pathologic findings, attending clinicopathological conferences, and examining surgical sections. This time may be completed in training hours rather than training weeks (section). No more than 40 hours is expected to be accomplished in a single training week. The neurology specialty does allow that this interactive contact time with a board-certified radiologist to be accomplished by direct or remote supervision, or a combination.

NEUROPATHOLOGY / ANATOMIC PATHOLOGY

Neurology residents must spend a minimum of 50 hours during the neurology RTP in the review of veterinary neuropathology with a board-certified anatomic pathologist through lecture series, seminars, or in a formal training program. This time may be completed in training hours rather than training weeks (section 7.B.10). No more than 40 hours is expected to be accomplished in a single training week.

EMERGENCY

Residents must participate in emergency service duties. Acceptable emergency clinic duties include rotations on an after-hours emergency service, emergency and critical care (ECC) service, after-hours on-call duties, and/or evaluation of daytime or nighttime neuroemergency cases through a neurology service. Emergency cases seen may be limited to neurology. This contact may occur either at the primary training site or at a secondary training site. The RTP must document, in the initial RTP application and annual renewal to the neurology RTC, the names of the SDs involved, their areas of specialization, and details of the anticipated professional interaction.

7.C.5.f NEUROSURGICAL PROCEDURES AND TECHNIQUES

A neurology RTP may elect to offer additional training in neurosurgical procedures and techniques beyond the 50 required hours of training outlined in section 7.C.5.f. A neurology RTP that offers additional neurosurgical training will ensure that upon completion, residents will have obtained the following:

- Broad working knowledge of surgical anatomy, physiology, and pathology of the nervous system.
- In-depth knowledge of the effects of disorders on patients that have neurosurgery as a treatment option.
- Proficiency in clinical neurosurgery gained by exposure to and performing surgery on a sufficient number and variety of cases representing all facets of neurosurgery in a hospital equipped for the practice of veterinary neurology and neurosurgery.
- Awareness of and ability to complete a neurosurgical log.

7.C.5.g RESEARCH AND SCHOLARLY ACTIVITY

A neurology resident is expected to participate in a laboratory or clinical investigative research project during the neurology RTP. The resident must complete a basic science or clinical research project that follows the scientific method approach and receives approval from the RA. Suitable projects can be retrospective or prospective. A letter from the RA is required to document the satisfactory completion of the project before the RTP can be considered completed and before board certification can be awarded.

7.C.5.h PUBLICATION REQUIREMENT

There is currently no publication requirement for the specialty of neurology, although evidence of the aforementioned research requirement (section 7.C.5.g) must be provided.

7.C.5.i JOURNAL CLUB

As stipulated in section 4.F.10, an organized, routinely scheduled and documented journal club of at least 80 hours must be part of a neurology RTP. Neurology residents must participate in a minimum of 80 hours of journal club throughout their neurology RTP. At least 1 neurology SD must attend each journal club meeting. Journal club may include interactive remote participation by both residents and/or SDs. Residents must maintain a log of journal club activities that includes the date, topics discussed, and those in attendance. The log is to be submitted as part of a candidate's credentials review.

7.C.5.j DIDACTIC LEARNING OPPORTUNITIES

Neurology residents must participate in the following didactic learning opportunities, facilitated by the SI: neurology topic review sessions, formal conferences, continuing education conferences, and formal examination review sessions. This Manual allows for remote training (primarily RACE acceptable) when necessary. The exact same conference, seminar, rounds, class, etc. (date and time) may not be used to meet more than 1 of the required didactic learning experiences.

FORMAL REVIEW SESSIONS

A neurology RTP must provide a minimum of 40 hours per year of the neurology RTP of intensive formal review sessions for residents on topics covered by both the General Examination and neurology Specialty Examination. Attending daily clinical rounds does not meet this requirement, although structured courses, seminars and/or conferences may. If adequate formal review sessions are not available at the SI, a resident may meet this requirement in part by attending or participating remotely in an ACVIM advanced continuing education (ACE) course, the ACVIM Neuroscience Course (Brain Camp), or ACVIM Forum. The neurology RTP must provide a list of these formal review sessions to the neurology RTC in the initial RTP application and the annual review to ensure ACVIM approval of the RTP.

FORMAL CONFERENCES

In addition to the aforementioned formal review sessions, neurology residents must also attend and/or participate in formal conferences in neurology and related disciplines, including, but not limited to, resident seminars, grand rounds sessions, SAIM journal club, SAIM formal review

sessions, and neurobiology classes or courses. Conferences or seminars given within a veterinary practice or hospital or at a medical school or medical teaching hospital are acceptable. Residents must participate in these activities an average of four times per month, regardless of their duty status. The neurology initial RTP application and annual review submitted to the neurology RTC should include the schedule and format of these formal conferences to ensure ACVIM approval of the RTP.

The resident must also give at least 3 presentations at such a formal conference during the neurology RTP. Presentations may include lectures in departmental courses for veterinary students, grand rounds, or morbidity and mortality rounds, whereby the presentation format is to a hospital-wide, multi-specialty audience. Presentation at a formal conference does not include resident rounds, which for this purpose specifically is defined as a presentation to the institutional neurologists and/or resident-only audience, nor presentations to veterinary school clubs. Documentation, such as a copy of the conference program, an email announcement of the seminar, or class syllabus, of these presentations must be included in the candidate's neurology credentials submission.

As a substitute for the aforementioned formal presentation requirement, the resident may present at a regional, state, or national meeting 3 times during the neurology RTP. A copy of the program must be included in the candidate's credentials packet.

CONTINUING EDUCATION (CE) CONFERENCES AND MEETINGS

Neurology residents must also attend or participate in at least one state, regional, national, or international Veterinary medical or human medical continuing education conference or meeting during the RTP. Appropriate examples of continuing education conferences or meetings might include, but are not limited to, the annual ACVIM Forum, an ACVIM-moderated ACE course, and the ACVIM Neuroscience Course (Brain Camp). Remote attendance and/or participation at these continuing education conferences is permitted by the neurology specialty. Documentation of attendance and/or participation at the conference must be included in the candidate's neurology credentials packet.

7.C.5.k STUDY TIME

In addition to the research and scholarly time, an additional minimum of 4 continuous weeks of protected and uninterrupted study time, during which the resident is relieved of all clinic responsibilities, including the responsibility for client communications, must be allocated to the resident and candidate to prepare for the ACVIM General Examination. Study time should be scheduled to immediately precede the General Examination date as much as is practical. During study time, residents should still attend journal club, seminars, and didactic learning opportunities as they arise.

A further additional minimum of 4 continuous weeks of protected and uninterrupted study time, during which the resident is relieved of all clinic responsibilities, including the responsibility for client communications, must be allocated to the resident and candidate to prepare for the neurology Specialty

Examination. Study time should be scheduled to immediately precede the Specialty Examination date as much as is practical. During study time, residents should still attend journal club, seminars, and didactic learning opportunities as they arise.

The 8 weeks of study time allocated for General Examination and neurology Specialty Examination preparation should not be taken during the 96 weeks allocated to intensive clinical training in neurology and other veterinary specialties.

Additional time, beyond the 4 weeks of study time allocated for General Examination preparation and the 4 weeks of study time allocated for neurology Specialty Examination preparation, may be provided to the resident by the RTP for independent study.

7.C.5.l VACATION AND PERSONAL TIME

A neurology resident should take vacation during the neurology RTP that is totally separate from other activities and requirements. Total vacation time must be a minimum of 2 weeks per year of a neurology RTP. Vacation time is best allocated in 2 continuous weeks each year. However, at the request of the resident, vacation time may be arranged differently. Vacation time should *not* be scheduled during the 96 weeks allocated to intensive clinical training in neurology and other veterinary specialties. Vacation must never be required to be used as a release from clinical obligations to prepare for the General Examination or the neurology Specialty Examination.

An RTP is also expected to provide reasonable accommodation for a resident's medical needs (e.g., doctor's appointments, etc.).

7.C.5.m RESIDENCY TRAINING INTERRUPTION

Training interruptions may be unavoidable in circumstances where a resident must switch from one RTP to another to fulfill all RTP and credentialing requirements. In such cases, the following steps must be taken:

- A new RTP must be identified.
- The neurology RTC must approve the new RTP before the resumption of residency training.
- The resident must re-register with the ACVIM in the new RTP.
- The resident must complete training in continuous blocks of time once residency training resumes.

In some circumstances, residents may need to take a leave of absence that prevents them from completing the traditional RTP on time. When a leave of absence is necessary, residents have a maximum of 4 years if enrolled in a traditional 2-year RTP or 5 years if enrolled in a traditional 3-year RTP to complete the requirements of their RTP and achieve board certification.

Residents in interrupted programs when actively engaged in the residency must attend full-time in no less than 20 weeks of training in any residency year: for example, the 12-month period beginning with

the first day of their residency. If a resident interrupts their training, a new residency year begins on the first day on which they resume training.

Training must occur in five blocks of time with 4 continuous weeks in each block for those portions of the residency that must be completed in training weeks (section 7.B.9). Blocks may run consecutively or be separated, but each block must be 4 weeks in length.

In some cases, a resident may complete a portion of training at another approved RTP or with another research unit or mentor. In those cases, the second RTP or the research unit or research mentor is considered a secondary training site. The neurology RTC must approve that relationship as part of the RTP submission, along with all appropriate supporting documents from the primary training site.

7.C.5.n RTP VARIANCES

Neurology candidates certified in the ACVIM specialties of cardiology, large animal internal medicine (LAIM), small animal internal medicine (SAIM), or oncology, who aspire to become ACVIM Diplomates in the specialty of neurology must complete a minimum of a 75-week neurology RTP, which must receive approval from the RTC prior to the RTP start date. They must receive training under the supervision of a neurology RA. The training must consist of that outlined in sections 7.C.2.b, 7.C.2.c, 7.C.2.e, 7.C.2.g, 7.C.2.i and 7.C.2.j.

7.C.5.o ONLINE EXIT INTERVIEW SURVEY

Within 90 days of completion of the RTP, newly finished residents are strongly encouraged to fill out an online survey regarding the quality of the training experience.

Responses are shared with the appropriate PD to provide important feedback regarding their residency training. Data, held strictly confidential annually, will be published as a 5-year rolling average score per surveyed category calculated for each RTP and will be released every 3 years to ensure the anonymity of candidates who completed smaller programs.

7.D ROLES AND RESPONSIBILITIES ASSOCIATED WITH NEUROLOGY CANDIDACY AND RTPS

7.D.1 RESPONSIBILITIES OF THE SPONSORING INSTITUTION (SI)

The SI for a neurology RTP, in partnership with the PD, RA, SDs and SSSDs, must ensure a healthy and safe learning and working environment that promotes resident professional advancement, as well as psychological, emotional, and physical well-being. The SI and the PD must ensure the availability of all necessary professional, technical, and clerical personnel to best support the neurology RTP.

7.D.1.a NEUROLOGY SUPERVISION

The SI must have a minimum of 2 neurology SDs. As defined in section 7.B.6, a neurology SD must be an ACVIM Diplomate in the specialty of neurology or an ECVN Diplomate, who is contributing to the training of the neurology resident in the specialty of neurology. The ACVIM neurology Diplomate or

ECVN Diplomate must be in good-standing with the ACVIM or ECVN, respectively. A neurology SD must be active in the practice of neurology and must maintain clinical competency in the field.

7.D.1.b SUPPORTING DISCIPLINES

The SI must ensure the neurology RTP requirements for training and supervision in additional ACVIM and non-ACIM secondary specialties, as described in section 7.C.5.d and section 7.C.5.e, are met.

The SI must ensure neurology residents have daily access to consultation with board-certified specialists in internal medicine, oncology, cardiology, surgery, ophthalmology, emergency medicine, critical care, nutrition, anesthesiology, clinical and anatomic pathology, and diagnostic imaging.

The SI ensures that residents have access to a board-certified veterinary clinical pathologist and anatomic pathologist for evaluation and consultation, at least by timely phone calls, about clinical material submitted.

7.D.1.c FACILITIES AND EQUIPMENT

In addition to the facilities and equipment outlined in section 4.F.3.a., the specialty of neurology stipulates that the SI for a neurology RTP must have the following facilities and equipment:

- On-site radiographic, ultrasonographic, and electrocardiographic equipment.
- On-site access to MRI, CT, and nuclear medicine is highly recommended, but is *not* currently required.
- On-site electrodiagnostic equipment for nerve stimulation and electromyography.
- On-site access to EEG is highly recommended but is *not* currently required.
- Access to clinical pathological services, including CBC, serum chemistries, blood gas analysis, urinalysis, cytology, parasitology, microbiology, and endocrinology. If these capabilities are unavailable at the SI, then the SI must make arrangements with local and/or regional laboratories.
- On-site surgical facilities.
- Ready access to a veterinary medical library that contains the textbooks and current journals that the neurology RTC specifies.

7.D.1.d DIDACTIC LEARNING OPPORTUNITIES

The SI for a neurology RTP must commit to providing the resident with the required didactic learning opportunities as described in section 7.C.5.k of this Manual.

7.D.2 RESPONSIBILITIES OF SECONDARY TRAINING SITES

If the SI schedules training at secondary training sites during the neurology RTP, the provider(s) of this training must submit training agreement forms to the neurology RTC. These forms must accompany the neurology RTP registration form for each new program request and for each annual renewal of registration. Each form must

specify the number of weeks scheduled and the rotation time requirement satisfied at the secondary training site. If, for example, a resident has a clinical pathology rotation at another institution, the supervising clinical pathologist at that institution must provide a signed statement confirming the name of the resident, rotation duration and proposed dates, and the institution with which the resident is affiliated.

Additional information about residency training site locations can be found in section 4.F.6 of this Manual.

7.D.3 RESPONSIBILITIES OF THE PROGRAM DIRECTOR (PD)

As defined in section 7.B.4, the neurology program director (PD) is the individual at the SI who assumes overall responsibility for the conduct and integrity of that institution's RTP(s). Unlike some specialties, the specialty of neurology stipulates that a neurology PD may be an ACVIM Diplomate in any ACVIM specialty, or a Diplomate of the European College of Veterinary Neurology (ECVN), and must have been board-certified for a minimum of 5 years. The ACVIM neurology Diplomate or ECVN Diplomate must be in good-standing with the ACVIM or ECVN, respectively. A neurology PD must also have had a minimum of 3 years of experience training residents before becoming a PD. If the PD is in an ACVIM Diplomate in an ACVIM specialty other than neurology, that PD may not also be a PD for another specialty's RTP. A SI may have only one neurology PD. The PD maintains the highest integrity in representing the SI's neurology RTP.

The neurology PD must remain current on residency training requirements outlined in this Manual.

The PD must report substantive changes within a neurology RTP affecting compliance with specialty of neurology requirements to the neurology RTC chair within 14 days. This must be done in writing through the ACVIM office before the changes are made to ensure they are acceptable to the neurology RTC. Any training time undertaking the changed activity before the change is approved by the neurology RTC does not count toward RTP completion by a resident.

Substantive changes include, but are not limited to, the following:

- Changes (addition or deletion) in supervisory personnel, especially changes resulting in too few RAs, SDs or SSSDs for the number of residents or requirements of the RTP.
- Alteration of program duration (this must be approved by the RTC before it can be implemented).
- A resident relocating from one program to another (such relocation requests involve review by both the neurology CC and the neurology RTC to determine whether any transfer of credit is permitted).
- A resident either being placed on probation or being dismissed from the program.
- A resident beginning another RTP (for a second neurology residency, this would require approval by the RTC, as it would entail transitioning to a nontraditional program).
- A resident enrolling in an institutional graduate program.

At the time of annual program renewal, PDs may be asked to verify resident activities. Activities include, but are not limited to:

- Satisfactory clinical training.

- Interaction with consultants.
- Documentation of research, didactic learning activities, and study time.

If, at any time, the neurology RTC identifies problems with the RTP resulting in probation, it is the PD's responsibility to provide the neurology RTC with an updated plan for any current residents if no resolution occurs within a 12-month probation period. (During that period, the PD provides written updates every 3 months to the neurology RTC on what is being done to correct the deficiencies. If the deficiencies are not resolved within the 12-month probation period, the neurology RTC may terminate the program.)

If adequate personnel or facilities to fulfill requirements involving anatomic or clinical pathology, radiology, imaging, or direct supervision in other specialties are unavailable on-site, the PD must make special arrangements at other facilities for a resident to fulfill all deficiencies. The neurology RTC must approve such arrangements in advance. Letters of commitment for the provision of secondary training sites must be submitted when requesting approval of a new RTP. Updated letters of commitment must be submitted at the annual renewal of an existing RTP.

The PD ensures signed letters of commitment of required time for secondary training sites are submitted annually with the application for PD renewal. Specialists with whom the resident has trained must provide the PD (or the RA) with documentation of these interactions.

The neurology RTC can request further information or documentation from the PD, RA, SD(s) and/or SSSD(s) at any time, if such information is deemed necessary to verify that the RTP is occurring as described in the approved-RTP [neurology program description form](#). Reporting inaccuracy may result in neurology RTP probation or termination.

7.D.4 RESPONSIBILITIES OF THE RESIDENT ADVISOR (RA)

As defined in section 3.AC, the neurology resident advisor (RA) is the primary individual at the SI who monitors the neurology resident's progress during residency training. The specialty of neurology stipulates that the neurology RA must be an ACVIM Diplomate in the specialty of neurology or an ECVN Diplomate, and must have been board-certified for a minimum of 1 year before becoming an RA. The ACVIM neurology Diplomate or ECVN Diplomate must be in good-standing with the ACVIM or ECVN, respectively. The neurology RA must be full-time at the SI, active in the practice of neurology and must maintain clinical competency in the field. The RA must be actively involved as a supervising Diplomate (SD) for the assigned residents and substantially involved in the clinical supervision of assigned residents. Each neurology RA is permitted to advise no more than 2 residents at any one time.

The RA, with appropriate input from PD and all SDs and SSSDs, must evaluate an assigned resident at least once every 6 months and discuss the result of each evaluation with the resident. The RA is encouraged to use the clinical milestones detailed later in this section to aid in the assessment of resident strengths and deficiencies and to monitor the success of the RTP. The RA completes an evaluation form, such as the one that is posted on the [ACVIM website](#) for each assigned resident, at least once every 6 months. It is permissible to use other evaluation forms, if that is the preference of the RA. The RA must have the resident sign the RA's copy of the written evaluation as documentation that the resident received a copy of the evaluation and that it

was discussed with the resident. The RTC or the CC may request copies of the evaluation forms if there is a dispute regarding a resident's evaluations.

The RA also ensures that the resident receives additional training as required. These experiences should occur in full training weeks as part of the 21 weeks devoted to training in allied specialties as detailed in sections 7.C.5.c, 7.C.5.d and 7.C.5.e.

The RA and the assigned resident must document that training occurred as specified. The RA signs and verifies all documentation related to a resident's completion of program requirements. The RA provides copies of resident evaluations to the PD who provides them to the neurology RTC if requested. The purpose of the neurology RTC review is to allow the RTC, the PD, RA, and the resident to identify and correct any programmatic issues that might place a program in jeopardy of suspension.

7.D.5 RESPONSIBILITIES OF THE SUPERVISING DIPLOMATE (SD)

As defined in section 3.AB, a neurology supervising Diplomate (SD) must be an ACVIM Diplomate in the specialty of neurology or an ECVN Diplomate, who is contributing to the training of the neurology resident in the specialty of neurology. The ACVIM neurology Diplomate or ECVN Diplomate must be in good-standing with the ACVIM or ECVN, respectively. A neurology SD must be active in the practice of neurology and must maintain clinical competency in the field. The SI must provide the on-site presence of a minimum of 2 neurology SDs.

The maximum number of neurology residents that an SD may supervise at any 1 time is 2. The SD may directly or indirectly or remotely supervise the resident. Definitions are provided in section 7.B.8. The SD must ensure that any resident on clinic duty has access to videoconferencing capabilities. Review of patient care and case management by the resident should be conducted directly between the SD and the resident. Contact between the SD and the resident exclusively by telephone or text-based methods is unacceptable.

7.D.6 RESPONSIBILITIES OF THE RESIDENT

It is the responsibility of the resident to fulfill all the requirements of the specialty's RTP as outlined in this Manual, while adhering to the highest professional standards and the ACVIM's Code of Conduct.

7.D.7 RESPONSIBILITIES OF THE CANDIDATE

It is the responsibility of the candidate to fulfill the requirements of the specialty's certification process as outlined in this Manual, while adhering to the highest professional standards and the ACVIM's code of conduct, in order to become a Diplomate of the ACVIM in the specialty of neurology. The certification process includes, but is not limited to, fulfilling all the requirements of the specialty's RTP as outlined in this Manual.

Candidates can access this Manual, other relevant information, all relevant forms, and deadlines on the [ACVIM website](#), or request said information from the [ACVIM office](#).

It is the candidate's responsibility to be aware of all certification and RTP requirements, other relevant information and deadlines. It is the candidate's responsibility to maintain a record of all receipts and essential documentation.

7.E CLINICAL MILESTONES FOR RESIDENTS IN THE SPECIALTY OF NEUROLOGY

7.E.1 CLINICAL MILESTONES FOR FIRST-YEAR NEUROLOGY RESIDENTS

7.E.1.a PATIENT CARE

First-year residents should meet the following milestones related to patient care to continue to the second year of the RTP:

- Provide patient care that is compassionate, appropriate, and effective.
- Demonstrate comprehensive history taking and physical examination skills.
- Demonstrate the ability to evaluate and prioritize data into a problem list and formulate a diagnostic plan with some supervision.
- Assess daily patient progress accurately and perform appropriate and timely follow-up of diagnostic tests and interventions.
- Have daily communication with the supervising attending veterinarian, including attending daily service and house officer rounds.
- Demonstrate effective communication skills accompanied by respectful and professional behavior in all interactions with patients, owners, referring veterinarians, and colleagues.

7.E.1.b MEDICAL KNOWLEDGE

First-year residents should meet the following milestones related to medical knowledge to continue to the second year of the RTP:

- Demonstrate acceptable knowledge about established and evolving biomedical and clinical sciences and apply this knowledge to patient care.
- Have basic knowledge of pathophysiology, pharmacology, and clinical disease states.
- Demonstrate an analytical approach to clinical situations.
- Demonstrate self-directed learning and reading of pertinent medical literature.
- Participate in organized educational activities designed to develop or expand their medical knowledge base and to teach analytical thinking and problem-solving, such as the following:
 - Attending daily clinical service and house officer rounds when on neurology clinical service.
 - Attending scheduled journal club and structured learning activities, such as departmental seminars, morbidity and mortality rounds, and other related sessions.
 - Attending rounds when rotating through internal medicine and other specialty services (i.e., cardiology, oncology, critical care, etc.).

- Attending rounds specific to any service or specialty rotation in which the resident participates (e.g., diagnostic imaging, clinical pathology, or other activities related to the neurology RTP).

7.E.1.c LEARNING AND IMPROVEMENT

First-year residents should meet the following milestones related to learning and improvement to continue to the second year of the RTP:

- Investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices because of these activities.
- Demonstrate a willingness to acknowledge and learn from errors.
- Participate in didactic rounds, daily house officer rounds, journal club, and other performance improvement activities (7.E.2.b Medical Knowledge), including presentation of ACVIM review topics and presentation in journal club at least five times per year.
- Use available medical databases or evidence-based medicine resources to support clinical decision-making.
- Participate in the clinical training (case supervision, daily ward rounds, etc.) of students, interns, and other healthcare professionals as applicable.
- Demonstrate an interest in and ability to participate in various didactic learning opportunities.
- Assist in the clinical teaching of veterinary students, externs and interns (if applicable), and other house officers, including providing feedback to these individuals regarding performance, knowledge, medical recordkeeping, and patient care as applicable.

7.E.1.d INTERPERSONAL AND COMMUNICATION SKILLS

First-year residents should meet the following milestones related to interpersonal and communication skills to continue to the second year of the RTP:

- Demonstrate interpersonal and communication skills that result in effective information exchange and engagement with owners and professional associates.
- Develop language and documentation skills (e.g., succinct and comprehensive case presentations, progress notes, and comprehensive patient care plans) as they progress in training.
- Provide efficient but comprehensive information exchange with colleagues, healthcare professionals, and owners.
- Develop effective listening skills.
- Establish professional and ethically sound relationships with owners and referring veterinarians.

7.E.1.e PROFESSIONALISM

First-year residents should meet the following milestones related to professionalism to continue to the second year of the RTP:

- Demonstrate a commitment to carrying out professional responsibilities, adhering to ethical principles, and possessing sensitivity to cultural differences and orientations.
- Demonstrate respect, compassion, and integrity in all interactions with patients, owners, colleagues, and other healthcare professionals.
- Maintain a professional appearance.
- Demonstrate a commitment to ethical principles pertaining to confidentiality of patient information and informed consent.
- Demonstrate commitment to professional responsibility in completing all medical records in a timely fashion.
- Begin to develop skills in conflict resolution.

7.E.1.f CLINICAL RESEARCH

First-year residents should meet the following milestones related to research and publication productivity to continue to the second year of the RTP:

- Identify a research study under the supervision of their resident advisor (RA) or a supervising Diplomate (SD) during the first 6 months of residency and prepare a detailed research proposal by the end of the first year.
- Assist research mentor in study design, literature review, grant preparation (if applicable), and submission of selected research projects.
- Comply with the ethical principles of research and actively participate in writing an animal care and use protocol (if applicable).

7.E.2 CLINICAL MILESTONES FOR SECOND- AND THIRD-YEAR NEUROLOGY RESIDENTS

7.E.2.a PATIENT CARE

Second-year residents should meet the following milestones related to patient care to continue to the third year of the RTP:

- Fulfill all requirements expected of first-year residents.
- Formulate independent diagnostic and therapeutic plans with the supervision of an attending veterinarian.
- Coordinate patient care among all members of the healthcare team.
- Counsel and educate owners and referring veterinarians.
- Develop competence in performing the core procedural skills essential to the practice of neurology.

7.E.2.b MEDICAL KNOWLEDGE

Second-year residents should meet the following milestones related to medical knowledge to continue to the third year of the RTP:

- Fulfill all requirements expected of first-year residents.
- Develop a deeper understanding of disease states and their management.
- Continue to develop skills in critical assessment, reading, and interpretation of the medical literature with application to patient care.
- Apply knowledge of study designs and statistical methods to the appraisal of clinical studies (i.e., skills emphasized in clinical rotations and rounds discussions).

7.E.2.c LEARNING AND IMPROVEMENT

Second-year residents should meet the following milestones related to practice-based learning and improvement to continue to the third year of the RTP:

- Fulfill all requirements expected of first-year residents.
- Develop competence in educating owners.
- Facilitate the learning of students and interns (if present), other residents, and other healthcare professionals.

7.E.2.d INTERPERSONAL AND COMMUNICATION SKILLS

Second-year residents should meet the following milestones related to interpersonal and communication skills to continue to the third year of the RTP:

- Continue interpersonal and communication skills developed as first-year residents.
- Develop effective negotiation and leadership skills that facilitate conflict avoidance and resolution.

7.E.2.e PROFESSIONALISM

Second-year residents should meet the following milestone related to professionalism to continue to the third year of the RTP:

- Continue to refine and demonstrate professionalism skills developed as a first-year resident.

7.E.2.f CLINICAL RESEARCH AND PUBLICATION

Second-year residents should meet the following milestones related to clinical research and publication to continue to the third year of the RTP:

- Fulfill all requirements expected of first-year residents.
- Initiate study implementation, including active participation in patient recruitment and sample collection, data analysis, and manuscript preparation.

- Maintain focus on study completion and troubleshoot any problems that may arise with mentors.
- Research productivity can, for example, be demonstrated by having a published abstract, conference presentation, or accepted peer-reviewed publication. Research productivity needs to be completed to the RA's satisfaction with appropriate input from the research mentor. The neurology specialty does not have a formal publication requirement.

7.F RESIDENT EVALUATION

The RA and PD or the SI Residency Training Committee reviews the progress of all residents for the duration of the RTP and provides written evaluation to the resident. Residents are evaluated by the RA on the criteria listed in neurology clinical milestones (section 7.E). Evaluation occurs at least every 6 months for the duration of the RTP. The RA maintains a copy of each review until a candidate receives board certification. The RA should have the resident sign the RA's copy of the written evaluation as documentation that the resident has received a copy and that the results of the evaluation were discussed with the resident.

Residents initiate and maintain an annual report of their activities and credentials (see [neurology credentials information packet](#)) for the duration of their residencies. Each annual report includes the weekly schedule of activities and a summary of their schedule for the year. The resident and the RA must sign each report. Residents retain the original reports and update the progress reports in their entirety every 12 months. The PD and the RA receive a copy of the credentials report. A list of required submissions, along with the procedures for submitting training documents, is provided on the candidates' pages on the ACVIM website. If deficiencies are found in a resident's activities, they will be notified of their deficiencies. If the deficiencies are not corrected, it may result in the resident not being allowed to take their specialty examination during their third year of training.

Residents and their RA document that training occurred as specified. RAs ensure that residents submit annual reports of their progress to the neurology RTC by the date specified on the [ACVIM website](#) following the end of each year of residency and upon completion of the program.

In addition, residents must submit the annual program reports to the neurology RTC by the date specified on the [ACVIM website](#) of the year before the date they plan to take the Neurology Specialty Examination. The appropriate SD signs off on this report. The report follows the standardized spreadsheet format found on the [ACVIM website](#). Residents submit this information via the website for review by the neurology RTC. Residents ensure that their RAs keep these standardized evaluations on file in case the neurology RTC requests the information.

7.G THE GENERAL EXAMINATION

All ACVIM neurology candidates must pass the General Examination (section 4.H.5) in order to be eligible to attain Diplomate status (board certification).

7.H NEUROLOGY CREDENTIALS

Credentials approval (or conditional approval) is a prerequisite for taking an ACVIM Specialty Examination, and for board certification.

7.H.1 PROCEDURES FOR SUBMITTING CREDENTIALS

*****Always check the ACVIM website before submission; this process is subject to change.*****

The information listed in this section provides an overview of the procedures for submitting neurology credentials. Specific guidelines are in the [neurology credentials information packet](#). Because application requirements change periodically, candidates must be sure they are using the most current application and credentials packet. If a candidate has any questions regarding the application process, that individual should request clarification in writing from the neurology RTC chair or from the ACVIM office well before the credentials submission deadline.

Residents must be registered in an approved traditional or nontraditional neurology RTP and be under the supervision of a RA for submission of their credentials application packet.

Candidates may submit their complete credentials packet and credentials fee online to the ACVIM office **following the completion of a 2-year residency, after 22 months of a 3-year residency**, or after the equivalent time in any other approved residency provided these candidates are in the final year of that program. Candidates in approved nontraditional residencies may submit completed credentials packets and fees following the completion of equivalent time, provided it is in the final year of the program.

If an individual is ACVIM board-certified in a specialty other than neurology and is participating in an ACVIM-registered neurology residency, that individual may submit credentials within the final 12 months of the neurology RTP. The neurology RTC evaluates submitted credentials packets for completeness and accuracy.

A candidate who intends to take the neurology Specialty Examination must electronically submit credentials, including letters of reference, for the neurology Specialty Examination so that the ACVIM office receives the credentials packet no later than the date specified on the [ACVIM website](#) of the year preceding that examination date. Materials are forwarded to the neurology Credentials Committee chair. Each candidate is notified no later than 60 days after the submission deadline regarding the acceptability of the submitted credentials packet for the neurology Specialty Examination. All candidates must submit the current standard neurology application form along with the other required documents. They must carefully follow the instructions provided in the credentials packet, as inadequate attention to detail may cause the entire application to be rejected.

Documentation of receipt of the candidate's neurology credentials application, receipt of the paid fee, and documentation of credentials approval, with the candidate's unique identification number, must be maintained by the candidate as part of their essential documentation.

Separate receipts for each ACVIM fee paid and application acknowledgement will be provided by the ACVIM, and must be maintained by the candidate as part of their essential documentation.

7.H.2 CREDENTIALS ITEMS TO BE SUBMITTED

*****Always check the ACVIM website before submission; this is only a partial list and is also subject to change.*****

Candidates must include all items that are specified on the candidates' webpage on the ACVIM website to have a complete credentials packet.

The resident's report of annual progress form will provide much of the required information and so must be filled out completely and accurately:

- The completed application form.
- Letters documenting completion of rotations outside the SI, if applicable (the person from the outside facility who had oversight of an applicable rotation must sign the letter).
- Reference forms or letters.
- Candidates must have three associates with whom they have worked in their training program submit either an ACVIM neurology referee form or a letter of reference, which may be used in lieu of the form. At least one reference must be from the RA who supervised a major part of the resident's training. The reference forms or letters and copies are forwarded as directed in the credentials packet. The candidate ensures the reference letters arrive at the ACVIM office by the date specified on the ACVIM website of the year before that the candidate intends to take the examination.

7.H.3 EVALUATION OF CREDENTIALS FOR THE NEUROLOGY SPECIALTY EXAMINATION

The ACVIM office and the Neurology CC review all candidate applications and credentials packets. A reviewer assigned by the Neurology CC evaluates and rates candidates' credentials as acceptable or unacceptable. The reviewer records the evaluation results on a standard form, which the ACVIM office retains. The Neurology CC chair compiles the reviewer's evaluation comments for unsuccessful candidates' credentials. The ACVIM office sends the compiled comments to the candidates.

The ACVIM office notifies candidates regarding acceptance or rejection of their credentials within 60 days of the deadline for credentials submission. Candidates can expect a response to their requests to take the Neurology Specialty Examination within 30 days of applying.

7.I NEUROLOGY SPECIALTY EXAMINATION

7.I.1 NEUROLOGY SPECIALTY EXAMINATION REGISTRATION AND FEE

Once credentials are approved, candidates may register for the Neurology Specialty Examination and pay the fee online to the ACVIM office by the date specified on the [ACVIM website](#) the year before they intend to take the examination. Candidates retaking all or part of the Neurology Specialty Examination must pay online by the date specified on the [ACVIM website](#) of the year they plan to take the examination.

Documentation of receipt of the candidate's neurology Specialty Examination registration, receipt of the paid fee, and documentation of credentials approval, with the candidate's unique identification number, must be maintained by the candidate as part of their essential documentation.

Separate receipts for each ACVIM fee paid and registration acknowledgement will be provided by the ACVIM, and must be maintained by the candidate as part of their essential documentation.

7.1.2 NEUROLOGY SPECIALTY EXAMINATION CONTENT AND FORMAT

****Always check the candidates' webpage information on the ACVIM website; the examination format is subject to change, as is/are the standard setting/cut score determination method(s) as needed to align with best practice/standards. Any changes will be reflected in the current examination blueprint and/or information provided to candidates.*****

The neurology Specialty Examination is comprehensive and composed of questions on aspects of all areas of neurology. The examination emphasizes neuroimaging, neuropathology, electrophysiology, neurosurgery, and clinical neurology cases. The sections require candidates to interpret actual case materials presented as images in various formats, specimens, imaging modalities, electrodiagnostic results, and/or videography recordings.

A blueprint of the neurology Specialty Examination is posted on the ACVIM website at least 60 days before the examination date each year.

The ACVIM specialty of neurology uses subject-matter experts and statistical equating to maintain the standard of the Specialty Examination and cut score determination. More specific information on grading the examination is provided in the instructions distributed to candidates taking the examination at least 60 days before the examination date. A candidate must pass the entire neurology Specialty Examination, as well as fulfill all additional specialty certification criteria, to become an ACVIM Diplomate in the specialty of neurology (board certified).

7.J QUERIES, ISSUES AND COMPLAINTS BY RESIDENTS AND/OR CANDIDATES

Residents with queries and/or complaints regarding program noncompliance, especially concerns that are not sufficiently resolved by the RTP's PD, should direct concerns in writing to the cardiology ombudsperson and/or to the current CRTC chair. Residents can obtain the names and contact information of these individuals from the [ACVIM office](#) or [ACVIM website](#). A response to the query and/or complaint can be expected within 4 weeks. Assistance from the cardiology ombudsperson can also be sought for situations that are difficult to resolve. The neurology ombudsperson can be contacted directly by email at NeurologyOmbuds@ACVIM.org. The ACVIM can only address matters related to adherence to this Manual's requirements. Personnel matters are unique to each SI and its Human Resources policies and procedures, and are not subject to ACVIM review.

7.K MAINTENANCE OF CREDENTIALS (MOC)

The [neurology maintenance of credentials \(MOC\) committee](#) maintains [a list of acceptable continuing education experiences](#) and their associated points that count toward the renewal of neurology credentials by the ACVIM. This information is available on the [ACVIM website](#), or upon request from the [ACVIM office](#).

8. SPECIFIC REQUIREMENTS FOR THE SPECIALTY OF ONCOLOGY

The ACVIM offers certification of specialists in oncology. The residency training program (RTP) is the foundation of training for ACVIM Oncology Diplomates. This section of Part Two explains the requirements for oncology RTPs and for residents and the requirements for candidates working toward certification in this specialty that are in addition to the requirements specified in Part 4, which are required of candidates in all specialties.

8.A ONCOLOGY DOCUMENTS AND FORMS

The following may not be an exhaustive list of applicable documents and forms. Please navigate the [ACVIM website](#) for additional documentation and forms.

- [Online Candidate Registration Form](#).
- [Standardized resident evaluation form](#).
- [Standardized weekly spreadsheet](#).
- [Oncology Resident Schedule](#).
- [Oncology Credentials Candidate Letter](#).
- [Oncology Credentials Information Packet and Online Submission Instructions](#).
- [Oncology Credentials Application](#).
- [Oncology Credentials Referee Letter](#).
- [Oncology Letter of Understanding](#).
- [Oncology publication information](#).
- [Application to take the Oncology Specialty Examination](#).
- [List of reading and study resources for the Oncology Specialty Examination](#).
- [Blueprint for the Oncology Specialty Examination](#) (60 days before the examination date).

8.B DEFINITIONS FOR ONCOLOGY RESIDENCY TRAINING PROGRAMS

These definitions expand upon those provided in section 3 of this Manual as they pertain specifically to the specialty of oncology.

8.B.1 ONCOLOGY CREDENTIALS COMMITTEE (CC)

As defined in Section 3.L, the oncology credentials committee (CC) evaluates an oncology candidate's progress during the ACVIM certification candidacy period, including completion of RTP requirements, General and Specialty Examination results, and fulfillment of any additional credentials requirements, such as the publication requirement. The Oncology CC is responsible for certifying that a candidate meets all the requirements for becoming a Diplomate of the ACVIM in oncology.

8.B.2 ONCOLOGY RESIDENCY TRAINING COMMITTEE (RTC)

As defined in Section 3.Z, the oncology residency training committee (RTC) consists of at least five members appointed by the specialty president and is responsible for monitoring the satisfactory progress of all residents and compliance with this Manual's requirements for all RTPs in oncology.

The oncology RTC expects oncology RTPs to be cohesive, integrated, stable, ongoing programs that continually raise the standards in oncology, while training highly capable oncologists whose capabilities build upon those of their mentors.

8.B.3 ONCOLOGY OMBUDSPERSON

As defined in section 3.X, the [oncology ombudsperson](#) is an individual appointed by the specialty president. This individual is available to candidates, and serves as a liaison during conflicts between a candidate and either an RTP or the ACVIM. The oncology ombudsperson provides a neutral and confidential environment in which to voice concerns. The oncology ombudsperson advises and offers options toward resolution of a problem as deemed appropriate. The scope of the ombudsperson's work excludes matters relating to examinations and/or denial of credentials, which are addressed by the Appeals Committee (see section 4.I). The ombudsperson does not engage in any arbitration process, does not offer legal advice, and does not impose sanctions on individual candidates or RTPs. If the oncology ombudsperson is personally involved in a dispute with a candidate, the oncology ombudsperson must recuse themselves. In such a case, the ACVIM certification liaison will serve as the oncology ombudsperson during that dispute. All communications are held in strict confidence.

8.B.4 ONCOLOGY PROGRAM DIRECTOR (PD)

As defined in section 3.Y, the oncology program director (PD) is the individual at the SI who assumes overall responsibility for the conduct and integrity of that institution's RTP(s). The oncology PD must be an ACVIM Diplomate and member in good standing, but not necessarily an ACVIM oncology Diplomate.

8.B.5 ONCOLOGY RESIDENT ADVISOR (RA)

As defined in section 3.AD, an oncology resident advisor (RA) must be an ACVIM Diplomate in the specialty of oncology and ACVIM member in good standing. The oncology RA is the primary individual who monitors the oncology resident's progress during clinical training.

8.B.6 ONCOLOGY SUPERVISING DIPLOMATE (SD)

As defined in section 3.AF, the oncology supervising diplomate (SD) must be a board-certified veterinary specialist in the specialty of oncology, and who is contributing to the training of the oncology resident in the specialty of oncology. Here board-certified refers only to both ACVIM and ECVIM oncology Diplomates. The ACVIM or ECVIM oncology Diplomates must be in good-standing with the ACVIM relevant RVSO. There must be a minimum of 2 ACVIM oncology Diplomates or 1 ACVIM oncology Diplomate and 1 ECVIM oncology Diplomate with SD responsibility at the SI for an oncology RTP to be approved by the oncology RTC, and to maintain annual reapproval.

8.B.7 ONCOLOGY SECONDARY-SPECIALTY SUPERVISING DIPLOMATE (SSSDs)

As defined in section 3.AG, a secondary-specialty supervising diplomate (SD) for an oncology RTP must be a board-certified veterinary specialist in any specialty other than oncology, who is contributing to the training of the oncology resident in any specialty other than oncology. Here board-certified refers to any veterinary specialists certified by an ABVS or EBVS registered veterinary specialty or registered veterinary specialty organization. The board-certified veterinary specialist must be in good-standing with the relevant ABVS or EBVS registered veterinary specialty or registered veterinary specialty organization.

8.B.8 NONTRADITIONAL RESIDENCY TRAINING IN ONCOLOGY

As defined in section 3.W, a nontraditional oncology RTP is an RTP that is approved by the oncology RTC and that is intentionally non-continuous. A nontraditional oncology RTP may be a maximum of 5 years in duration. The oncology specialty stipulates that in a nontraditional RTP, all the specialty's requirements for residency training must be met, and that all training must take place within clearly defined, continuous blocks of training time.

8.B.9 TRAINING TIMES

8.B.9.a TRAINING WEEK

A directly or indirectly supervised workweek is defined as a minimum of four 10-hour days or five 8-hour days that amount to a 40-hour calendar week. Ideally, training weeks are acquired in 2-week blocks. If needed, to meet physical distancing requirements, 1-week blocks may be accrued.

8.C THE ONCOLOGY RESIDENCY TRAINING PROGRAM (RTP)

8.C.1 ONCOLOGY RTP REGISTRATION AND EVALUATION

8.C.1.a ONCOLOGY RTP REGISTRATION

As described in section 4.F.4, an oncology RTP must register with the ACVIM and be approved by the RTC before accepting residents for training. The PD must submit a completed [RTP registration form online](#) for review by the RTC.

The RTC either approves the RTP, or provides details of those deficiencies that must be corrected before the RTP can be approved.

Each year, the PD must update and renew the RTP's registration with the ACVIM by the date specified on the [ACVIM website](#), to ensure the RTP remains ACVIM-approved, in good standing (section 3.T.2) and adequate to train residents in oncology.

8.C.1.b ONCOLOGY RTP PROBATION

The failure of the PD to submit the appropriate information regarding their RTP (whether the program is in good standing or on probation) to the RTC within 30 days of the deadlines published in this Manual will result in a program being placed on probation. While on probation, the RTP may continue to train existing residents but will not be able to accept any new residents.

If an RTP is on probation and the PD does not respond to the RTC's request for documentation regarding the RTP within 30 days of the request, the RTP will be terminated.

8.C.1.c ONCOLOGY RTP TERMINATION

An oncology RTP may be terminated if that program is on probation and fails to correct the deficiencies identified by the oncology RTC in a timely manner. In addition, if an oncology RTP is found to have serious deficiencies that prevent adequate training of a resident (e.g., loss of all oncologists) or if it is determined that a PD submitted false or misleading documents, that RTP may be terminated directly without a probationary period. If an RTP is terminated, it may not be renewed. A previously terminated RTP may reapply as a new RTP, having corrected the problem(s) and with a plan to maintain the correction(s). Any training time served by a resident in a terminated RTP will not count toward completion of the oncology RTP or ACVIM certification requirements.

8.C.1.d SUBSTANTIVE CHANGES TO AN ONCOLOGY RTP

Substantive changes to an RTP that result in noncompliance with the requirements of the specialty of oncology, the ACVIM, or the ABVS must be reported to the Oncology RTC within 14 days of the change occurring.

Such changes include (but are not limited to) the following:

- Having too few ACVIM oncology Diplomates for the number of residents being trained:
 - If there are too few ACVIM oncology Diplomates for the number of residents being trained, the PD will provide the RTC an updated plan for residents currently in training. A residency-trained individual who has not yet successfully attained board certification may not be counted as an SD to meet training requirements.
 - Unless a new permanent, full-time ACVIM oncology Diplomate is hired, probation will continue. A suitable RTC-approved resolution that will allow probation to continue would be for the resident to fulfill training at another site (see RTC approval of secondary training site), or for an RTC-approved ACVIM Oncology Diplomate locum to provide training within the probation period. During that period, the PD will provide written updates to the RTC in regard to correcting the deficiencies every 3 months.
 - If locum training is substituted, probation will continue, and the resident teaching experience of the locum should be detailed and submitted to the Oncology RTC.
 - If the deficiency is not resolved to the RTC's approval, the RTP will be terminated by the RTC.

- Having no SAIM Diplomate or American College of Veterinary Surgeons Diplomate at the primary training site:
 - If one or more of the supporting specialists (listed above) are not at the primary training site, the RTP will be placed on probation for the remainder of the training period for all residents currently in training. During that period, the PD will provide written updates to the RTC with regard to correcting the deficiencies every 3 months.
 - If the deficiency is not resolved at the end of the remainder of the training period of all current residents, the RTP will be terminated by the RTC.
 - If a program is placed on probation or terminated, the ACVIM will notify the PD and all residents currently in the program of the action against the program.
- In addition, the PD must report the following events to the ACVIM, if they occur, within 14 days of their occurrence:
 - A resident relocating from one program to another (such relocations require review and approval by both the Oncology RTC and CC before their occurrence),
 - A resident either being placed on probation or being dismissed from the program,
 - A resident beginning another RTP, or
 - A resident enrolling in an institutional graduate program.

At the time of annual program renewal, PDs and RAs may be asked to verify resident activities.

8.C.2 ACCEPTABLE ONCOLOGY RTPS

A registry of current ACVIM-approved oncology RTPs, as evaluated by the oncology RTC, is available from the [ACVIM website](#), or upon request from the [ACVIM office](#).

8.C.3 ONCOLOGY CANDIDATE REGISTRATION

As described in section 4.F.3., an oncology resident enrolled in an ACVIM-approved oncology RTP must register with the ACVIM as a candidate within 90 days of commencing the RTP (e.g., by October 12 of the same year for RTPs that commence on July 15) for the residency training time to count towards the certification process. The resident [registration form](#) is available online on the ACVIM website. A registration fee must also be paid.

Documentation of receipt of the candidate's registration, receipt of the paid fee, and documentation of the candidate's unique identification number, must be maintained by the candidate as part of their essential documentation.

Separate receipts for each ACVIM fee paid and registration acknowledgement will be provided by the ACVIM, and must be maintained by the candidate as part of their essential documentation.

8.C.4 GENERAL OBJECTIVES OF THE ONCOLOGY RTP

- Provide intensive training in oncology, including major responsibility for the care of patients with neoplastic disease.
- Ensure that the resident will acquire proficiency in oncology by exposure to a sufficient number and variety of cases representing all facets of oncology in a hospital equipped for a specialty practice of oncology.
- Ensure that the resident acquires broad working knowledge of anatomy, physiology, and pathology of all body systems and in-depth knowledge of the effects of cancer on the tumor-bearing host.
- Provide experience and training sufficient for the resident to understand the fundamentals and applications of diagnostic methods including hematology, blood chemistry and urinalysis, surgical pathology, cytopathology, radiology and other imaging methods, and immunology.
- Provide experience and training sufficient for the resident to gain in-depth knowledge of cancer treatment methods, including surgery, chemotherapy, radiation therapy, cryosurgery, and immunotherapy, and be aware of important investigational methods of therapy.
- Ensure that the resident will acquire a comprehensive understanding of the safe handling of chemotherapy agents in veterinary practice.
- Ensure the resident gains awareness and understanding of the important neoplastic diseases in domestic species and common laboratory animals other than the small companion animals typically emphasized in clinical training.
- Provide a designated time for residents to gain experience in basic science and/or clinical research as part of a residency-based project and clinical trial design and implementation.

8.C.5 SPECIFIC REQUIREMENTS OF THE ONCOLOGY RTP

It is incumbent upon the SI, PD, RAs, SDs, SSSDs, residents and candidates, as well as relevant ACVIM staff and committee members, to be aware of these RTP requirements, and to collectively work towards ensuring they are being fulfilled.

8.C.5.a DURATION OF THE ONCOLOGY RTP

An ACVIM-approved oncology RTP requires a minimum of 106 weeks of intensive clinical training, following at least 1 year of training (internship or equivalent) in general veterinary medicine and surgery, as well as the completion of additional scholarly and research activities.

The resident should complete the entire RTP within 3 contiguous years, but under extenuating circumstances, and with oncology RTC approval, the RTP may be completed within a maximum of 5 years from the start date of the RTP. Under extenuating circumstances, the PD may petition to have extra weeks added to the end of an RTP to allow a resident to complete the requirements of the RTP. Also, under exceptional circumstances, a nontraditional RTP may be approved by the RTC, which will

consist of noncontiguous blocks of full-time training. Such nontraditional RTPs must meet all the requirements of the RTC. Part-time RTPs in oncology will not be approved.

If a candidate fails to complete the board certification process within 8 years of commencing their continuous 3-year traditional RTP, or within 5 years from the end date of a nontraditional or interrupted residency, that individual is no longer considered an ACVIM candidate. The individual may not resubmit credentials, is not permitted to participate in additional examination attempts, and is ineligible to become a Diplomate of the ACVIM (board-certified).

8.C.5.b INTENSIVE CLINICAL TRAINING IN ONCOLOGY

A minimum of 74 weeks of the oncology RTP must involve intensive clinical training in oncology, under the supervision of an ACVIM oncology Diplomate.

Of these 74 weeks a minimum of 50 weeks must be under the direct supervision of an ACVIM oncology Diplomate, with the remaining minimum of 24 weeks under the direct or indirect supervision of an ACVIM oncology Diplomate. Additional weeks of intensive oncology training, totaling >74 weeks, may be accrued.

Academic degree programs, such as master's or doctorate programs, cannot be substituted for intensive clinical training.

During this 74 weeks, the oncology resident will actively participate in the management of oncology patients, including patient receiving (history taking and physical examination), diagnostic testing, clinical decision-making, treatment(s), follow-up, client communication, and professional communication with relevant colleagues and the referring veterinarian. Patient management should be directly or indirectly (as appropriate) supervised and reviewed by the SD.

While on clinic duty, the resident will participate in daily patient-oriented rounds with the SD. These rounds may include remote supervision between the SD and the resident.

8.C.5.c INTENSIVE CLINICAL TRAINING IN SECONDARY ACVIM SPECIALTIES

Because oncology is a multimodal discipline, the oncology resident must also have intensive clinical training under the direct supervision of SSSDs in additional veterinary specialty disciplines. A minimum of 32 weeks of the oncology RTP must involve intensive clinical training in required secondary specialties, including the required time in small animal internal medicine, radiation oncology, radiology, clinical pathology and anatomic pathology as outlined below.

During this time, the resident must be under the direct supervision of the SSSD(s), and must participate in the affiliated specialty to the level of which they are capable.

This training may occur at a secondary training site. However, in the RTP proposal to the oncology RTC, the SI must provide the names of the SDs involved, their areas of specialization, and details about the anticipated professional interaction. For each off-site rotation included in the 32 weeks of clinical training

in other specialties, the resident should obtain written approval from their PD, who will forward documentation of this approval to the RTC.

The RTC will allow for remote training with ABVS or EBVS specialists as SSSDs only if that specialty is *not* available at the SI. The RTC will need a letter from the PD supporting the virtual format, including documentation of intended daily interactions and how the time will be spent. The expectation is that the resident attends daily rounds and case discussions, performs literature reviews and attends virtual JC, and discusses cases under (remote) supervision of RA just like that resident would do in person. A full week is considered a minimum of 32 hours during the pandemic so we would expect the resident to spend that amount of time working on rotation-related matters. The CC will also need a letter from the resident post-rotation documenting how the time was spent, with the letter signed off by the RA to ensure satisfactory completion).

This Manual now allows for 1-week blocks. It also allows for use of guided case studies, case rounds, and the like as supervised by the RA and appropriate SDs if cases are not actively being seen at the SI due to health restrictions.

If a resident is board-certified in one of the required affiliated specialties, they are not required to complete additional directly supervised time in that specialty. For example, an ACVIM-SAIM Diplomate is not required to complete the additional 4 weeks of rotation in small animal internal medicine as part of an oncology residency. Alternatively, the resident may choose to accrue an additional 4 weeks of directly supervised training in one, or more, of the other affiliated rotations.

SMALL ANIMAL INTERNAL MEDICINE

A minimum of 4 weeks of intensive clinical training in small animal internal medicine (SAIM) is required during an oncology RTP. This must be provided under the direct supervision of an ACVIM SAIM Diplomate. This requirement may be met through a single 4-week rotation, or two rotations of 2 weeks apiece.

Fourteen additional training weeks, in addition to those required by section 8.c.5.c and section 8.C.5.d, are required to meet the 32 week requirement. This must be clinical training accrued under the supervision of a Diplomate of an ABVS- or EBVS-approved veterinary specialty, including, but not limited to, the American College of Veterinary Radiology, the American College of Veterinary Radiology (Radiation Oncology), the European College of Veterinary Neurology, the American College of Veterinary Pathology, the American College of Veterinary Surgeons, or the American College of Veterinary Emergency and Critical Care.

8.C.5.d INTENSIVE CLINICAL TRAINING IN NON-ACVIM SPECIALTIES

As noted above, because oncology is a multimodal discipline, the oncology resident must also have intensive clinical training under the direct supervision of SSSDs in additional veterinary specialty disciplines. A minimum of 32 weeks of the oncology RTP must involve intensive clinical training in

required secondary specialties, including the required training in small animal internal medicine, radiation oncology, radiology, clinical pathology and anatomic pathology as outlined below.

RADIATION ONCOLOGY

A minimum of 8 weeks intensive clinical training in radiation oncology is required during an oncology RTP, in order to develop an understanding of clinical management of patients receiving radiation therapy, radiation planning, dosimetry, and physics related to clinical radiation therapy. This must be provided under the direct supervision of an ACVR veterinary radiation oncologist. This requirement may be met through a single 8-week rotation, two rotations of 4 weeks apiece, or 4 rotations of 2 weeks apiece.

CLINICAL PATHOLOGY

A minimum of 2 weeks (or 80 hours) of clinical training in clinical pathology is required during an oncology RTP. This must be provided under the direct supervision of an ABVS or EBVS board-certified specialist in clinical pathology. This requirement may be met through training hours accrued during weekly or biweekly rounds. To satisfy this requirement, the resident may accumulate training hours (section 4.F.10) with 40 training hours being equal to 1 training week. Rounds conducted with remote supervision may be used to meet this requirement.

SURGICAL PATHOLOGY

A minimum of 2 weeks (or 80 hours) of clinical training in surgical pathology is required during an oncology RTP. This must be provided under the direct supervision of an ABVS or EBVS board-certified specialist in anatomic pathology. This requirement may be met through training hours accrued during weekly or biweekly rounds. To satisfy this requirement, the resident may accumulate training hours (section 4.F.10) with 40 training hours being equal to 1 training week. Rounds or case discussions conducted with remote supervision may also be used to meet this requirement.

DIAGNOSTIC IMAGING

A minimum of 2 weeks (80 hours) of intensive clinical training in diagnostic imaging is required during an oncology RTP. This must be provided under the direct supervision of an ABVS or EBVS board-certified radiologist. This training is in addition to any individual case management interactions. This requirement cannot be satisfied by the accumulation of training hours. This requirement must be met through a single 2 week rotation.

As noted above, 14 additional training weeks, in addition to those required by section 8.c.5.c and section 8.C.5.d, are required to meet the 32 week requirement. This must be clinical training accrued under the direct supervision of a Diplomate of an ABVS- or EBVS-approved veterinary specialty, including, but not limited to, the American College of Veterinary Radiology, the American College of Veterinary Radiology (Radiation Oncology), the European College of Veterinary Neurology, the American College of

Veterinary Pathology, the American College of Veterinary Surgeons, or the American College of Veterinary Emergency and Critical Care.

8.C.5.e RESEARCH

The oncology resident is expected to actively participate in a laboratory or clinical investigative research project during the RTP. A minimum of 8 weeks (320 hours) of an oncology RTP should be dedicated to the research aspect of training.

Research time should be scheduled as either weekly time (hours per week) or in blocks of time sufficient to complete the research, perform data analysis, and prepare a manuscript for publication by the third year of their residency (see Recommended Milestones section 8.E). This experience must be documented by the resident, with dates, and signed by the SD.

8.C.5.f PUBLICATION REQUIREMENT

To become an ACVIM Diplomate (board-certified) in the specialty of oncology, the candidate must have a minimum of 1 publication in print, or accepted for publication, in a refereed scientific, medical or veterinary medical journal. The candidate must be the first author or a dual first author (e.g., a resident and a graduate student). The publication must be written in English, or a translation provided. The subject of the paper must be in the field of veterinary oncology.

A refereed journal is one that is governed by policies and procedures established and maintained by a standing editorial board which requires critical review of all papers and approval by at least one recognized authority on the subject. Acceptable journals adhere to the principles of peer review and are MEDLINE® indexed. A list, albeit not exhaustive, is provided in the oncology publication information document available on the [ACVIM website](#).

Book chapters and conference proceedings do *not* meet the aforementioned criteria. A literature review and case report also do *not* qualify. Case series are acceptable for meeting the publication requirement for the specialty of oncology if they meet the following criteria. Case series are acceptable to meet the publication requirement for the specialty of oncology if the publication includes a minimum of 5 cases, is published in a refereed scientific journal, add to the current literature / knowledge base around an uncommon tumor type or presentation, and includes some statistical analyses, rather than simply descriptive text. For example, median and ranges of clinical features and/or outcomes should be reported.

Published manuscripts that were used to meet the credentialing requirements of other ACVIM and non-ACVIM veterinary specialties may *not* be used to meet the oncology certification requirements. However, the candidate may use an otherwise acceptable manuscript that is based on work completed during programs other than their oncology residency including, but not limited to internships, non-ACVIM residencies, MS, and PhD programs, providing that manuscript was *not* used to meet the credentialing requirements of other ACVIM and non-ACVIM veterinary specialties. Manuscripts from previous

programs must have been published within five (5) years (either direction) of the candidate's oncology RTP start date.

To meet the credentialing requirements of the oncology specialty, a manuscript is deemed as accepted for publication when the author has received one of the following:

- A letter on the journal's letterhead or electronic communication from the editor stating that the manuscript has been accepted for publication.
- A letter on the journal's letterhead or electronic communication from the editor stating that the manuscript has been approved for publication by all reviewers and is now only awaiting copy editing before publication.
- A galley proof of the paper with a cover letter from the editor on the journal's letterhead or an electronic communication stating that the article is scheduled for publication.

Any letter or communication from an editor that states there are reviewer comments to be addressed, no matter how minor the comments, will be considered unacceptable for credentialing purposes as that letter implies that final review by the reviewers has not been completed.

If a candidate is unsure whether a response from a journal is considered as "final acceptance," [the chair of the CC](#) should be petitioned in writing. A minimum of 6 weeks may be needed for the oncology CC to respond to a request for clarification.

For the purposes of certification, a copy of the published manuscript, or the acceptance letter, or electronic communication documenting acceptance (if the article has not yet gone to print), should be sent electronically to the [ACVIM](#).

8.C.5.g JOURNAL CLUB

An organized and routinely scheduled journal of a minimum of 80 hours over the duration of the RTP must be an integral part of all oncology RTPs. Teleconferencing and programs coordinating a joint or shared journal club are acceptable. The journal club must be attended and supervised by an oncology SD. The RTP application requires a schedule of the proposed journal club for oncology RTC approval, and the RTC may ask for documentation that the journal club actually met, such as dates and articles discussed, if there are questions raised during an RTP's annual evaluation.

Oncology residents are encouraged to maintain a log of journal clubs attended, including the date, topics / papers discussed, and those in attendance.

The purpose of the journal club is to provide structured learning time and to facilitate the resident's ability to critique and appraise peer-reviewed, evidence-based publications that pertain to aspects of veterinary oncology. This may take the form of reviewing a single publication or a group of publications in one aspect of veterinary oncology. Supervision by the SD is important to guide the critical evaluation of each journal article. Here is one suggested approach:

- Provide a description of the study (identifying the research question and or problem).

- Evaluate the literature review and introduction for completeness.
- Describe and evaluate the appropriateness of the study design used to evaluate the research question, the effectiveness of the sample size, and the statistical methods used.
- Review the results of the research and comment about the appropriateness of the author's interpretations of those results.
- Discuss how the publication may change the approach to the disease or process and how the results may lead to new questions or research.

8.C.5.h SEMINARS, LECTURE SERIES, AND FORMAL CONFERENCES

An oncology resident must attend or participate in formal teaching seminars, lectures, or conferences in oncology and related disciplines throughout the RTP, occurring on average 4 times per month. Unless these are formal didactic lectures or classes provided as a component of a master's or similar degree program, an oncology SD should be supervising these didactic learning opportunities.

Examples of such seminars, lectures, and conferences include, but are not limited to; 1) resident seminars; 2) clinical oncology topic presentations and classes; 3) tumor biology presentations and classes; 4) grand rounds; 5) clinical pathology rounds, seminars, and conferences; 6) anatomic pathology rounds, seminars, and conferences; and/or 7) journal clubs, in addition to those 80 hours outlined in section 8.C.4.g. Conferences or seminars given within a veterinary practice or hospital or at a medical school or medical teaching hospital are acceptable. These seminars or lectures may include remotely presented seminars, lectures, conferences, or other didactic classroom experiences. The RTP application includes the format and schedule of these conferences and presentations for Oncology RTC approval.

Additionally, the oncology resident must give a formal presentation, during such a seminar series, lecture series, or conference, at least once per year during the oncology RTP. Documentation of these formal presentations must be included in the candidate's oncology credentials packet. A presentation at a regional, state, or national meeting is acceptable. In such cases, a copy of the meeting program must be included in the candidate's oncology credentials packet.

8.C.5.i CONTINUING EDUCATION CONFERENCES

Residents must attend at least 1 state, regional, national, or international veterinary or human medical continuing education conference during the oncology RTP. Documentation of attendance or participation at the conference must be included in the candidate's oncology credentials packet.

8.C.5.j FORMAL EXAMINATION REVIEW SESSIONS

An oncology RTP must provide at least 40 hours per year of intensive formal review sessions for residents and candidates on topics covered in the general and specialty examinations. Attending daily clinical rounds does not meet this requirement. The requirement could be met in part by attending or

participating in an ACVIM course, an ACVIM Forum, or formal resident review sessions at a Veterinary Cancer Society Annual Meeting. These may include online reviews and remotely presented conferences, such as the ACVIM ACE Science of Oncology course. An oncology RTP must provide annual documentation of these formal reviews to the Oncology RTC.

8.C.5.k STUDY TIME

In addition to the research and scholarly time, an additional period of protected and uninterrupted study time, during which the resident is relieved of all clinic responsibilities, including the responsibility for client communications, must be allocated to the resident and candidate to prepare for the ACVIM General Examination. Study time should be scheduled to immediately precede the General Examination date as much as is practical. During study time, residents should still attend journal club, seminars, and didactic learning opportunities as they arise.

A further additional period of protected and uninterrupted study time, during which the resident is relieved of all clinic responsibilities, including the responsibility for client communications, must be allocated to the resident and candidate to prepare for the oncology Specialty Examination. Study time should be scheduled to immediately precede the Specialty Examination date as much as is practical. During study time, residents should still attend journal club, seminars, and didactic learning opportunities as they arise.

Study time allocated for General Examination and oncology Specialty Examination preparation should be not be taken during the 74 weeks allocated to intensive clinical training in oncology or the 32 weeks intensive clinical training in other veterinary specialties.

8.C.5.l UNSUPERVISED, VACATION AND PERSONAL TIME

Unsupervised time may contribute up to 6 weeks to the oncology RTP. Attendance at continuing education meetings related to oncology, uncompromised time to study for examinations, and independent study may be categorized as unsupervised time that may be considered part of the RTP, up to a total of 6 weeks.

An oncology resident should take vacation during the oncology RTP that is totally separate from other activities and requirements. The oncology RTC recommends total vacation time ideally be a minimum of 2 weeks per year of an oncology RTP. Vacation time should be not be scheduled during the 74 weeks allocated to intensive clinical training in oncology or the 32 weeks intensive clinical training in other veterinary specialties.

An RTP is also expected to provide reasonable accommodation for a resident's medical needs (e.g., doctor's appointments, etc.).

8.C.5.m RESIDENCY TRAINING INTERRUPTION

Training interruptions may be unavoidable in circumstances where a resident must switch from one RTP to another to fulfill all RTP and credentialing requirements. In such cases, the following steps must be taken:

- A new training program must be identified.
- The Oncology RTC must approve the new RTP before clinical training begins.
- The resident must re-register with the ACVIM in the new RTP.
- The resident must complete training in continuous blocks of time once training resumes.

In some circumstances, a resident may need to take a leave of absence that would prevent them from completing the RTP in 3 years.

However, when actively engaged in the residency, the resident must attend full time. The residency must be completed in contiguous blocks of at least 20 weeks of training in any residency year (a residency year is the 12-month period beginning on the date when a residency is resumed).

When a leave of absence is necessary and approved by the RTC, the resident has a maximum of 5 years from the end of the RTP to achieve board certification in oncology.

8.C.5.n NONTRADITIONAL TRAINING PROGRAMS

It is possible to achieve certification in oncology in a nontraditional RTP, but all of the RTP requirements of a traditional residency must be satisfied. Thorough justification must be made for a nontraditional residency to be approved by the Oncology RTC, and the training period cannot exceed 5 consecutive years. If the 108-week clinical training program is not continuous, it must be arranged in blocks of time no less than 2 weeks of full-time training per block with a minimum of 20 weeks per year. Nontraditional residency RTPs must be submitted by the PD to the Oncology RTC for approval at least 90 days in advance of the residency start date.

The candidate resident and the PDs, Ras, and SDs are responsible for documenting that the training has occurred as specified. If a residency occurs at multiple sites, all training requirements for both direct and indirect supervision, as well as requirements for rounds and conferences, equipment, and staffing, must be met at each site. Such programs will be required to provide lists of SDs and schedules of conferences in which the resident participates for each site.

Candidates have up to 5 years after completion of a nontraditional residency to complete the certification process. Failure to complete the certification process within 5 years will result in that individual no longer being regarded as an ACVIM candidate, rendering them no longer eligible to become board-certified.

8.C.5.o ONLINE EXIT INTERVIEW SURVEY

Within 90 days of completing an RTP, residents are strongly encouraged to fill out [an online survey](#) regarding the quality of their training experience.

Responses are shared with the appropriate PD to provide important feedback regarding their RTP. Data, held strictly confidential, will be published as the 5-year rolling average score per surveyed category calculated for each RTP, and will be released every 3 years to ensure the anonymity of candidates who completed smaller programs.

8.D ROLES AND RESPONSIBILITIES ASSOCIATED WITH ONCOLOGY CANDIDACY AND RTPS

8.D.1 RESPONSIBILITIES OF THE SPONSORING INSTITUTION

8.D.1.a ONCOLOGY SUPERVISION

In addition to those outlined in Part One of this Manual, specific to oncology, the SI should fulfill the following criteria:

There must be a minimum of 2 ACVIM oncology Diplomates with SD responsibility at the SI for an oncology RTP to be ACVIM-approved by the oncology RTC, and for it to maintain annual reapproval by the oncology RTC.

It is essential that the resident have face-to-face contact, in person, with their oncology SD. Remote supervision is acceptable when necessary, such as to promote safe physical distancing for health reasons. The definitions of direct and indirect supervision are found in Part One .

8.D.1.b SUPPORTING DISCIPLINES REQUIRED

There must be an ACVIM-SAIM Diplomate with $\geq 50\%$ FTE at the SI of the RTP for an oncology RTP to be approved or to maintain annual reapproval (annual renewal of the residency).

There must be an American College of Veterinary Surgeons Surgery Diplomate with $\geq 50\%$ FTE at the SI of the RTP for an oncology RTP to be approved or to maintain annual reapproval (annual renewal of the residency).

8.D.1.c FACILITIES AND EQUIPMENT

The resident must have on-site access to adequate diagnostic facilities, including standard radiographic, ultrasonographic, electrocardiographic, and endoscopic equipment. Access to nuclear medicine, CT, and MRI is strongly recommended, although it is not required to be on-site.

The resident must have access to a facility that provides radiation therapy and to a veterinary radiation oncologist who is board-certified in radiation oncology for the required minimum of 8 weeks of directly supervised training. Ideally, this would be on-site at the SI, but this is not a requirement.

The resident must have access to 24-hour emergency and critical care facilities on-site.

A board-certified veterinary clinical pathologist or anatomic pathologist and a fully equipped clinical laboratory facility should be routinely available for evaluation of and consultation about clinical material submitted, at a minimum, for timely phone consultation.

The resident should have access to a veterinary medical library with online searching capacity and, at a minimum, access to all textbooks and full-text access to all journals on the current examination reading list.

8.D.2 RESPONSIBILITIES OF THE PROGRAM DIRECTOR (PD)

As defined in section 8.B.4, the oncology program director (PD) is the individual at the SI who assumes overall responsibility for the conduct and integrity of that institution's RTP(s). The oncology PD must be an ACVIM Diplomate and member in good standing, but not necessarily an ACVIM oncology Diplomate.

8.D.2.a ONCOLOGY RESIDENCY TRAINING PROGRAM REGISTRATION AND EVALUATION

The PD must submit a completed oncology RTP Registration form to the ACVIM office for review by the oncology RTC by the date specified on the ACVIM website of each year. The oncology RTC will approve the RTP or provide details of the deficiencies that must be corrected before the RTP can be approved.

As part of the RTP registration, the PD must provide a written plan for allowing residents to continue their training should the RTP be placed on probation or terminated for any reason.

Each year, the PD must update and re-register the RTP to ensure each RTP remains approved and in good standing with the capability to train residents and candidates in oncology.

8.D.2.b RESIDENT EVALUATION

The RA and PD, at the SI, will review the progress of all residents for the duration of the RTP and provide written evaluation to the resident. Resident evaluation occurs no less frequently than every 6 months. See 8.D.3 Responsibilities of the Resident Advisor (RA). The RA must have the resident sign the RA's copy of the written evaluation to confirm that the resident received a copy of the evaluation and had the opportunity to discuss it with the RA (or SI RTC). The oncology CC may ask for copies of these evaluations if questions are raised during a program's annual review.

8.D.3 RESPONSIBILITIES OF THE RESIDENT ADVISOR (RA)

As defined in section 8.B.5., an oncology resident advisor (RA) must be an ACVIM Diplomate in the specialty of oncology and ACVIM member in good standing. The oncology RA is the primary individual who monitors the oncology resident's progress during clinical training. An oncology RA may not advise more than 2 oncology residents concurrently. The RA may also be an SD and/or the PD.

In conjunction with the PD, the RA must evaluate the resident a minimum of once every 6 months and discuss the results of those evaluations with the candidate or resident. The RA is encouraged to use the oncology milestones (section 8.E) as an aid in assessing the strengths and deficiencies of the resident and monitoring the RTP's success. The RA maintains a copy of each review until a candidate receives full board certification and should be prepared to submit those copies to the oncology CC, if requested. The resident will sign the RA's copy of the written review as documentation that they have been informed of the results of the review.

In addition to the above evaluations, the RA will complete the ACVIM standardized annual [resident evaluation form](#) available on the ACVIM website for each resident. The RA will provide copies of resident evaluations to the PD who provides them to the oncology CC, if requested. The purpose of the evaluation by the CC is to allow the CC, the PD, and the resident to identify and correct programmatic problems before they would place an RTP in jeopardy of probation or termination.

RAs inform the resident to submit annual of their progress to the oncology CC by the date specified on the [ACVIM website](#), following the end of each year of residency, and upon completion of the program. The RA signs and verifies all documentation related to a resident's completion of RTP requirements.

8.D.4 RESPONSIBILITIES OF THE SUPERVISING DIPLOMATE (SD)

As defined in section 8.B.6, the oncology supervising diplomate (SD) must be a board-certified veterinary specialist in the specialty of oncology, and who is contributing to the training of the oncology resident in the specialty of oncology. Here board-certified refers only to ACVIM oncology Diplomates. The ACVIM oncology Diplomate must be in good-standing with the ACVIM. There must be a minimum of 2 ACVIM oncology Diplomates with SD responsibility at the SI for an oncology RTP to be approved and to maintain annual re-approval. A residency-trained individual who has not completed board certification is not acceptable as an SD.

The SD ensures that the resident receives directly supervised, in-person training from SSSDs in radiation oncology, clinical pathology, diagnostic imaging, surgical pathology, and SAIM. These experiences should occur as defined in specific clinical rotations.

In addition, the journal club must be attended and supervised by an SD. This may include remote supervision and participation by both SD and residents.

8.D.5 RESPONSIBILITIES OF THE SECONDARY-SPECIALTY SUPERVISING DIPLOMATE (SSSD)

As defined in section 8.B.7, a secondary-specialty supervising diplomate (SSSD) for an oncology RTP must be a board-certified veterinary specialist in any specialty other than oncology, who is contributing to the training of the oncology resident in any specialty other than oncology. Here board-certified refers to any veterinary specialists certified by an ABVS or EBVS registered veterinary specialty or registered veterinary specialty organization. The board-certified veterinary specialist must be in good-standing with the relevant ABVS or EBVS registered veterinary specialty or registered veterinary specialty organization.

The SSSD in the discipline oversees the activities of the resident during each rotation (for example, the American College of Veterinary Radiology radiologist during the imaging rotation is considered the SD). An SSSD in supplemental rotations must have full-time status during the period of supervision, even if they have a less than 100% FTE the remainder of their time at the SI or training site.

8.D.6 RESPONSIBILITIES OF THE RESIDENT

Residents can access registration forms, lists of approved traditional RTPs, examination information, and specialty credentials packets on the [ACVIM website](#), or obtain them from the [ACVIM office](#). Residents may

contact the Oncology RTC to ensure their programs comply with the ACVIM and the specialty of oncology requirements.

Oncology residents and their RA document that training occurred as specified. Residents must initiate and maintain an annual report of their progress and submit that report online for the Oncology CC by the date specified on the ACVIM website following the end of each year of residency. The resident and the RA must sign each report.

Residents retain the original reports and update the progress reports in their entirety every 12 months. In addition, upon completion of the program residents must submit the annual program reports to the Oncology CC by the date specified on the ACVIM website of the year before the date the resident or candidate plans to take the specialty of oncology examination. The report follows the standardized spreadsheet format found on the ACVIM website. The resident submits a copy to the ACVIM website for the Oncology CC. Residents ensure that their RA keeps these standardized evaluations on file in case the Oncology CC requests the information.

8.D.7 RESPONSIBILITIES OF THE CANDIDATE

It is the responsibility of the candidate to fulfill the requirements of the specialty's certification process as outlined in this Manual, while adhering to the highest professional standards and the ACVIM's Code of Conduct, in order to become a Diplomate of the ACVIM in the specialty of oncology. The certification process includes, but is not limited to, fulfilling all the requirements of the specialty's RTP as outlined in this Manual.

Candidates can access this Manual, other relevant information, all relevant forms, and deadlines on the [ACVIM website](#), or request said information from the [ACVIM office](#).

It is the candidate's responsibility to be aware of all certification and RTP requirements, other relevant information and deadlines. It is the candidate's responsibility to maintain a record of all receipts and essential documentation.

8.E CLINICAL MILESTONES FOR ONCOLOGY RESIDENTS

8.E.1 CLINICAL MILESTONES FOR FIRST-YEAR ONCOLOGY RESIDENTS

- Develop a basic understanding of cancer biology, chemotherapeutics, and cancer patient care.
- Manage clinical aspects of internal medicine and oncology patients effectively.
- Understand safe handling practices for chemotherapy in veterinary oncology practice to a level sufficient to inform other clinicians and support staff.
- Co-manage radiation oncology and surgical oncology patients with their respective specialty clinicians effectively.
- Communicate effectively and clearly to build rapport and trust with clients and referring veterinarians.
- Become highly skilled in working collaboratively with clients regarding treatment options including palliative therapies and euthanasia.

- Perform a literature search and review.
- Develop an idea for investigation, design a research project, obtain funding if necessary, and begin investigational procedures.

8.E.2 CLINICAL MILESTONES FOR SECOND-YEAR ONCOLOGY RESIDENTS

- Attain an advanced understanding of cancer biology, chemotherapy, radiation therapy, immunology, and cancer patient care.
- Become highly skilled in referring veterinarian and client communication skills, including client grief counseling.
- Understand study design and read, understand and critique published clinical studies.
- Develop a basic understanding of grant design and writing.
- Develop basic skills in public speaking, including giving a scientific presentation to professional peers.
- Continue progression with a research project.
- Take and pass the ACVIM General Examination.

8.E.3 CLINICAL MILESTONES FOR THIRD-YEAR ONCOLOGY RESIDENTS

- Develop a more advanced understanding of cancer biology, chemotherapy, radiation therapy, and immunology and become proficient at their application to patient care.
- Develop advanced public presentation skills.
- Communicate effectively in a work setting with challenging individuals in a manner that supports the best possible outcome for the oncology patient.
- Develop a thorough understanding of study design and be able to read, understand, and critique published studies.
- Complete a research project with data collection and analysis and prepare a manuscript for publication.
- Take and pass the Oncology Specialty Examination.
- Publish a manuscript that is accepted by the Oncology CC.

8.F RESIDENT AND CANDIDATE EVALUATION

Oncology candidates are required to submit an annual report of their progress for evaluation by the oncology CC, consisting of a record of completed weeks with each requirement signed by the appropriate SD(s) or SSSD(s). A standardized [oncology resident schedule](#) will be provided for this purpose by the oncology CC. The RA must keep copies of the residents' standardized schedule forms on file (forms available on the [ACVIM website](#)) should the information be requested by the oncology RTC or CC.

8.G THE ACVIM GENERAL EXAMINATION

All ACVIM oncology candidates must pass the General Examination (section 4.H.5) in order to be eligible to attain Diplomate status (board certification).

The application to take the General Examination, including examination questions, application document, and supporting RA letter, must be submitted online to the ACVIM office before the date specified on the [ACVIM website](#) once eligibility requirements are met. The ACVIM office reviews all of the application materials and notifies the candidate of status within 30 days of the submission deadline.

Documentation of receipt of the candidate's General Examination application, receipt of the paid fee, and documentation of ACVIM office approval, with the candidate's unique identification number, must be maintained by the candidate as part of their essential documentation.

Separate receipts for each ACVIM fee paid and registration acknowledgement will be provided by the ACVIM, and must be maintained by the candidate as part of their essential documentation.

8.H CREDENTIALS

Credentials approval (or conditional approval) is a prerequisite for taking an ACVIM Specialty Examination, and board certification.

8.H.1 PROCEDURE FOR SUBMITTING CREDENTIALS FOR THE ONCOLOGY SPECIALTY EXAMINATION

*****Always check the ACVIM website before submission, as this process is subject to change.*****

Because application requirements change periodically, candidates must be sure they are using the most current application and credentials packet when submitting their registration form and credentials documentation. The residency training requirements in effect at the beginning of a residency will remain in effect for the duration of each candidate's RTP, although there may be changes in specific forms, dates of submission of information, fees, and so forth that will take place during an RTP and that will be immediately effective for all residents and candidates at the time of implementation. If there are any questions regarding the application process, the candidate should request clarification in writing from the [oncology CC chair](#) or the [ACVIM office](#) well before the submission deadline.

Candidates may submit credentials in the final 12 months of their RTP. Candidates must submit credentials, including the reference letters, to the [ACVIM office](#) by the date specified on the [ACVIM website](#) in the year before they will attempt the ACVIM oncology Specialty Examination.

8.H.2 CREDENTIALS ITEMS TO BE SUBMITTED

*****Always check the ACVIM website before submission, as this list is subject to change.*****

The following must be included in the [oncology credentials packet](#) to be submitted online:

- The completed [credentials application form](#).
- A copy of the resident's first author or dual first author (e.g., a resident and a graduate student) publication or a signed letter from an approved journal indicating full acceptance, or a signed [letter of understanding](#).
- An updated curriculum vitae.
- Letters documenting completion of rotations at secondary training sites other than the SI (if applicable), signed by the SD(s) and/or SSSD(s) who was responsible for oversight of the training time.
- An [oncology referee form](#) or a letter of reference from 3 associates with whom the resident has worked during their RTP forwarded as directed in the credentials packet; at least 1 reference letter must be from an ACVIM oncology Diplomate.
- A completed [weekly resident schedule form](#) documenting the candidate's RTP contact time, including journal club and rounds schedules, and any previously submitted annual reports.

Payment of the credentials fee is also required at the time of submission. Please maintain the record and receipt associated with payment.

Documentation of receipt of the candidate's oncology credentials application, receipt of the paid fee, and documentation of CC approval, with the candidate's unique identification number, must be maintained by the candidate as part of their essential documentation.

Separate receipts for each ACVIM fee paid and registration acknowledgement will be provided by the ACVIM, and must be maintained by the candidate as part of their essential documentation.

8.H.3 EVALUATION OF CREDENTIALS FOR ONCOLOGY SPECIALTY EXAMINATION

The ACVIM office and the oncology CC review all applications and credentials packets. The candidate credentials will be evaluated and rated as acceptable or unacceptable by the CC. The CC reviewers will record the evaluation on a standard form that will be retained by the ACVIM office. Reviewer comments will be compiled by the CC chair and sent by the ACVIM office to each unsuccessful candidate. The ACVIM office will notify the candidate of the acceptance or denial of their credentials within 60 days of the deadline for submission of credentials.

8.I THE ONCOLOGY SPECIALTY EXAMINATION

8.I.1 REGISTRATION AND FEE FOR TAKING THE ONCOLOGY SPECIALTY EXAMINATION

Once credentials are approved, residents may register to take the oncology Specialty Examination. An additional fee is required. Candidates must register and pay online by the date specified on the [ACVIM website](#) of the year they plan to take the oncology Specialty Examination. Candidates will receive confirmation or denial of eligibility to sit for the examination within 30 days.

Candidates attempting or re-attempting all or part of the oncology Specialty Examination must register and pay online by the date specified on the [ACVIM website](#) of the year they plan to take the examination. Candidates will receive confirmation or denial of eligibility to sit for the examination within 30 days.

Documentation of receipt of the candidate's oncology Specialty Examination registration, receipt of the paid fee, and documentation of credentials approval, with the candidate's unique identification number, must be maintained by the candidate as part of their essential documentation.

Separate receipts for each ACVIM fee paid and registration acknowledgement will be provided by the ACVIM, and must be maintained by the candidate as part of their essential documentation.

8.1.2 THE ONCOLOGY SPECIALTY EXAMINATION CONTENT AND FORMAT

****Always check the candidates' webpage information on the ACVIM website; the examination format is subject to change, as is/are the standard setting/cut score determination method(s) as needed to align with best practice/standards. Any changes will be reflected in the current examination blueprint and/or information provided to candidates. *****

The ACVIM specialty of oncology uses subject-matter experts and statistical equating to maintain the standard of the oncology Specialty Examination and for cut score determination.

The oncology Specialty Examination consists of 2 separately graded sections that cover all aspects of oncology.

The sections are:

1. Basic science:
 - Multiple-choice questions on aspects of basic science relevant to oncology.
2. Applied clinical:
 - i: Multiple-choice questions on aspects of applied science relevant to oncology.
 - ii: Multiple-choice questions on clinical application and patient management.
 - The scores for the 2 parts of the applied clinical section are combined for a final grade for this section.
 - In the applied clinical section, case histories are used to present diagnostic and therapeutic problems. Interpretation of clinical pathology, diagnostic imaging, and cytology images is required. Problem-solving is emphasized.

The examination includes all aspects of oncology with special emphasis on medical oncology along with questions related to radiation oncology, surgical oncology, and tumor biology. A current [list of reading and study resources](#) is maintained on the ACVIM website.

An examinee must pass each section of the Oncology Specialty Examination. Failure of one or both section(s) of the examination will require retaking and passing the failed section(s). Once a section of the Oncology Specialty Examination has been passed, it does not need to be retaken.

A blueprint for the oncology Specialty Examination will be posted on the [ACVIM website](#) a minimum of 60 days prior to the oncology Specialty Examination date.

8.J MAINTENANCE OF CREDENTIALS (MOC)

The [oncology maintenance of credentials \(MOC\) committee](#) maintains a [list of acceptable continuing education experiences](#) and their associated points that count toward renewal of oncology credentials by the ACVIM. This information is available on the [ACVIM website](#), or by request from the [ACVIM office](#).

8.K CORRESPONDENCE AND INQUIRIES

Registration forms, lists of approved oncology residencies, and specialty credentials packets are [available online](#), or by request from the [ACVIM office](#). Residents may contact the chair of the RTC to ensure that their RTP complies with the ACVIM and the specialty of oncology RTP requirements.

9 SPECIFIC REQUIREMENTS FOR THE SPECIALTY OF SMALL ANIMAL INTERNAL MEDICINE

The ACVIM certifies specialists in Small Animal Internal Medicine (SAIM). Small animal internists focus on systemic diseases and diseases of internal organs in dogs and cats. This section of Part Two explains the requirements for SAIM residency training programs (RTPs) and the requirements for residents and candidates working toward SAIM certification that are in addition to the requirements specified in Part 4, which are required of all candidates in all specialties.

9.A SAIM DOCUMENTS AND FORMS

- [Online Candidate Registration Form](#).
- [SAIM Progress Report Information Letter](#).
- [SAIM Progress Report Form](#) (due annually on Oct. 1).
- [SAIM Scholarly Activity Information Letter](#).
- [SAIM Scholarly Activity Form](#).
- Application to take the General Examination (via candidate dashboard).
- [SAIM Credentials Candidate Letter](#).
- [SAIM Credentials Information Packet and Online Submission Instructions](#).
- [SAIM Credentials Application Form](#).
- [SAIM Credentials Referee Letter](#).
- [SAIM Credentials Letter of Understanding](#).
- Application to take the SAIM Specialty Examination (via candidate dashboard).
- [List of reading and study resources for the SAIM Specialty Examination](#).
- [SAIM Specialty Examination blueprint](#) (60 days before the examination date).

9.B DEFINITIONS FOR SAIM CANDIDACY AND RESIDENCY TRAINING PROGRAMS (RTPS)

These definitions expand upon those provided in section 3 of this Manual as they pertain specifically to the specialty of SAIM.

9.B.1 SAIM CREDENTIALS COMMITTEE (CC)

As defined in section 3.L, the SAIM credentials committee (CC) evaluates a SAIM candidate's progress during the ACVIM certification candidacy period, including completion of RTP requirements, General and Specialty Examination results, and fulfillment of any additional credentials requirements, such as the resident's logs and publication requirement. The SAIM CC is responsible for reviewing the SAIM candidate's credentials packet, and certifying that a candidate meets all the requirements for becoming a Diplomate of the ACVIM in SAIM.

9.B.2 SAIM RESIDENCY TRAINING COMMITTEE (RTC)

As defined in section 3.Z, the SAIM residency training committee (RTC) specifies the residency training criteria that must be met for certification. The SAIM RTC reviews and approves all new SAIM RTPs. The SAIM RTC reviews and approves for renewal each registered SAIM RTP annually. The SAIM RTC also reviews any significant changes in a SAIM RTP (e.g., change in PD or resident advisor (RA), a resident or candidate's early termination or failure to complete an RTP, alterations in program duration or content, and locations of secondary training sites) and notifies the SAIM CC of the approved changes. These reviews are normally based on documents submitted by the PD; however, if questions arise, the SAIM RTC may solicit supplemental documentation from other individuals who have knowledge of a particular RTP. The SAIM RTC also handles questions from the residents and candidates or PDs regarding the interpretation of this Manual's guidelines.

9.B.3 SAIM OMBUDSPERSON

As defined in section 3.X. Candidates and residents may contact the SAIM ombudsperson at SAIMOmbudsperson@ACVIM.org. All communications are held in strict confidence.

9.B.4 SAIM PROGRAM DIRECTOR (PD)

As defined in section 3.Y, the SAIM program director (PD) is the individual at the SI who assumes overall responsibility for the conduct and integrity of that institution's RTP(s). Unlike some specialties, the specialty of SAIM requires that a SAIM PD must be an ACVIM Diplomate in the specialty of SAIM, and must have been board-certified for at least 4 years. A SAIM PD must also have at least 3 years of experience training residents, although this specific requirement of 3 years of experience training residents will be waived for the first 3 years of a new RTP. A SAIM PD may not simultaneously serve as a PD for an RTP in a different specialty. If a qualified PD leaves the SI, or withdraws from the position of PD, the RTP will be placed on probation until another qualified PD is identified and/or employed by the SI.

9.B.5 SAIM RESIDENT ADVISOR (RA)

As defined in section 3.AD, the SAIM resident advisor (RA) is the primary individual who monitors the SAIM resident's progress during residency training. A SAIM RA must be an ACVIM in the specialty of SAIM. Additionally, a SAIM RA must have been board-certified for at least 2 years, and must have at least 1 year of experience training residents, although the requirement for 1 year of experience training residents will be waived for the first 3 years of a new RTP. Each SAIM RA may not advise more than 2 residents at any one time. A SAIM RA must also be actively involved as an SD, and be substantially involved in the clinical supervision of assigned residents.

9.B.6 SAIM SUPERVISING DIPLOMATE (SD)

As defined in section 3.AF, a SAIM supervising diplomate (SD) must be a board-certified specialist in the specialty of SAIM. Here, for SAIM SDs, board-certified specifically refers to both ACVIM SAIM Diplomates and ECVIM-CA Internal Medicine Diplomates. A SAIM SD must be actively involved in

the practice of SAIM, maintain clinical competency in the field, and be substantially involved in the clinical supervision of assigned residents.

9.B.7 SAIM SECONDARY-SPECIALTY SUPERVISING DIPLOMATE (SSSD)

As defined in section 3.AG, a SAIM secondary-specialty supervising diplomate (SSSD) for a SAIM RTP must be a board-certified veterinary specialist in any specialty other than SAIM, who is contributing to the training of the SAIM resident in any specialty other than SAIM. Here board-certified refers to any veterinary specialists certified by an ABVS or EBVS registered veterinary specialty or registered veterinary specialty organization. The board-certified veterinary specialist must be in good-standing with the relevant ABVS or EBVS registered veterinary specialty or registered veterinary specialty organization. A SAIM SSSD must be actively involved in their area of specialty, maintain competency in the field, and be substantially involved in the training of assigned residents.

9.B.8 SUPERVISION OF RESIDENCY TRAINING

9.B.8.A DIRECT SUPERVISION

As described in section 4.F.8.a, direct supervision is defined as having the SD and resident participating in clinical practice together, wherein both the SD and the resident are on the clinic floor, interactively and concurrently managing cases. The SD need not personally examine each patient seen by the resident, but must review the case with the resident, and must remain physically available on-site for face-to-face consultation with the resident throughout the day.

9.B.8.B INDIRECT SUPERVISION

As described in section 4.F.8.b, indirect supervision refers to circumstances wherein the SD or SSSD and resident, although participating in a clinical practice together, are not on the clinic floor simultaneously and are not interactively, nor concurrently, managing cases. The SD or SSSD must be immediately available for consultation and direct supervision when needed by the resident.

9.B.8.C REMOTE SUPERVISION

As described in section 4.F.8.c, remote supervision is the use of technology, such as tele- or videoconferencing (e.g. Zoom, MS Teams, Skype) to facilitate some level of resident supervision. It is most suited to rounds, journal club, seminars and interactive conferences, but may be utilized on a limited basis to contribute to indirect supervision.

9.B.9 TRAINING TIMES / TRAINING WEEK

As defined in section 4.F.9, a SAIM RTP must have a resident working at least 40 hours over a minimum of 4 days in a 7 contiguous day period for it to count as 1 training week of an SAIM RTP. This time includes emergency duties and patient care on weekends. Four weeks constitutes 1 month of resident training.

9.B.10 NONTRADITIONAL TRAINING IN SMALL ANIMAL INTERNAL MEDICINE

As defined in section 3.W, a nontraditional SAIM RTP is a program that is approved by the SAIM RTC and that is intentionally non-continuous. For the specialty of SAIM, nontraditional training programs are discouraged, but it is possible to achieve board certification by completing a nontraditional RTP. The SAIM specialty stipulates that in a nontraditional residency, all the specialty's requirements for residency training must be met, and that all training must take place within clearly defined, continuous blocks of training time. A nontraditional RTP may be a maximum of 5 years in duration. The SAIM RTC must approve the RTP before the resident or candidate commences the RTP.

The SI must provide thorough justification and a comprehensive plan for a nontraditional training residency to the SAIM RTC, including:

- How all requirements for a traditional RTP in SAIM will be met during the nontraditional RTP, including the following:
 - On-site full-time supervision by two ACVIM Diplomates or one ACVIM and one ECVIM-DA Diplomate at the SI.
 - Supporting disciplines and facilities and equipment required on-site at the SI.
 - Didactic learning opportunities.
 - Research and scholarly activities.
 - Vacation, release time for General and SAIM Specialty Examinations, and journal club.
- If any training occurs at secondary sites, their locations, schedules of attendance by the resident, and letters from all SDs and SSSDs at the SI and all secondary training sites must be provided confirming their commitment to the nontraditional RTP.
- A commitment that training will occur in noncontiguous blocks of time occur in no less than 2 continuous weeks for each training period during the nontraditional RTP.
- Documentation from residents and their program directors (PDs), RAs, SDs and SSSDs that training occurred as specified.
- Submission of a request for approval of a nontraditional RTP at least 90 days in advance of a residency's start date.
- Approval of the program in advance of the start date by the SAIM RTC.
- Completion of the nontraditional residency within 5 years.
- Achievement of Diplomate status after completion of the nontraditional RTP within 5 years.

- A report of any change to the nontraditional RTP that deviate from the training schedule of the approved RTP plan to the SAIM RTC within 14 days of the change.

9.C SAIM RESIDENCY TRAINING PROGRAMS (RTPS)

The RTP is the foundation for the training of future ACVIM SAIM Diplomates. The standards contained in this section of this Manual are the minimum requirements for the SAIM specialty. An individual approved RTP may include additional requirements that then become part of that specific RTP. A resident must fulfill all the additional requirements that are part of their approved RTP, along with the minimum requirements in this Manual, to complete their residency.

A SAIM residency, however, embodies more than fulfilling the requirements in this document. The SAIM RTC expects RTPs to be cohesive, integrated, stable, and ongoing programs that continually raise the standards in SAIM, while training highly capable internists whose capabilities build upon those of their mentors.

9.C.1 RESIDENCY TRAINING PROGRAM REGISTRATION AND EVALUATION

The specialty of SAIM requires the completion of an RTP that is approved by the SAIM RTC for board certification. As described in section 4.F.2, a SAIM RTP must be registered with the ACVIM before training residents. The SAIM PD must submit a completed RTP registration form online for review by the SAIM RTC by the date specified on the ACVIM website.

The SAIM RTTC will either approve the RTP, or provide details of those deficiencies that must be corrected before the RTP can be approved.

Each year, the PD must update and renew the RTP's registration with the ACVIM, to ensure that the RTP remains ACVIM-approved, in good standing (section 3.S.2), and adequate to train residents in SAIM.

9.C.1.a SAIM RTP PROBATION

As described in section 4.F.8, the SAIM RTC may place a SAIM RTP on probation. Failure of the PD to submit the appropriate information regarding their RTP that is in good standing to the RTC within 30 days of the deadlines published in this Manual and on the ACVIM website will result in a SAIM RTP being placed on probation. If, at any time, the PD fails to respond to requests for information from the SAIM RTC within 30 days of that request, the RTP will be placed on probation. Other triggers exist.

While on probation, the RTP may continue to train existing residents, but will not be able to accept any new residents.

If an RTP is on probation and the PD does *not* respond to the RTC's request for documentation regarding the RTP within 30 days, or fails to correct deficiencies identified by the RTC in a timely manner, the SAIM RTC may recommend termination of the RTP.

9.C.1.b SAIM RTP TERMINATION

As described in section 4.F.9, the BOR may terminate any RTP upon the recommendation of the relevant specialty's RTC or RTCC.

A SAIM RTP may be terminated if that program is on probation and fails to correct the deficiencies identified by the RTC in a timely manner. In addition, if a program is found to have serious deficiencies that prevent adequate training of a resident (e.g., loss of all internists), or if it is determined that a PD submitted false or misleading documents, that RTP may be terminated directly without a probationary period.

Upon termination, an RTP is immediately ineligible to train residents. Any time served by a resident after the RTP is terminated will *not* count toward completion of a SAIM RTP or ACVIM candidacy requirement.

A terminated RTP may *not* simply be renewed. A previously terminated RTP, however, may reapply to the ACVIM for approval as a new RTP.

9.C.2 ACCEPTED SAIM RTPS

A list of current ACVIM-approved SAIM RTPs, as evaluated by the SAIM RTC, is available on the [ACVIM website](#), or upon request from the [ACVIM office](#).

9.C.3 SAIM CANDIDATE REGISTRATION

As described in section 4.F.3., a SAIM resident enrolled in an ACVIM-approved SAIM RTP must register with the ACVIM as a candidate within 90 days of commencing the RTP (e.g., by October 12 of the same year for RTPs that commence on July 15) for the residency training time to count towards the certification process. The resident [registration form](#) is available online on the ACVIM website. A registration fee must also be paid.

Documentation of receipt of the candidate's registration, receipt of the paid fee, and documentation of the candidate's unique identification number, must be maintained by the candidate as part of their essential documentation.

Separate receipts for each ACVIM fee paid and registration acknowledgement will be provided by the ACVIM, and must be maintained by the candidate as part of their essential documentation.

9.C.4 GENERAL OBJECTIVES OF THE SAIM RESIDENCY TRAINING PROGRAM

- When applicable, residents should participate in the emergency service on a rotating basis. The RTP will describe the nature of these rotations on the RTP description submission form.
- Where applicable, the RTP will encourage residents to participate in clinical teaching (e.g., case supervision, daily rounds, etc.) of interns, veterinary students, or veterinary technician students.
- Where applicable, residents will be involved in classroom and laboratory teaching.
- Where applicable, residents will prepare and deliver continuing education seminars and participate in scientific meetings.
- Where applicable, residents in conjunction with the SD will guide and oversee interns, veterinary students, or veterinary technician students in the operation of the specialty clinics. This will include supervising interns and students in the operation of the hospital emergency service.
- Residents will gain a comprehensive understanding of pathophysiology as it relates to SAIM.
- Residents will develop and promote interest in and understanding of the SAIM specialist's role as a clinician-scientist.
- Residents will receive instruction and experience in research, publication, communication, and education.

9.C.5 SPECIFIC OBJECTIVES OF THE SAIM RESIDENCY TRAINING PROGRAM

- An RTP must provide a well-rounded experience and caseload with direct supervision.
- An RTP must provide rotations other than internal medicine rotations supervised by board-certified ACVIM specialists other than SAIM, by European College of Veterinary Internal Medicine-Companion Animal (ECVIM-CA) specialists other than in internal medicine, or by European College of Veterinary Neurology (ECVN) specialists so that residents receive mentored training in other ACVIM specialties (see 9.F.2.a). This will enhance the training experience and will provide residents with opportunities to work one-on-one with board-certified specialists in areas outside of SAIM.
- An RTP must provide diagnostic imaging and clinical pathology training. This will include at least 2 weeks of instruction under the direct supervision of a board-certified veterinary radiologist in diagnostic imaging (1 week each in diagnostic ultrasound and in diagnostic radiology) and 1 week of instruction in clinical pathology under the direct supervision of a board-certified clinical pathologist. This training must be done in dedicated training weeks in addition

to being integrated into the overall RTP. The goal for this training is for the resident to fully immerse themselves in the discipline being studied.

- Residents will participate in Diplomate-attended journal clubs and clinicopathology conferences. (As identified in the literature, the clinicopathological conference primarily relies on the case method of teaching medicine. These may include participation in remote conferencing. It is a teaching tool that illustrates the logical, measured consideration of a differential diagnosis used to evaluate patients. Cases that are unusual presentations of common diagnoses or typical presentations of unusual diagnoses make the best cases for clinical pathologic case presentation. Cases for such a conference must be relevant, solvable, and should be open to discussion.)
- The RTP will keep records of dates and articles reviewed that may be requested for review by the RTC if there are questions during a program's annual review.
- The RTP will develop a resident's clinician-scientist skills through activities such as Diplomate-attended journal clubs, research project participation, mentored grant writing, and publication of peer-reviewed manuscripts.
- The RTP will provide and require resident participation in the preparation and presentation of formal talks in continuing education and scientific presentation styles.

9.C.6 SPECIFIC REQUIREMENTS OF A SAIM RTP

It is incumbent upon the SI, PD, RAs, SDs, SSSDs, residents and candidates, as well as relevant ACVIM staff and committee members, to be aware of these RTP requirements, and to collectively work towards ensuring they are being fulfilled.

9.C.6.a DURATION OF A SAIM RTP

An ACVIM-approved SAIM RTP is a minimum of 3 years or 156 weeks. A SAIM RTP must entail a minimum of 84 weeks of intensive clinical training, 68 weeks of which must be intensive clinical training in SAIM, in addition to training time in cardiology, neurology and/or oncology, radiology and clinical pathology, as well as various scholarly and research activities.

As specified in section 4.E, residents who complete a 3-year RTP, without interruption, have a maximum of 8 years from the start date of the RTP to attain Diplomate status. In circumstances of a nontraditional and/or interrupted RTP, the resident has a maximum of 5 years from the completion date of the resident's RTP to attain Diplomate status, with the RTP itself being a maximum of 5 years. If Diplomate status is *not* achieved within these time frames, the candidate may *not* resubmit credentials or participate in additional examination attempts, and is ineligible to become board-certified.

9.C.6.b INTENSIVE CLINICAL TRAINING IN SAIM

At least 68 of the 156 weeks of a SAIM RTP must consist of intensive clinical training in SAIM. During the time of intensive clinical training, the resident is either under shared direct supervision of the equivalent of at least 2 full-time on-site ACVIM SAIM Diplomates or under the shared supervision of at least the equivalent of 1 full-time on-site ACVIM-SAIM Diplomate and 1 full-time on-site ECVIM-CA Diplomate. Training with the SDs should be balanced so that substantially more scheduled training with one Diplomate and less scheduled training with another Diplomate does *not* occur.

During this time, SAIM residents must actively participate in patient management, including receiving, selection, performance, and diagnostic test interpretation; patient management and decision-making; client communication; appropriate follow-up; and prompt professional communications with referring veterinarians. A SAIM SD must directly supervise and review case management.

Residents must maintain complete medical records for all patients in their care. The problem-oriented veterinary medical record system is strongly encouraged. Medical records must be retrievable and searchable.

During SAIM clinical training, residents must attend and participate in daily clinical rounds with at least one SAIM SD present. In an RTP where veterinary students are integral to and participating in hospital activities, residents should, if possible, lead rounds discussions an average of once weekly (over the entire RTP) with an SD present until the SD deems a resident capable of leading student rounds independently.

Additional weeks of intensive clinical training in SAIM, exceeding the required 68 weeks, are desirable. There is no maximum number of weeks a SAIM resident can spend receiving intensive clinical training in SAIM, provided that the resident meets the minimum requirements for intensive clinical training in SAIM, as well as the requirements for intensive clinical training in other ACVIM specialties, clinical training in other non-ACVIM specialties, research and scholarly activities.

9.C.6.c INTENSIVE CLINICAL TRAINING IN ACVIM SECONDARY SPECIALTIES

At least 16 of the remaining 88 weeks of a SAIM RTP must consist of clinical training under the direct supervision of 1 or more SSSDs in other veterinary specialties registered by the ABVS or the EBVS. A maximum of 16 weeks of the 88 weeks may be spent in any single ACVIM specialty other than SAIM.

At least 8 of the required 16 weeks must be in at least 2 of the following 3 ACVIM specialties: cardiology, neurology, and/or oncology. Moreover, residents must accrue the 8 weeks of intensive clinical training in these ACVIM specialties in a minimum of 2-week

blocks, and the resident must have primary case responsibility. For these 8 weeks, the residents must be under the direct supervision of the SSSD.

The remaining 8 of the required 16 weeks, may also be in the aforementioned 3 ACVIM specialties, or may be in other veterinary specialties registered by the ABVS or EBVS. Once again, residents must accrue these 8 additional weeks in a minimum of 2-week blocks, and the resident must have primary case responsibility.

A maximum of two secondary training site rotations is allowable for meeting the intensive clinical training in other ACVIM specialties requirement.

9.C.6.d TRAINING IN NON-ACVIM SECODARY SPECIALTIES

RADIOLOGY

During the remaining 72 weeks of a SAIM RTP, the resident must spend at least 2 weeks (80 hours) under the supervision of an ACVR Diplomate or EVDI Diplomate.

At least 1 week (40 hours) must be spent interpreting radiographs, learning and evaluating the results of special imaging techniques (other than ultrasonography), and attending radiology rounds and/or seminars. The majority of this time must be spent under the direct supervision of the SSSD, however, didactic portions of this training may include remote supervision (i.e. interactive) with the SSSD. For this training requirement specifically, the specialty of SAIM allow for non-continuous training, in which the required 40 hours may be accumulated over 2 weeks (2 x 20 hours).

At least 1 week of (40 hours) must be spent training in ultrasonography, under the direct supervision of an ACVR Diplomate or EVDI Diplomate. The training should emphasize abdominal ultrasonography. It must include the hands-on performance of abdominal ultrasonography on clinical cases, and theoretical training in the principles and application of ultrasonography. The majority of this time must be spent under the direct supervision of the SSSD, however, didactic portions of this training may include remote supervision (i.e. interactive) with the SSSD. This is the minimum requirement for training in ultrasonography. It is recognized that true proficiency in this diagnostic technique requires more than this minimum training standard For this requirement, specifically, the specialty of SAIM allows for non-continuous training, in which the required 40 hours may be accumulated over two 2 weeks (2 x 20 hours).

CLINICAL PATHOLOGY

Additionally, during the remaining 72 weeks, at least 1 week (40 hours) must be spent evaluating clinical pathologic findings and reviewing cytologic and/or histologic specimens under the direct supervision of SSSD certified by the American College of Veterinary Pathology (ACVP) and/or the European College of Veterinary Pathology (ECVP). This

training may include remote supervision (i.e., interactive) utilizing teaching materials. For this requirement specifically, the specialty of SAIM allows for non-continuous training, in which the required 40 hours may be accumulated over 2 weeks (2 x 20 hours).

Once again, a maximum of 16 weeks may be spent in any single secondary specialty other than SAIM.

9.C.6.e RESEARCH AND SCHOLARLY ACTIVITY

At least 12 weeks of a SAIM RTP must be allocated for research and scholarly activity, ideally in the pursuit of a publication. Time allocated to research or to attend/participate in scientific meetings should be taken during the remaining 72 week period, not during the initial 68 weeks allocated to intensive clinical training in SAIM or during the 16 weeks allocated to intensive clinical training in other ACVIM specialties.

A week may be acquired over a 14-day span and may also be combined with other training segments in a 7-day span (e.g., study/research days interspersed with clinical training with remote supervision is acceptable when necessary).

Completion of any one of the options listed below will satisfy the requirements for research by SAIM residents:

- Evidence of acceptance and presentation at a scientific meeting of an abstract (either oral or poster) of original work.
- Documented (letter from RA) completion of a prospective or retrospective research project pertinent to SAIM that is unpublished (e.g., thesis).
- Documented (letter from RA) submission of a prospective research grant/project pertinent to the candidate's specialty.
- Documented (letter from RA and/or transcript) completion of graduate course work in research methods, biostatistics, and/or research ethics.
- Documented completion (letter from RA and/or certificate) of at least 6 hours of research-focused seminars or classes. These may be offered by the ACVIM (Note: Classes and seminars fulfilling these criteria might not be offered every year at the ACVIM Forum), through online programs, or by other institutions. These classes will cover subjects such as the following:
 - Critical evaluation of the veterinary medical/biomedical literature.
 - Grant writing.
 - Study design and participation in clinical trials.
 - Biostatistics.
 - Research ethics.

A [form](#) documenting scholarly activity must be submitted by the resident, signed by the PD or RA, for credentials, although some requirements may remain pending at that time. If this is the case, an updated [form](#), documenting completion of the required scholarly activities, is required for board certification.

9.C.6.f PUBLICATION REQUIREMENT

The purpose of the publication requirement in SAIM is to ensure that residents develop adequate skills in written scientific medical communication. In particular, the publication requirement's goal is to ensure that residents display an ability to organize scientific data, communicate these data in writing accurately, and discuss scientific findings in a way that promotes the generation and dissemination of knowledge that advances animal and human health. This goal is achieved through education, discovery, and contributing to scientific medical literature.

SPECIFIC REQUIREMENTS FOR SAIM PUBLICATIONS

1. The resident or candidate must be the first author.
2. The manuscript is published in English.
3. The topic is relevant to the topic of SAIM. Specifically, the manuscript meaningfully impacts the scientific understanding of a subject relevant to SAIM or is relevant to the diagnosis or management of a clinical condition by a specialist in SAIM. Candidates are encouraged to submit the topic to the SAIM CC in advance if there is any question about the relevance or the specific journal so that these questions can be assessed before starting the study.
4. The manuscript must be published in a journal that is MEDLINE® indexed.
5. The journal's peer-review process must meet or exceed the definition of a refereed journal. Specifically, a refereed journal is one governed by policies and procedures established and maintained by an active editorial board that requires critical review and approval of articles submitted by at least one recognized authority on the article's subject.

If a candidate elects to publish a manuscript in a journal that is not currently on the acceptable journals list, it is the candidate's responsibility to submit the following to the chair of the SAIM CC to request journal approval:

1. Evidence that the journal is MEDLINE® indexed.
2. A letter from the editor outlining the review process in detail. If the letter does not adequately document to the SAIM CC that the peer review is acceptable, the journal will be rejected without further review. Decisions on whether a

journal is acceptable may take up to 4 weeks. If a journal is deemed to be acceptable, it will be added to the acceptable journals list.

ACCEPTABLE TYPES OF PUBLICATIONS

Original research publications, retrospective studies, case reports and case series, and review articles are examples of acceptable publications provided they meet the aforementioned requirements. The SAIM CC will *not* accept a manuscript that was submitted to the journal as a brief communication. If the journal reclassifies the manuscript as such, the SAIM CC might accept this change and will request proof of the change on behalf of the journal editor.

Book chapters, conference proceedings, clinical vignettes, and serial features (e.g., ECG of the month, drug topic of the month) are *not* acceptable to fulfill the SAIM publication requirement.

SUBMISSION OF THE PUBLICATION TO THE SAIM CC

A resident may submit their accepted publication at any time during the RTP or within 5 calendar years of completing the RTP.

Provided they meet the requirements outlined above, manuscripts that were published within 3 years of the start date of the RTP may also be submitted to the SAIM CC for consideration toward fulfillment of this requirement. The resident must meet the publication requirement before being awarded board certification. If the resident fails to complete the publication requirement within the stated time, that individual's status changes from active to inactive. In addition, the resident is no longer eligible to become board-certified.

Whether it is submitted alone, or along with the other elements of the credentials application, the resident or candidate should electronically send one of the following to the ACVIM, so the SAIM CC can assess whether the manuscript is acceptable for the purposes of certification, according to the ACVIM standard definition approved by the BOR, and meets with the aforementioned purpose of the SAIM publication requirement.

1. A copy of the manuscript published in its final form (no galley proofs, Word documents, etc.).
2. A copy of the accepted manuscript in its most advanced form (galley proof, corrected proof, etc.) and either the final acceptance letter on letterhead from the journal or a final acceptance email from the official email address of the journal. Any letter or email from an editor that states there are reviewer comments to be addressed, no matter how minor the comments, will be considered unacceptable for credentialing purposes, as it implies final review by the reviewers has not been completed.

Candidates may proactively write a brief letter justifying how their manuscript meets the aforementioned purpose of the publication requirement and the criteria outlined above. In some cases, after submission, the chair of the SAIM CC may request such a letter from the candidate.

9.C.6.g JOURNAL CLUB

Small animal internal medicine residents must participate in at least 80 hours of journal club throughout their residency. Participation via teleconferencing and programs having a joint journal club with other programs are acceptable when necessary. At least one specialist recognized by the ABVS or a Diplomate of the ECVIM-CA must attend each journal club, either in person or remotely.

Residents must keep a log of journal club activities that includes the date, article titles, and the identity of the specialist in attendance. The log is to be submitted as part of credentials that are reviewed by the SAIM CC. Journal club logs will be randomly audited by the SAIM CC when a resident's credentials are submitted.

9.C.6.h DIDACTIC LEARNING OPPORTUNITIES

Small animal internal medicine residents must participate in the following didactic learning opportunities, facilitated by the SI: SAIM topic review sessions, formal conferences, continuing education conferences, and formal examination review sessions. This Manual allows for remote participation (primarily RACE acceptable) when necessary.

A SAIM RTP must provide at least 40 hours per year of intensive formal review sessions for residents on topics covered in the General and SAIM Specialty Examinations. This Manual allows for remote participation (primarily RACE acceptable) when necessary.

which may include remotely presented reviews. A SAIM RTP must provide documentation of these formal reviews to the SAIM CC in the RTP application and annual renewal. Attending daily clinical rounds does not meet this requirement, although structured courses and seminars may. If adequate formal review sessions are not available on-site, a resident may meet this requirement in part by attending or participating remotely in an [ACVIM advanced continuing education \(ACE\) course](#), an [ACVIM Forum](#), or another high-quality continuing education meeting (with prior approval by the SAIM CC).

Residents must also attend weekly formal conferences in SAIM and related disciplines. Examples of these are clinicopathologic conferences or seminars. These may include remotely presented training. Conferences given within a veterinary practice or hospital or at a medical school or medical teaching hospital are acceptable. The resident must give a formal presentation at such a conference or seminar series at least once per residency

year. Documentation of these presentations must be included in the candidate's credentials packet.

As a substitute for the aforementioned formal presentation, the resident may present at a regional, state, or national meeting once per residency year. A copy of the program must be included in the candidate's credentials packet.

Residents must participate in, or attend, at least one state, national, or international veterinary medical or human medical continuing education conference or meeting during their residency. Examples might include the annual ACVIM Forum or an ACVIM-moderated ACE conference. This Manual allows for remote participation when necessary. Intensive endoscopy or ultrasound training courses do *not* fulfill the continuing education conference or meeting requirement. Documentation of attendance, or participation in, the conference or meeting must be included in the candidate's credentials packet.

9.C.6.i STUDY TIME

In addition to the 12 weeks of required research and scholarly time, an additional minimum of 4 continuous weeks of protected and uninterrupted study time, during which the resident is relieved of all clinic responsibilities, including the responsibility for client communications, must be allocated to the resident and candidate to prepare for the ACVIM General Examination. Study time should be scheduled to immediately precede the General Examination date as much as is practical. During study time, residents should still attend journal club, seminars, and didactic learning opportunities as they arise. If the resident does not take the General Examination during the second year of their RTP, some or all of this study time may be "banked" and transferred to the third year. That banked time does *not* have to be scheduled in continuous weeks; it may be provided as individual week-long blocks of time.

A further additional minimum of 4 continuous weeks of protected and uninterrupted study time, during which the resident is relieved of all clinic responsibilities, including the responsibility for client communications, must be allocated to the resident and candidate to prepare for the SAIM Specialty Examination. Study time should be scheduled to immediately precede the SAIM Specialty Examination date as much as is practical. During study time, residents should still attend journal club, seminars, and didactic learning opportunities as they arise.

Study time allocated for General and Specialty Examination preparation should be taken during the 72-week period, not during the initial 68 weeks allocated to intensive clinical training in SAIM or during the 16 weeks allocated to intensive clinical training in other ACVIM specialties.

9.C.6.j VACATION AND PERSONAL TIME

A SAIM resident should take vacation during the RTP that is totally separate from other activities and requirements. Total vacation time must be a minimum of 6 weeks during a 3 year RTP, and is best allocated in 2 continuous weeks each year. However, at the request of the resident, vacation time may be arranged differently. Vacation time should be scheduled within the remaining 72 weeks (section 9.C.6.D), not during the initial 68 weeks allocated to intensive clinical training in SAIM or during the 16 weeks allocated to intensive clinical training in other ACVIM specialties.

Vacation must never be required to be used as a release from clinical obligations to prepare for the General Examination or the SAIM Specialty Examination.

An RTP is expected to provide reasonable accommodation for a resident's medical needs (e.g., doctor's appointments, etc.).

9.C.6.k RESIDENCY TRAINING INTERRUPTION

Training interruptions may be unavoidable in circumstances where a resident must switch from 1 RTP to another to fulfill all RTP and credentialing requirements. In such cases, the following steps must be taken:

- A new training program must be identified.
- The SAIM RTC and the SAIM CC must approve the new RTP before the continuation of clinical training.
- The resident must re-register with the ACVIM in the new RTP.
- The resident must complete training in continuous blocks of time once training resumes.

In some circumstances, a resident may need to take a leave of absence for personal health or profound family requirements that prevent them from completing the RTP in 3 years. However, when actively engaged in the residency, the resident must be full time and participate in at least 20 weeks of training in any residency year (a residency year is the 12-month period beginning with the first day on which residency training is restarted) and that training must be provided in sessions of at least 2 continuous weeks each. When a leave of absence is necessary, the resident has a maximum of 5 years from the end of the RTP to achieve board certification in SAIM.

In some cases, a resident may complete a portion of training at another approved RTP or research unit or with a different mentor. In those cases, the second RTP or the research unit or research mentor is a secondary training site. The SAIM RTC must approve that relationship as part of the RTP submission, along with all appropriate supporting documents from the primary training site.

9.C.6.l ONLINE EXIT INTERVIEW SURVEY

After completing the RTP, residents are strongly encouraged to fill out an online survey regarding the quality of their residency training experience.

Responses are shared with the appropriate PD to provide important feedback regarding their RTP. Data, held strictly confidential, **will be published** as a 5-year rolling average score per surveyed category calculated for each RTP and will be released every 3 years to ensure the anonymity of candidates who completed smaller programs.

9.D ROLES AND RESPONSIBILITIES ASSOCIATED WITH SAIM CANDIDACY AND RTPS

9.D.1 ROLES AND RESPONSIBILITIES OF THE SPONSORING INSTITUTION (SI)

The SI for a SAIM RTP, in partnership with the PD, RA, SDs and SSSDs, must ensure a healthy and safe learning and working environment that promotes resident professional advancement, as well as psychological, emotional, and physical well-being. The SI and the PD must ensure the availability of all necessary professional, technical, and clerical personnel to best support the SAIM RTP.

A SAIM residency must take place at a specialty clinical facility where the resident provides primary patient care appropriate to that individual's level of training and where the resident manages cases involving all facets of SAIM including, but not limited to, clinical pathology, pathology, diagnostic imaging, endoscopy, and critical care.

9.D.1.a SAIM SUPERVISION

In order to host an ACVIM-approved SAIM RTP, the SI must have a minimum of the equivalent on-site presence of at least two full-time ACVIM SAIM Diplomates, or the presence of a minimum of 1 full-time ACVIM SAIM Diplomat and 1 full-time ECVIM-CA Diplomat. No SAIM RTP may be deliberately designed without the SI having the equivalent on-site presence of at least two full-time ACVIM SAIM Diplomates, or the presence of a minimum of 1 full-time ACVIM SAIM Diplomat and 1 full-time ECVIM-CA Diplomat. It is not necessary that the two full-time Diplomates be simultaneously present at the SI at all times, although there should be some overlap in schedules. It is acceptable, and often beneficial, that multiple on-site SAIM or ECVIM-CA Diplomates contribute to a combined training time that equals a minimum of 2 full-time Diplomates.

9.D.1.b SECONDARY SPECIALTIES SUPERVISION

The SI must ensure residents have daily access to consultation with board-certified specialists in clinical pathology, imaging, and surgery.

The SI must also ensure residents can receive the required instruction in cardiology, neurology and/or oncology, as well as radiography, ultrasonography, echocardiography, and endoscopy, by appropriate and qualified SSSDs.

9.D.1.c FACILITIES AND EQUIPMENT

In addition to the facilities and equipment outlined in section 4.F.3.a, the specialty of SAIM stipulates that the SI for a SAIM RTP must have the following facilities and equipment:

- State-of-the-art ultrasonographic, radiographic, electrocardiographic, and endoscopic equipment.
- Laboratory facilities for performing CBCs, serum chemistry profiles, blood gas analysis, urinalysis, cytology, parasitology, microbiology, and endocrinology. If these facilities and capabilities are not available at the SI, then the SI must make arrangements with local and/or regional laboratories.
- A 24-hour intensive care facility as defined in section 4.F.3.a.
- Access to CT.
- Access to MRI and nuclear medicine is highly recommended, but is *not* required.

9.D.1.d DIDACTIC LEARNING OPPORTUNITIES

The SI for a SAIM RTP must commit to providing the resident with the required didactic learning opportunities as described in section 9.C.2.i of this Manual.

9.D.2 ROLES AND RESPONSIBILITIES OF SECONDARY TRAINING SITES

A secondary training site may *not* supplant SI requirement for the equivalent of a minimum of at least 2 full-time ACVIM SAIM Diplomates, or the presence of a minimum of 1 full-time ACVIM SAIM Diplomate and 1 full-time ECVIM-CA Diplomate.

If adequate personnel or facilities to fulfill requirements involving clinical pathology, basic imaging, ultrasonography, or direct supervision in other ACVIM specialties are unavailable on-site at the SI, the PD must make special arrangements at other facilities for a resident to fulfill all requirements. The SAIM RTC must approve such arrangements in advance of the resident's training at that secondary site, which includes permission to travel. Training agreement forms for the provision of off-site training must be submitted when requesting approval of a new program. Updated forms must be submitted at the time of the annual renewal of an existing program. Additional information about training sites can be found in Part One above.

If the RTP schedules training at secondary training sites during the residency, the provider(s) of this training must complete training agreement form(s) with the SAIM RTP registration form for each new program request and at each annual renewal of registration.

9.D.3 ROLES AND RESPONSIBILITIES OF THE PROGRAM DIRECTOR (PD)

As defined in section 9.B.4, the SAIM program director (PD) is the individual at the SI who assumes overall responsibility for the conduct and integrity of that institution's RTP(s). Unlike some specialties, the specialty of SAIM requires that a SAIM PD must be an ACVIM Diplomate in the specialty of SAIM, and must have been board-certified for at least 4 years. A SAIM PD must also have at least 3

years of experience training residents, although this specific requirement of 3 years of experience training residents will be waived for the first 3 years of a new RTP. A SAIM PD may not simultaneously serve as a PD for an RTP in a different specialty. If a qualified PD leaves the SI, or withdraws from the position of PD, the RTP will be placed on probation until another qualified PD is identified and/or employed by the SI.

The PD must submit a completed [RTP Registration Form](#) online to the ACVIM office for review by the SAIM RTC. The SAIM RTC either approves the program or provides details of those deficiencies that must be corrected before the RTP can be approved. The SAIM RTC must approve an RTP before the RTP accepts residents for training. Annual renewal.

The PD is also responsible for submitting the RTP Registration form each year for annual renewal, by the date specified on the [ACVIM website](#) the ensures that signed letters of commitment for the required time for secondary site training are submitted annually with the application for program renewal. Specialists with whom the resident has trained must provide the PD or the RA with documentation of this interaction.

At the time of annual program reapproval, PDs and RAs may be asked to verify resident activities. Activities include, but are not limited to, satisfactory clinical training, interaction with consultants, documentation of training in diagnostic imaging and clinical pathology, and documentation of study and education participation.

The PD is responsible for ensuring that the details described in the RTP registration form/ renewal are fulfilled, and that they meet the minimum requirements for SAIM. RTPs as described in this Manual.

The PD ensures that substantive changes within a SAIM RTP affecting compliance with SAIM specialty requirements must be reported to the chair of the SAIM RTC within 14 days of such a change. Substantive changes include the following:

- Change of SDs.
- Change of RA.
- Addition or removal of a resident (e.g., dismissal, withdrawal, or relocation of a resident between programs); relocation between programs requires review and approval of the proposed relocation by both the SAIM RTC and CC before the relocation occurs.
- Alteration of program duration.
- A resident switching to or from a dual specialty training program.
- A resident enrolling in an institutional graduate program.

- Addition or removal of any secondary site training experience; the addition of secondary sites must be accompanied by letters of commitment from the experience providers.

The PD is also responsible for verifying some of the resident's certification paperwork, such as the SAIM Scholarly Activity form.

The SAIM RTC can request further information or documentation from the PD, RA, and/or an SD at any time, if such information is deemed necessary to verify that residency training is occurring as described in the [SAIM program description form](#). Reporting inaccuracy may result in SAIM RTP probation or termination.

If a PD plans to leave the RTP, the SI must notify the SAIM RTC chair of the proposed change in directors at least 7 days before the change occurs. Failure to do so may result in the RTP being placed on probation. Failure to respond to SAIM RTC requests for information will result in program suspension or termination. Time served by residents in an unapproved or suspended RTP cannot count toward the completion of a SAIM RTP.

9.D.4 ROLES AND RESPONSIBILITIES OF THE RESIDENT ADVISOR (RA)

As defined in section 9.B.5, the SAIM resident advisor (RA) is the primary individual who monitors the SAIM resident's progress during residency training. A SAIM RA must be an ACVIM in the specialty of SAIM. Additionally, a SAIM RA must have been board-certified for at least 2 years, and must have at least 1 year of experience training residents, although the requirement for 1 year of experience training residents will be waived for the first 3 years of a new RTP. Each SAIM RA may not advise more than 2 residents at any one time. A SAIM RA must also be actively involved as an SD, and be substantially involved in the clinical supervision of assigned residents.

The RA is responsible for meeting with the resident semiannually to provide performance evaluations, ensure satisfactory progress in the RTP, and provide general mentorship and support for the resident.

The RA must document that the resident's training has occurred as specified. RAs ensure that residents submit documentation to the SAIM CC by the date specified on the [ACVIM website](#) and upon completion of the RTP.

9.D.5 ROLES AND RESPONSIBILITIES OF THE SUPERVISING DIPLOMATE (SD)

As defined in section 9.B.6, a SAIM supervising diplomate (SD) must be a board-certified specialist in the specialty of SAIM. Here, for SAIM SDs, board-certified specifically refers to both ACVIM SAIM Diplomates and ECVIM-CA Internal Medicine Diplomates. A SAIM SD must be actively involved in the practice of SAIM, maintain clinical competency in the field, and be substantially involved in the clinical supervision of assigned residents.

Daily review and oversight of the resident's patient care performance is the responsibility of the SD and should be conducted directly between the SD and the resident. Provided that one of the two SAIM diplomates assigned to the primary location is physically present on-site, the second SAIM diplomate may co-participate in training via remote training when necessary.

9.D.6 ROLES AND RESPONSIBILITIES OF THE RESIDENT

It is the responsibility of the resident to fulfill all the requirements of the specialty's RTP as outlined in this Manual, while adhering to the highest professional standards and the ACVIM's Code of Conduct.

9.D.7 ROLES AND RESPONSIBILITIES OF THE CANDIDATE

It is the responsibility of the candidate to fulfill the requirements of the specialty's certification process as outlined in this Manual, while adhering to the highest professional standards and the ACVIM's Code of Conduct, in order to become a Diplomate of the ACVIM in the specialty of SAIM. The certification process includes, but is not limited to, fulfilling all the requirements of the specialty's RTP as outlined in this Manual.

Candidates can access this Manual, other relevant information, all relevant forms, and deadlines on the [ACVIM website](#), or request said information from the [ACVIM office](#).

It is the candidate's responsibility to be aware of all certification and RTP requirements, other relevant information, and deadlines. It is the candidate's responsibility to maintain a record of all receipts and essential documentation.

9.E CLINICAL MILESTONES FOR SAIM RESIDENTS

9.E.1 CLINICAL MILESTONES FOR FIRST-YEAR SAIM RESIDENTS

9.E.1.a EXPECTATIONS REGARDING PATIENT CARE

- Residents must provide patient care that is compassionate, appropriate, and effective.
- Residents must develop comprehensive history taking and physical exam skills.
- Residents must demonstrate the ability to evaluate and prioritize data into a problem list and formulate a diagnostic plan with some supervision.
- Residents must be able to assess daily patient progress accurately and perform appropriate and timely follow-up of diagnostics tests and interventions.
- Residents must have daily communication with the SD, including attending daily service and house officer rounds.

- Residents must develop effective communication skills accompanied by respectful and professional behavior in all interactions with owners, referring veterinarians, staff, and colleagues.

9.E.1.b EXPECTATIONS REGARDING MEDICAL KNOWLEDGE

- Residents must demonstrate acceptable knowledge about established and evolving biomedical and clinical sciences and be able to apply this knowledge to patient care.
- Residents must have a basic knowledge of pathophysiology, pharmacology, and clinical disease states.
- Residents must demonstrate a compassionate and analytical approach to clinical situations.
- Residents must demonstrate self-directed learning and reading of the pertinent medical literature.
- Residents must participate in organized educational activities designed to develop or expand their medical knowledge base and to learn analytical thinking and problem-solving skills, such as the following:
 - Attending daily clinical service and house officer rounds when on SAIM clinical service.
 - Attending scheduled journal club and structured learning activities such as departmental seminars, morbidity and mortality rounds, and other related sessions.
 - Participating in clinical service and house officer rounds when rotating through SAIM or other specialty services (e.g., cardiology, neurology, oncology, critical care, etc.).
 - Participating in rounds specific to any service or specialty rotation in which the resident participates (e.g., diagnostic imaging, clinical pathology, or other activities related to the SAIM training program).

9.E.1.c EXPECTATIONS REGARDING LEARNING AND IMPROVEMENT

- Residents must be able to assess and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices because of these activities.
- Residents should demonstrate a willingness to acknowledge and to learn from errors.
- Residents must participate in didactic lectures, daily house officer rounds, journal club, and other performance improvement activities (see expectations

regarding medical knowledge), including presentation of ACVIM review topics in journal club at least 5 times per year.

- Residents must use available medical databases or evidence-based medicine resources to support clinical decision-making.
- Residents must demonstrate an interest in and ability to participate in a variety of didactic learning opportunities.
- Residents must assist in clinical teaching of veterinary students, externs, interns (if applicable), and other house officers including providing feedback to these individuals regarding performance, knowledge, medical recordkeeping, and patient care as applicable.

9.E.1.d EXPECTATIONS REGARDING INTERPERSONAL AND COMMUNICATION SKILLS

- Residents should demonstrate strong interpersonal and communication skills that result in effective information exchange and engagement with owners and professional associates.
- Residents should develop stronger language and documentation skills (e.g., succinct and comprehensive case presentations, progress notes, and comprehensive patient care plans) as they progress in training.
- Residents should provide efficient but comprehensive information exchange with colleagues, healthcare professionals, and owners.
- Residents should develop effective listening skills.
- Residents should establish professional and ethically sound relationships with owners and referring veterinarians.

9.E.1.e EXPECTATIONS REGARDING PROFESSIONALISM

- Residents must demonstrate a commitment to carrying out professional responsibilities, adhering to ethical principles, and possessing sensitivity to cultural differences and preferences.
- Residents must demonstrate respect, compassion, and integrity in all interactions with patients, owners, colleagues, and other healthcare professionals.
- Residents must maintain a professional appearance.
- Residents must demonstrate a commitment to ethical principles pertaining to confidentiality of patient information and informed consent.
- Residents must demonstrate commitment to professional responsibility in completing all medical records in a timely fashion.

- Residents must begin to develop skills in conflict resolution.

9.E.1.f EXPECTATIONS REGARDING CLINICAL RESEARCH AND PUBLICATION PRODUCTIVITY

- Residents must demonstrate an initiative to identify, participate, and complete a clinical research study for publication under the supervision of their RA or SD.
- Residents should select a clinical research project of interest (preferably a prospective project) in collaboration with at least one SAIM mentor. Project selection should be made during the first 6 months of the residency program. Preparation of a detailed research proposal (written in grant format if applicable) is expected by the end of that time.
- Residents should assist in study design, literature review, and grant preparation and submission (if applicable) of the selected clinical research project in collaboration with a research mentor.
- Residents must comply with the ethical principles of research and actively participate in writing an animal care and use protocol (if applicable).

9.E.2 CLINICAL MILESTONES FOR SECOND- AND THIRD-YEAR SAIM RESIDENTS

9.E.2.a EXPECTATIONS REGARDING PATIENT CARE

- Second- and third-year residents must continue to fulfill all requirements expected of first-year residents.
- Second- and third-year residents must formulate independent diagnostic and therapeutic plans with the supervision of an attending veterinarian.
- Second- and third-year residents must coordinate patient care among all members of the healthcare team.
- Second- and third-year residents must counsel and educate owners and referring veterinarians.
- Second- and third-year residents must develop competence in performing the core procedural skills essential to the practice of SAIM.

9.E.2.b EXPECTATIONS REGARDING MEDICAL KNOWLEDGE

- Second- and third-year residents must continue to fulfill all requirements expected of first-year residents.
- Second- and third-year residents must develop a deeper understanding of disease states and their management.

- Second- and third-year residents must further develop skills in critical assessment, reading, and interpretation of the medical literature with application to patient care.
- Second- and third-year residents must apply knowledge of study design and statistical methods to the appraisal of clinical studies (i.e., skills emphasized in clinical rotations and rounds discussions).

9.E.2.c EXPECTATIONS REGARDING PRACTICE-BASED LEARNING AND IMPROVEMENT

- Second- and third-year residents must continue to fulfill all requirements expected of first-year residents.
- Second- and third-year residents must continue developing competence in educating owners.
- Second- and third-year residents must facilitate the learning of students and interns (if present), other residents, and other healthcare professionals.

9.E.2.d EXPECTATIONS REGARDING INTERPERSONAL AND COMMUNICATION SKILLS

- Second- and third-year residents should continue interpersonal and communication skills developed as first-year residents.
- Second- and third-year residents should develop effective negotiation and leadership skills that facilitate conflict avoidance and resolution.

9.E.2.e EXPECTATIONS REGARDING PROFESSIONALISM

- Second- and third-year residents should continue to refine and demonstrate professionalism skills developed as first-year residents.

9.E.2.f EXPECTATIONS REGARDING CLINICAL RESEARCH AND PUBLICATION

- Second- and third-year residents must fulfill all requirements expected of first-year residents.
- Second- and third-year residents should initiate study implementation, including active participation in patient recruitment and sample collection, data analysis, and manuscript preparation.
- Second- and third-year residents should maintain focus on study completion and troubleshoot any problems that may arise with their mentor(s).

- Second- and third-year residents should demonstrate their research productivity by having a published abstract, conference presentation, and accepted peer-reviewed publication.

9.F RESIDENT EVALUATION

Residents should be evaluated by the RA, based on the criteria listed in the aforementioned clinical milestones (section 9.G), at least every 6 months. A standardized resident evaluation form is available on the ACVIM website, if an RA desires to use it, but it is *not* mandatory to use this form. The RA should have the resident sign the RA's copy of the written evaluation to document that the resident received a copy of the evaluation and had the opportunity to discuss the evaluation with the RA. If there are questions during a program's annual review, copies of these evaluations may be requested by the SAIM RTC.

9.F.1 RESIDENT CASE LOGS

Residents are encouraged to keep a log of their cases for presentation to their RAs and to other SDs during a progress review.

9.F.2 RESIDENT PROCEDURE LOGS

Residents are encouraged to keep a log of all procedures they completed for presentation to their RAs and other SDs during a progress review.

9.F.3 EDUCATION LOGS

Residents are encouraged to keep a log of all seminars and didactic lectures they attended for presentation to their RAs and other SDs during a progress review. Each log entry should include the seminar or lecture date, topic, and presenter.

9.G THE GENERAL EXAMINATION

All ACVIM SAIM candidates must pass the General Examination in order to be eligible to attain Diplomate status (board certification). See section 4.H.

9.H SAIM CREDENTIALS

Credentials approval (or conditional approval) is a prerequisite for taking an ACVIM Specialty Examination, and board certification.

9.H.1 PROCEDURES FOR SUBMITTING SAIM CREDENTIALS

*****Always check the ACVIM website before submission; this process is subject to change.*****

The information listed in this section provides an overview of the procedures for submitting SAIM credentials. Specific guidelines are contained in the [SAIM Credentials Information Packet and Online](#)

[Submission Instructions](#), including examples of correctly completed application forms and a video covering the correct way to submit credentials. Because credentials requirements change periodically, candidates must be certain that they are using the most current standard SAIM application form and adhering to the current SAIM credentials information packet. Candidates must carefully follow the instructions provided in the credentials information packet. If a candidate has any questions regarding the credentials process, that individual should request clarification in writing from the chair of the SAIM CC well before the credentials submission deadline.

Candidates may submit the completed SAIM credentials packet and pay the associated fee online to the [ACVIM office](#), to the attention of the SAIM CC chair, following the completion of 22 months of their SAIM RTP. If an individual is ACVIM board-certified in a different specialty and is participating in a SAIM RTP, that individual may submit credentials during the final 12 months of their SAIM RTP.

A candidate who intends to take the SAIM Specialty Examination must submit the completed SAIM credentials packet and pay the associated fee no later than the deadline date specified on the [ACVIM website](#), which is typically in the year preceding the year in which the candidate intends to take the Specialty Examination.

Documentation of receipt of the candidate's SAIM credentials application, receipt of the paid fee, and documentation of CC approval, with the candidate's unique identification number, must be maintained by the candidate as part of their essential documentation.

Separate receipts for each ACVIM fee paid and application acknowledgement will be provided by the ACVIM, and must be maintained by the candidate as part of their essential documentation.

The SAIM CC evaluates submitted credentials packets for completeness and accuracy. All candidates must submit online the current standard SAIM application form along with the other required documents. Inadequate attention to detail may cause the entire application to be rejected. A candidate with rejected credentials is *not* eligible to take the SAIM Specialty Examination. A candidate may correct identified deficiencies and resubmit credentials before the deadline date specified on the ACVIM website for that examination cycle, or wait and resubmit credentials the following year. Resubmitted credentials are subject to an additional fee. Each candidate is notified no later than 60 days after the submission deadline regarding the acceptability of the submitted credentials packet for the SAIM Specialty Examination.

Although acceptance of a manuscript for publication is not required before taking the SAIM Specialty Examination, the candidate is strongly encouraged to meet this SAIM RTP requirement before taking the Specialty Examination. The candidate will not be eligible to receive board-certification until all requirements outlined in sections 4 and 10 this Manual have been completed, even if that individual successfully passed the SAIM Specialty Examination.

9.H.2. CREDENTIAL ITEMS TO BE SUBMITTED FOR THE SAIM SPECIALTY EXAMINATION

*****Always check the ACVIM website before submission; this list is subject to change.*****

Candidates must include the following credential items in their SAIM specialty credentials application:

- The completed credentials application packet as described in the [SAIM Credentials Information Packet and Online Submission Instructions](#).
- The letter of understanding (which documents awareness of the publication requirement) or a copy of an approved publication with a copy of the acceptance email from the SAIM CC.
- A letter from the RA verifying satisfactory progress in the RTP
- Payment of the credentials fees online.

9.I SAIM SPECIALTY EXAMINATION

9.I.1 SAIM SPECIALTY EXAMINATION REGISTRATION AND FEE

Once credentials are approved, candidates may register to take the SAIM Specialty Examination and pay the associated fee. Specialty Examination registration and payment of the associated fee must be completed online by the deadline date specified on the [ACVIM website](#). Deadlines are typically in the year preceding the year in which the candidate intends to take, or re-take, the Specialty Examination. Candidates must check the [ACVIM website](#) regularly to ensure that they meet the deadlines. The ACVIM office verifies eligibility to take the examination. Candidates can expect confirmation of registration and payment within 30 days of application.

Documentation of receipt of the candidate's SAIM Specialty Examination application, receipt of the paid fee, and documentation of CC approval, with the candidate's unique identification number, must be maintained by the candidate as part of their essential documentation.

Separate receipts for each ACVIM fee paid and registration acknowledgement will be provided by the ACVIM, and must be maintained by the candidate as part of their essential documentation.

9.I.2 SAIM SPECIALTY EXAMINATION CONTENT AND FORMAT

****Always check the candidates' webpage information on the ACVIM website; the examination format is subject to change, as is/are the standard setting/cut score determination method(s) as needed to align with best practice/standards. Any changes will be reflected in the current examination blueprint and/or information provided to candidates. *****

The ACVIM specialty of SAIM uses subject-matter experts and statistical equating to maintain the standard of the SAIM Specialty Examination and for cut-off score determination. More specific information on grading of the Specialty Examination is provided in the [SAIM](#)

[Specialty Examination preparation information](#), distributed to candidates taking the Specialty Examination, a minimum of 60 days prior to the examination date.

A blueprint of the SAIM Specialty Examination is posted on the [ACVIM website](#) at least 60 days prior to the Specialty Examination date.

The SAIM Specialty Examination typically consists of 3 sections that cover all aspects of small animal internal medicine:

Section 1: Small animal written

- Essay/short answer questions related to SAIM
- Graded independently

Section 2: Medical literature

- Multiple-choice questions on the current literature pertaining to the practice of SAIM
- Graded independently

Section 3: Case materials (consists of two parts)

Parts A and B are each graded as independent sections.

- Part A – Patient management: This part covers patient management related to the practice of SAIM. The patient management section is designed to test the candidate's clinical judgment, diagnostic acumen, and therapeutic decision-making skills in a multiple-choice format. Radiographs and other diagnostic images, photographs, ECGs, echocardiograms, and so forth may be incorporated into the case materials.
- Part B – Knowledge and problem-solving: This part consists of case-based multiple-choice questions designed to test knowledge and problem-solving skills related to SAIM.

A resident or candidate must pass each section of the examination to become certified. Candidates who do not pass all sections on the first attempt only need to retake failed sections.

In this examination format, the scores of Parts A and B in Section 3 are graded with an individual grade for each part. If a resident or candidate fails either part of Section 3, the individual only needs to retake that failed portion.

9.J QUERIES, ISSUES AND COMPLAINTS BY RESIDENTS AND/OR CANDIDATES

Residents and/or candidates with queries and/or complaints regarding RTP noncompliance, especially concerns that are not sufficiently resolved by the RTP's PD, should direct concerns in writing to the [SAIM ombudsperson](#) and/or to the [current RTC chair](#). Residents can obtain the names and contact information of

these individuals from the [ACVIM office](#) or [ACVIM website](#). A response to the query and/or complaint can be expected within 4 weeks. Assistance from the SAIM ombudsperson can also be sought for situations that are difficult to resolve. The SAIM ombudsperson can be contacted directly by email at SAIMOmbuds@ACVIM.org. The ACVIM can only address matters related to adherence to this Manual's requirements. Personnel matters are unique to each SI and its Human Resources policies and procedures, and are not subject to ACVIM review.

9.K MAINTENANCE OF CREDENTIALS (MOC)

The [SAIM maintenance of credentials \(MOC\) committee](#) maintains a [list of acceptable maintenance of credentials activities](#) and their associated points that count toward the renewal of SAIM credentials by the ACVIM. The SAIM MOC requirements are posted on the [ACVIM's website](#), or available by request from the [ACVIM office](#).