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## 1. SPECIFIC REQUIREMENTS FOR THE SPECIALTY OF NUTRITION

Note that the Nutrition section of the ACVIM Certification Manual (CM) is posted as a stand-alone document for the 2022/2023 academic year due to the timing integration. Please refer to the ACVIM CM, section 1 – 4, for important ACVIM specialty wide information, as applicable.

The ACVIM certifies specialists in veterinary nutrition. Nutritionists focus on the role of nutrition in health and disease of animals. This section explains the requirements for Nutrition 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. Due to the continued process to fully integrate the former ACVN into the ACVIM, if there are discrepancies between stated requirements and/or policies, the material outlined in this section of the manual supersedes any conflicting information contained within other sections of this manual, as well as the old ACVN website.

Note in particular that nutrition residents are not yet required to sit for the ACVIM General Examination. Passing the General Examination will become part of the requirements to become an ACVIM board certified veterinary nutritionist for residents starting their nutrition training programs from July 2023 onward. This requirement will be further described in the next iteration of this manual, which will govern the training programs for those residents.

### 1.A. NUTRITION DOCUMENTS AND FORMS

- [Online Resident Registration Form.](#)
- [Nutrition Credentials Resident Letter.](#)
- [Nutrition Credentials Information Packet and Online Submission Instructions.](#)
- [Nutrition Credentials Application Form.](#)
- [Nutrition Credentials Mentor Letter.](#)
- [Nutrition Credentials Letter of Understanding.](#)
- [Nutrition Specialty Examination Preparation Document.](#)

### 1.B DEFINITIONS FOR NUTRITION 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 Nutrition.

#### 1.B.1 NUTRITION RESIDENCY TRAINING AND CREDENTIALS COMMITTEE (RTCC)

As defined in section 3.Z, the Nutrition residency training and credentials committee (RTCC) establishes the standards for Nutrition RTPs, determines the equivalency of approved RTPs, and oversees RTP registration and candidate credentialing. The Nutrition RTCC reviews all RTP registration requests. The Nutrition 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. 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 an alternate RTP.

As defined in section 3.L, the Nutrition RTCC also evaluates a Nutrition Resident's progress during the ACVIM certification candidacy period, including completion of RTP requirements, and fulfillment of any additional credentials requirements, such as the resident's logs and publication requirement. The Nutrition RTCC is responsible for reviewing the Nutrition Resident's credentials packet, and certifying that a Resident meets all the requirements for becoming a Diplomate of the ACVIM in Nutrition.

### 1.B.2 NUTRITION OMBUDSPERSON

As defined in section 3.X. Residents and candidates may contact the Nutrition ombudsperson at [NutritionOmbuds@ACVIM.org](mailto:NutritionOmbuds@ACVIM.org). All communications are held in strict confidence.

### 1.B.3 NUTRITION PROGRAM DIRECTOR (PD)

As defined in section 3.Y, the Nutrition 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 Nutrition requires that a Nutrition PD must be an ACVIM Diplomate in the specialty of Nutrition. 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.

### 1.B.4 NUTRITION RESIDENT ADVISOR (RA)

As defined in section 3.AD, the Nutrition resident advisor (RA) is the primary individual who monitors the Nutrition resident's progress during residency training at the SI. A Nutrition RA must be an ACVIM Diplomate in the specialty of Nutrition. Each Nutrition RA may not advise more than 2 residents at any one time. A Nutrition RA must also be actively involved as an SD, and be substantially involved in the clinical supervision of assigned residents.

### 1.B.5 NUTRITION SUPERVISING DIPLOMATE (SD)

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

### 1.B.6 NUTRITION SECONDARY-SPECIALTY SUPERVISING DIPLOMATE (SSSD)

As defined in section 3.AG, a Nutrition secondary-specialty supervising diplomate (SSSD) for a Nutrition RTP must be a board-certified veterinary specialist in any specialty other than Nutrition, who is contributing to the training of the Nutrition resident in any specialty other than Nutrition. 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 have the relevant ABVS or EBVS registered veterinary specialty or registered veterinary specialty organization. A Nutrition 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.

### 1.B.7 SUPERVISION OF RESIDENCY TRAINING

#### *1.B.7.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.

#### *1.B.7.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.

#### *1.B.7.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 to contribute to indirect supervision, especially with nutrition clinical practices that perform remote consultations. The type and length of use of remote supervision must be defined in the RTP application and/or annual renewal.

### 1.B.8 TRAINING TIMES / TRAINING WEEK

As defined in section 4.F.9, a Nutrition 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 a Nutrition RTP. This time includes emergency duties and patient care on weekends. Four weeks constitutes 1 month of resident training.

### 1.B.9 ALTERNATE TRAINING IN NUTRITION

An alternate Nutrition RTP is a program that is approved by the Nutrition RTCC and that allows the resident to complete training over more than 2 years or at multiple institutions. These RTPs may be discontinuous. For the specialty of Nutrition, it is possible to achieve board certification by completing an alternate RTP. The Nutrition specialty stipulates that in an alternate residency, all the specialty's requirements for standard residency training must be met, and that all training must take place within clearly defined blocks of training time. An alternate RTP may be a maximum of 6 years in duration (with exceptions in the case of concurrent PhD programs). The Nutrition RTCC must approve the RTP before the resident commences the RTP.

The SI must provide thorough justification and a comprehensive plan for an alternate training residency to the Nutrition RTCC, including:

- How all requirements for a standard RTP in Nutrition will be met during the alternate RTP, including the following:
  - On-site full-time supervision by at least one ACVIM Nutrition or ECVCN 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 the Nutrition Specialty Examination, and journal club.
- If any training occurs at secondary sites, their locations, planned 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 alternate RTP.
- Maintain 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 alternate 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 Nutrition RTCC.
- Completion of the alternate residency within the timeframe outlined in their approved program.
- A report of any change to the alternate RTP that deviate from the training schedule of the approved RTP plan to the Nutrition RTCC via [certification@acvim.org](mailto:certification@acvim.org) within 14 days of the change.

## 1.C RESIDENT TRAINING PROGRAM AND RESIDENT REGISTRATION

Certification in the specialty of nutrition requires completion of a Resident training program approved by the Nutrition RTCC. The approval process requires two parts: approval of the training program and approval of the resident's program.

### 1.C.1 APPROVAL OF THE RESIDENT TRAINING PROGRAM

As described in section 4.F.4, each RTP must be registered with the ACVIM before any resident begins that RTP. The Nutrition RTCC must approve each nutrition RTP before the program starts training residents. These include renewal of an active residency program, first-time applicants for a residency program, and inactive residency programs that wish to train residents again. For new residency programs, an application must be submitted by the program director (PD) via [certification@acvim.org](mailto:certification@acvim.org) at least 90 days before the start date. RTPs are reviewed annually. The purpose of reviewing the residency program is to ensure that general information relative to training residents is up to date.

Residency programs are updated annually by the date specified on the ACVIM website and approved by the Nutrition RTCC. A new program may be approved mid-review cycle.

### 1.C.2 REGISTRATION OF THE RESIDENT AS AN ACVIM CANDIDATE

As described in section 4.F.3., a nutrition resident enrolled in an ACVIM-approved nutrition 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.

### 1.C.3 CHANGES IN NUTRITION RESIDENCY PROGRAM AND RESIDENT TRAINING PROGRAM

The PD is responsible for immediately reporting any major changes in the RTCC with any additional necessary documentation.

These include, but are not limited to, the following:

- Loss or change of a RA, PD, or SDs on the Resident Advisory Committee.
- Potentially detrimental change in the SI or secondary training site.
- Departure of a resident for any reason, or any major interruption to the progress of a resident.
- Significant changes to the Resident RTP, which include:
  - Clinical nutrition immersion weeks are to occur at a different facility than that currently approved in the training plan.
  - The Resident RTP is to occur over a different period than that outlined in the original plan.
  - The transition from a standard Resident RTP to an alternate Resident training program.
  - The transition from an alternate Resident RTP to a standard Resident RTP.
  - A change in track (e.g., companion animal to comparative species).

All changes to the residency program, Resident training program, SI, and secondary training site must also be documented in the annual updates. The RTCC must be notified via [certification@acvim.org](mailto:certification@acvim.org) about any changes to the residency program, Resident training program, SI, or secondary training site within 14 days of a status change.



#### 1.C.4 RESIDENCY PROGRAM PROBATION AND TERMINATION

As defined in section 4.F.5, the Nutrition RTCC may place a residency program on probation. The residency program may continue to train residents during probation; however, it is subject to additional scrutiny by the Nutrition RTCC. While on probation, a program may not accept new residents into the program (unless the program can document that the resident was offered and had accepted the residency before the program is placed on probation). If a program is placed on probation after a resident has been offered and accepted a position, but before the resident's start date, the program must notify the resident of the change in the program's status. In such a case, the ACVIM will still allow the Resident to register with the expectation that the program will mitigate the deficiencies and return to good standing. However, acceptance of Resident registration in this circumstance is neither an assurance that the program will return to good standing nor an assurance that the time in training will count toward the residency requirements. Thus, it is imperative that the Resident be fully informed by the program of the program's communications with the RTCC.

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 Nutrition 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 Nutrition RTCC for resident training.
- Failure to have a greater than 50% pass rate of residents taking the entire Nutrition Specialty Examination over a 5-year period.
- Failure to notify the ACVIM via [certification@acvim.org](mailto:certification@acvim.org) within 14 days of substantive changes to an RTP that could lead to noncompliance with the requirements of the Nutrition specialty and/or the ACVIM; placing a resident on probation or terminating a resident will count as such a substantive change.

If, the RTP does not mitigate the reasons for imposing probationary status within the time specified by the Nutrition RTCC, the Nutrition RTCC may recommend termination of the program as described in section 4.5.6. This recommendation is reviewed by the ACVIM Board of Regents (BOR), which may elect to terminate the RTP.

#### 1.C.5 RESIDENCY PROGRAM APPEALS

As defined in section 4.I.1, a candidate or a PD who has received a negative decision and who believes the Nutrition RTCC or Examination Committee failed to follow proper procedures may appeal the decision.

## 1.D PROCESS TO ACHIEVE BOARD CERTIFICATION

As defined in section 4.A, a Nutrition candidate must complete the outlined steps to achieve Board Certification. Nutrition specific requirements are outlined below:

1. Submit and have accepted a scientific manuscript in an approved journal as outlined in the publication requirement.
2. Submit a Credentials Application which is reviewed and approved the by the Nutrition RTCC.
3. Pass all components of the Nutrition Specialty Examination, which may be taken in the second year of the Resident training program or thereafter within the period allotted to completion of board certification, which is 6 years after eligibility to sit for the Specialty Examination was determined.
  - The Credentials Application must be approved by the Nutrition RTCC prior to a candidate being deemed eligible to take the Specialty Examination.
  - Note that due to the continued integration process of ACVN into the ACVIM, Nutrition candidates are not yet required to take the ACVIM General Examination.

## 1.E ROLES AND RESPONSIBILITIES ASSOCIATED WITH NUTRITION CANDIDACY AND RTPS

### 1.E.1 PROGRAM DIRECTOR (PD)

As defined in section 3.Y, the Nutrition program director (PD) is the individual at the SI who assumes overall responsibility for the conduct and integrity of the institution's RTP(s). Unlike some specialties, the specialty of Nutrition requires that a Nutrition PD must be an ACVIM Diplomate in the specialty of Nutrition.

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

- Changes (addition or deletion) in supervisory personnel such as having too few members of the Resident Advisory Committee.
- Alteration of program duration.
- A resident transferring from one program to another.
- A resident either being placed on probation or being dismissed from the program.
- A resident beginning another Resident training program.
- A resident enrolling in an institutional graduate program.

Additional responsibilities of the Nutrition PD include:

- The PD may be either a RA or SD, but this is not required.
- For a standard Resident training program, the PD must be at the same SI as the RA and resident to assume responsibility for the Resident training program.

- For an alternate Resident training program, the PD must be located at the SI to assume responsibility for the Resident training program; either the RA or resident co-advisor must be located at the site where the resident spends the most time.
- Verify pre-residency training as described in section 4.A, the presence of suitable facilities and equipment, and access to specialists in other disciplines required for the entire duration of a Resident training program.
- Serve as the Nutrition RTCC's primary point of contact with the residency program.
- Ensure that all issues or concerns, including program registration and renewal and other policies, are communicated with other personnel. This includes, but is not limited to, ensuring that the RA is present and within the residency program structure.
- The ACVIM must be notified via [certification@acvim.org](mailto:certification@acvim.org) in advance of a planned change of PD. Each resident in training at the time of the change must also be informed. Should an unplanned change be necessary, the ACVIM must be notified via [certification@acvim.org](mailto:certification@acvim.org) within 14 days of the change.
- Develop a residency training plan in conjunction with the RA and resident that meets all Nutrition RTCC resident training requirements.
- Verifying the training program log when a resident has completed all training requirements for their program and all items have been entered by the resident and verified by the RA in the training logs.
- The PD must notify the ACVIM office via [certification@acvim.org](mailto:certification@acvim.org) within 30 days of the discontinuation of a resident's training at their institution or primary training site. This information should be included in the final annual review completed for the resident by the RA.
- The PD, in addition to the RA, endorses all forms and documents relevant to any changes to, initiation, or completion of the Resident training program and Nutrition RTCC requirements.

### 1.E.2 RESIDENT

As defined in section 4.f.16.f, Nutrition residents have certain responsibilities. Additionally, they must:

- Read the most current version of the ACVIM Certification Manual every year and check for any changes that have been made retroactive that will apply to the resident.
- Be legally authorized (i.e., hold the appropriate license and/or meet other state and/or federal requirements) to practice in the SI and any other facility where the Resident training program will take place.
- Be responsive to patient needs.
- Complete all requirements and documentation of the Resident training program. Items entered into the training logs must be documented for verification by the RA or the SD as applicable. All training entries must be maintained on file by the resident.
- Complete all Resident training program requirements and pass all sections of the Specialty Examination no later than 6 years after eligibility to sit for the Specialty Examination was determined.

- Notify the ACVIM via [certification@acvim.org](mailto:certification@acvim.org) if their contact information (e.g., address, telephone number, email address, etc.) changes, both during and after their training program, until they achieve ACVIM board certification.

### 1.E.3 RESIDENT ADVISOR (RA)

As defined in section 4.f.16.c, Nutrition resident advisors (RA) have certain responsibilities. Additionally, they must:

- Be an active Diplomate of the ACVIM in the specialty of nutrition for a standard Resident training program or may be a Diplomate of the ECVCN as long as there is a Diplomate of the ACVIM specialty of nutrition serving as a resident co-advisor for an alternate training program.
- The RA may also be the PD and can be a supervising Diplomate (SD) for other residents. If the RA is also PD, the roles and responsibilities of PD apply as well.
- Be directly responsible for the day-to-day training of residents but no more than three nutrition residents at one time.
- Be primarily responsible for the selection of resident(s) and the training, guidance, assessment, and evaluation of those residents.
- Endorse all forms and documents, in addition to the PD and resident co-advisor (if applicable), relevant to any changes to, initiation of, or completion of the Nutrition RTCC requirements.
- Be in the same institution or practice as the resident for a standard Resident training program. For an alternate Resident training program, if the resident co-advisor is located at the site where the resident spends the most time, the RA may be located elsewhere.
- Possess appropriate certification of expertise for species germane to the training of the resident as recognized by the Nutrition specialty (e.g., large animal certified Diplomates training large animal track residents).
- Be available for career counseling and clinical mentoring of the resident.
- Be responsible for verifying all elements of the Resident training program and training logs (i.e., cases, seminars, journal club, attendance of rounds, and all activity weeks). The RA must sign off on activities.

### 1.E.4 RESIDENT CO-ADVISOR

- The resident co-advisor must be a Diplomate of the ACVIM nutrition specialty.
- The resident co-advisor shares the responsibilities for resident training with the RA as outlined in 1.E.3.

### 1.E.5 SPONSORING INSTITUTION (SI)

As defined in section 4.f.16.a, the sponsoring institution (SI), PD, and RA must ensure the availability of all necessary professional, technical, and clerical personnel to best support the residency program and Resident training program(s). Specific resources for the nutrition specialty include, but are not limited to, the following:

- Electronic medical literature databases with search capabilities should be available. It is recommended that continued library access be made available to Residents post-residency if possible.
- Ensure access to services such as diagnostic imaging, including radiography, ultrasonography, and cross-sectional imaging; clinical pathology services that include hematologic, clinical chemistry, microbiologic, and cytological diagnostic abilities; and anatomic pathology services, whether on-site or remotely available. All reports must be archived and retrievable.
- While the SI for an RTP in nutrition need not have an intensive care facility, at least one secondary training site must have an intensive care facility with qualified staffing that provides 24-hour care. An intensive care facility is a designated area of a hospital facility dedicated to the care of patients who are seriously ill or in need of continuous monitoring. The intensive care facility must be staffed by qualified veterinary technicians with direct oversight by a licensed veterinarian.

### 1.E.6 SUPERVISING DIPLOMATE (SD)

As defined in section 4.f.16.d, the supervising diplomate (SD) must contribute to ensuring a healthy and safe learning and working environment. Specific requirements for the nutrition specialty include, but are not limited to, the following:

- All supervising Diplomates (SDs) and allied specialists are expected to guide the resident through medical, surgical, and academic training by direct, personal, one-on-one instruction. Guidance is to occur throughout the Resident training program.
- The SD directly supervises, evaluates, and provides context and perspectives for a resident during the Resident training program.
- During clinical rotations and after-hours periods (evenings and weekends), the SD should also be available for direct or phone discussion or consultation on the care of patients assigned to a resident.
- The SD will sign off on activity weeks for the resident on their service.

## 1.F RESIDENT TRAINING PROGRAM

### 1.F.1 GENERAL OBJECTIVES OF NUTRITION RESIDENT TRAINING PROGRAMS

The RTP includes the minimum training requirements established by the nutrition specialty and specifies how those requirements are to be met. In addition, the RTP details the supervision that the resident can expect during their training. A RTP might also include additional requirements that the RA and/or Resident Advisory Committee and SI have incorporated into a specific RTP.

A registered RTP is intended to prepare residents for ACVIM specialty of nutrition board certification by providing training, supervision, research opportunities, didactic education, and clinical experience in small, large, or comparative animal nutrition. This may be accomplished as a primary single-site standard RTP or through collaboration among multiple training sites to form an alternate RTP.

### 1.F.2 DESCRIPTION OF NUTRITION RESIDENT TRAINING

1. Standard Resident training program: A program in which the 2 years are completed without interruption and the resident receives training at one sponsoring institute that meets all requirements for training, supervision, didactic education, and clinical experience.
2. Alternate Resident training program: A program that meets all the same objectives of a standard Resident training program but allows the resident to complete training over more than 2 years or at multiple institutions.

The expected skills of Nutrition Diplomates apply to both standard and alternate RTPs.

### 1.F.3 ROLE OF THE RESIDENCY TRAINING AND CREDENTIALS COMMITTEE

The RTP description should provide sufficient detail such that the Nutrition RTCC can effectively assess the proposed program, including specifics as to the interactions with the RA(s) and SDs and explanations of planned activities for both on-clinic and off-clinic time. Programs may train residents for any of the following tracks: small animal, large animal, and comparative. During the required 52 weeks of nutrition clinic time, direct contact with the RA (or in the case of a secondary training location, another SD or ACVIM Nutrition/ECVCN Diplomate who is a member of the Resident Advisory Committee) in the form of daily discussion is required; in-person as well as remote communications are acceptable. The specific nature of this contact should be specified in the program description. After approval by the Nutrition RTCC, a program may be subject to imposed changes to be compliant with directives from the ABVS. A response to the application for a residency program (i.e., approval, disapproval, request for further information or clarification, or indication of program changes required for approval), or a Resident training program shall be issued no later than 90 days after the application is submitted.

### 1.F.4 NUTRITION RESIDENT STANDARD AND ALTERNATE RESIDENT TRAINING PROGRAMS INCLUDING DUAL RESIDENCY OR GRADUATE DEGREE PROGRAMS

Programs consist of the following:

- The SI (+/- secondary training sites).
- An ACVIM Nutrition Diplomate as RA (+/- resident co-advisor).
- A Resident Advisory Committee: a minimum three-person committee including the identified RA, PD, and SDs with roles and responsibilities as outlined previously.

### 1.F.5 SPONSORING INSTITUTION (SI)

Clinical training must take place at a SI and/or secondary site(s) that have a veterinary medical facility with a faculty and staff active in a variety of disciplines and specialties. The SI and/or secondary training site(s) must have diagnostic and therapeutic facilities consistent with the current standard of specialty care for the medical practice in which it is engaged. Board-certified specialists in nutrition as well as other disciplines must be on-site and available for consultation. The program must also include ongoing continuing education (this can include some combination of journal club, morbidity and mortality rounds, and/or seminars).

The resident shall spend the required 52 weeks of clinical training time on the premises of the primary sponsoring institute site with the RA unless secondary training site(s) are approved. The PD must be located at the primary SI, and the RA should be located at the site where the resident spends the most time.

1. Secondary nutrition training sites for standard Resident training program: A resident is allowed to train at a secondary training site without prior Nutrition RTCC approval for up to 8 weeks of their RTP if they will have daily training interaction with an SD. Use of secondary training sites for more than 8 weeks of an individual RTP must have prior approval from the Nutrition RTCC. Petitions for retroactive recognition of additional secondary training site weeks will be denied without further review and will NOT count toward on-clinic time.
2. Secondary nutrition training sites for alternate Resident training program: The resident's secondary training site, if any, must have an established and active nutrition clinic under the guidance of an ACVIM Nutrition Diplomate who is a member of the Resident Advisory Committee. Direct supervision under an ACVIM Nutrition Diplomate (or ECVCN Diplomate if serving as the resident co-advisor mentor) is still required for the full 52 weeks of clinical training time with the resident and the RA interactively and concurrently managing or consulting on nutrition cases daily. The SD at the secondary location shall provide weekly progress reports to the RA as well as a performance evaluation at the completion of training at the secondary location. These will be included in the semiannual Resident progress reports.

#### 1.F.6 RESIDENT ADVISOR AND RESIDENT CO-ADVISOR

The RA must be an ACVIM Nutrition Diplomate. (In the case of alternate Resident training programs, an ECVCN Diplomate serving as RA together with an ACVIM Nutrition Diplomate as co-advisor is also acceptable.)

#### 1.F.7 RESIDENT ADVISORY COMMITTEE

The establishment of a minimum three-person Resident Advisory Committee is required and shall be headed by the RA. The additional two SDs and additional members, if applicable, will be selected by the RA and may assist in the selection of trainees and supervision of the RTP. The Resident Advisory Committee may consist of other ACVIM Nutrition Diplomates and specialists from other colleges as well as individuals with pertinent PhD credentials as deemed appropriate by the RA, although an SD responsible for supervision of the trainee during any nutrition clinical week training at any secondary training location(s) shall be an ACVIM Nutrition or ECVCN Diplomate. In the case of alternate RTPs with RAs who are ECVCN Diplomates, an ACVIM Nutrition Diplomate serving as resident co-advisor must be part of the Resident Advisory Committee. Members need not be in active clinical practice at the same primary SI site as the RA and the resident. The role of the Resident Advisory Committee is to provide frequent consultation (including in-depth case review), support, and guidance intended to enhance the resident's academic and clinical education.

#### 1.F.8 REQUIRED EQUIPMENT AND FACILITIES FOR SPONSORING INSTITUTIONS AND/OR SECONDARY TRAINING SITES

The SI and/or secondary training site must have diagnostic and therapeutic facilities consistent with the current standard of specialty care for the medical practice in which it is engaged as well as access to the scientific

literature. Facilities, including the clinical environment, are required to be conducive to the performance of research necessary to meet resident training requirements.

1. Medical library: A library must include all textbooks and journals (hard copy or online) listed on the nutrition specialty examination reading list.
2. Medical records: A complete, retrievable, individual medical record must be maintained for each case. An electronic medical record is preferred, though hybrid electronic and paper medical records that allow search capability are permitted.
3. Office equipment: Facilities must provide computer equipment for use by Diplomates and residents necessary for the following:
  - a. Maintenance of case logs and residency documentation.
  - b. Manuscript preparation.
  - c. Internet and email access.
4. Pharmacy or dispensary: The pharmacy or dispensary must be stocked with commonly used drugs including antibiotics, analgesics, and narcotics required to provide the standard of care for surgical patients and critical patients. The practice, or an individual in the institution or practice, must hold a valid DEA license or equivalent and comply with regulations for managing and recording controlled substances.
5. Hospital facility: At least one training site, whether the SI or a secondary site, must be suitable for housing animal patients preoperatively, during recovery from anesthesia, and postoperatively. This hospital must also allow the provision of 24-hour care, intensive care capability, and isolation facilities. Clinical facilities where the resident sees cases, whether in in-patient or out-patient, must be able to provide the current standards of care in the profession at the level of a specialist, including diagnostic imaging, laboratory capabilities, and advanced diagnostic capabilities.

## 1.G. NUTRITION RESIDENT TRAINING PROGRAM REQUIREMENTS

Nutrition RTPs must be at least 2 years in length with at least 52 weeks of on-clinic time in a nutrition service under the direct supervision of the RA or an SD who is an ACVIM Nutrition or ECVCN Diplomate. The resident and the RA or SD should be interactively and concurrently managing or consulting on cases daily during this time. The RA need not personally examine each patient seen by the resident but must remain available for consultation. A

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### *1.G.1 CLINICAL NUTRITION TRAINING WEEKS*

At least 52 weeks of a 104-week Nutrition RTP must consist of intensive clinical training in Nutrition. Direct contact with the RA or an SD who is an ACVIM Nutrition or ECVCN Diplomate in the form of daily discussion is expected; in person as well as remote communications are acceptable depending on whether direct or indirect supervision is being provided. The nature of this contact must be specified in the RTP description. Managing the nutritional management aspects of cases while on other services is not adequate; only nutrition-focused service will be considered toward satisfying this requirement. This may include, depending upon the resident's selected track, experience in the large or small animal nutrition clinics, in field service, and/or in extension activities with referring veterinarians.



To facilitate follow-up and continuity of care as well as provide an experience of immersion in an RTP, RAs, SDs, and residents are encouraged to schedule the required clinical training weeks as full-week periods as well as multi-week blocks when possible.

During Nutrition clinical training, residents must attend and participate in daily clinical rounds with at least one Nutrition 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 Nutrition, exceeding the required 52 weeks, are desirable. There is no maximum number of weeks a Nutrition resident can spend receiving intensive clinical training in Nutrition, provided that the resident meets the minimum requirements for intensive clinical training in Nutrition, as well as the requirements for intensive clinical training in other ACVIM specialties, clinical training in other non-ACVIM specialties, research and scholarly activities.

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### *1.G.2 INTENSIVE CLINICAL TRAINING IN ACVIM SECONDARY SPECIALTIES*

The remainder of the time spent in training (i.e., up to 52 weeks of a 104 week RTP) will be spent in clinical training, research activities, teaching, independent study, additional clinical time, study time, vacation time, and attending conferences.

### **1.G.3 SUPPORTING DISCIPLINES REQUIRED**

The program must ensure residents have daily access to consultation with other specialists. Consultation with these disciplines may be provided via telephone, email, or other electronic means.

### **1.G.4 RESEARCH AND SCHOLARLY ACTIVITY**

Scientific discovery is a critical mission of the Nutrition specialty. In recognition of this, an RTP includes an assessable period of instruction or participation in creative scholarship that fosters an appreciation of, competency in, and contribution to the veterinary nutrition knowledge base. This creative scholarship also supports the development of Residents as clinician-scientists. Research is an essential credentialing requirement that the Resident must complete before board certification is granted.

### **1.G.5 PUBLICATION REQUIREMENT**

The purpose of the publication requirement is to ensure that a resident develops adequate skills in written scientific medical communication. The goal of the publication requirement is to ensure a resident displays 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. In general, the manuscript should demonstrate the Resident's understanding of the scientific method and study design, including statistics, and a critical evaluation of the literature. The topics of the publication must be relevant to the discipline of veterinary or animal nutrition, and the Resident must be the first or sole author. The resident is also responsible for addressing editorial and review comments and suggestions during the review process with the help of the RA and/or Advisory Committee members.

## 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 Nutrition RTCC will not accept a manuscript that was submitted to the journal as a brief communication. If the journal reclassifies the manuscript as such, the Nutrition RTCC 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 nutrition publication requirement.

The publication requirement may be met anytime during the Resident training program or prior to board certification. **In lieu of proof of publication, conditional acceptance of the Credentials can be achieved by submitting a copy of the Letter of Understanding, which states that a publication and documentation of its acceptance will be submitted upon acceptance of a publication, allowing the candidate to take the Specialty Examination.**

The resident must write an article in English that is published in a refereed scientific medical or veterinary medical journal. A refereed journal is one that is governed by policies and procedures established and maintained by a standing advisory and/or editorial board that requires critical review of all papers and approval by at least one recognized authority on the subject. Due to variability in editorial quality and process, all journals must be approved by the Nutrition RTCC prior to and separate from the assessment of manuscript acceptability. The acceptable journal list is reviewed and updated annually as warranted based on changes in journal availability, editorial process, editorial board, and quality of the review. A list of acceptable journals may be found on either the ACVIM or ACVN web site or requested from the Nutrition RTCC.

A resident may submit an appropriate published scientific article or an appropriate manuscript accompanied by a copy of the final acceptance letter at any time after the resident has enrolled in an approved Nutrition residency program and RTP. Manuscripts published within **5 years** before the resident's start date in the approved RTP may be submitted to the Nutrition RTCC for consideration toward fulfillment of the publication requirement.

## SUBMISSION OF THE PUBLICATION TO THE NUTRITION RTCC

An accepted manuscript is not required before the resident takes the specialty examination; however, the resident is strongly encouraged to meet this requirement before taking the examination. The Nutrition RTCC must accept one publication before recommending board certification to the resident. The following documentation is to be provided to the Nutrition RTCC:

- The published article.
- The acceptance letter on letterhead from the journal (if the article has not yet been published).
- A copy of the email from the Nutrition RTCC accepting the publication.
- Any supporting documentation required by the ACVIM.
- An article is deemed accepted for publication when the author (resident) 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 article 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 article for publication and the article is awaiting editing before publication.
- A galley proof of the article 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 article is scheduled for publication.

A notice from an editor that states the resident must address reviewer comments, no matter how minor, is considered unacceptable for credentialing purposes. Such a notice implies final review of the article is incomplete. If a resident is unsure whether a response from a journal reflects the final acceptance of the article, that individual should petition the chair of the Nutrition RTCC in writing. Response to a resident's request for clarification can take 6 weeks or longer.

If a resident wants to have their manuscript published in a journal not on the approved list but accepted as part of their credentials application, they are required to submit the following information to the Nutrition RTCC 12 weeks in advance of the Credentials due date to assess a journal's suitability:

1. A list of the journal's advisory board members with a short biography of or contact information for at least three individuals who are recognized authorities in veterinary or animal nutrition and who have reviewed manuscripts for that journal in the past year.
2. A list of editors who are appropriate for the subject (i.e., veterinary medicine or animal nutrition).
3. A description of the journal's scope.
4. A description of the journal's peer-review process.
5. A copy of the instructions to the authors.

Credentials of the board members and scientific editors will be evaluated documenting their advanced training and experience in scientific writing (e.g., Ph.D., veterinary degrees, advanced specialization, leaders in their field of study, and extensive publication backgrounds). The Nutrition RTCC will evaluate the stated scope of the journal to match the manuscript subject and intended audience. The Nutrition RTCC will review the peer-review process and author instructions for their publication criteria and statements of ethical behaviors (e.g., guidelines on experimentation and publication). A good example is the PLOS One "About" page:

<http://journals.plos.org/plosone/s/journal-information>.

### 1.G.6 JOURNAL CLUB

Residents must participate in at least 80 hours of journal club throughout a 104-week RTP. At least one specialist recognized by the ABVS or EBVS must attend each journal club. 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 Nutrition RTCC.

### 1.G.7 CLINICAL CASE CONFERENCES (ROUNDS)

During clinical training, residents must attend and participate in daily clinical rounds with at least one specialist recognized by the ABVS present. These include nutrition services or other specialty services that the Resident is rotating through. In an RTP where veterinary students are integral to and participate in hospital activities, residents should, if possible, lead rounds discussions an average of once every 8 weeks over the entire Resident training program with an SD present until the SD deems a resident capable of leading student rounds independently.

### 1.G.8 DIDACTIC LEARNING OPPORTUNITIES

The SI must provide residents with the following didactic learning opportunities: presenting in structured courses and seminars, formal conferences, continuing education conferences, and formal examination review sessions. Residents must attend formal conferences in veterinary nutrition and related disciplines. Examples of these are clinicopathologic conferences or seminars. Conferences given within a veterinary practice or hospital or at a medical school or medical teaching hospital are acceptable.

### 1.G.9 TEACHING REQUIREMENTS

Residents must be involved in the teaching of students, interns, residents, nurses, veterinarians, producers, and/or owners. Teaching may include lectures in courses, seminars, and laboratories. Daily rounds do not count toward meeting the teaching requirement; however, it is expected that residents will participate in daily rounds and informal case discussions as much as possible).

Residents are required to document any teaching experience on topics related to veterinary nutrition. The goal of this requirement is to provide residents to gain teaching experience in formal lecture and laboratory settings.

- Lectures and seminars:
  - Are to be formal presentations requiring advance notification and preparation presented to a professional audience such as veterinarians, veterinary nurses, and/or veterinary students.
  - Include the development of PowerPoint Presentations and/or handouts.
  - Must be at least 45 minutes in length.
  - May be given only once for one credit.
  - May not be a repeat of a lecture developed and presented by someone else.
  - Do not include moderating a seminar, participating in problem-based learning courses, or teaching in informal settings such as student rounds, regularly scheduled resident rounds, hospital case rounds, or lectures to lay audiences.
  - Challenge the resident to prepare by researching and referencing the literature and effectively communicating that information to an audience.
- Laboratory teaching sessions:
  - Are expected to be organized, requiring advanced notification and preparation, and evidenced with learning objectives or handouts.

- Must involve at least three participants.
- Are intended to be hands-on, requiring a physical skill component.
- May participate as a member of a team providing the laboratory teaching as long as they are actively engaged in teaching including hands-on demonstrations, direct demonstration, or teaching to one or more individuals, and/or answering questions during the laboratory.
- Are expected to challenge the resident to prepare by researching and practicing in advance of the session.

Teaching experience should be documented by lecture or laboratory titles, date of presentation, format (e.g., lecture, laboratory, seminar, continuing education), and audience type (e.g., students, residents, nurses, practitioners, specialists, clients, etc.). At their discretion, the Nutrition RTCC may request additional documentation including handouts, calendars, and copies of presentations for clarification. Residents are expected to make regular progress in completing these teaching requirements. The progress report should reflect this progress.

#### 1.G.10 STUDY TIME FOR EXAMINATION PREPARATION

Protected study time for the Nutrition Specialty Examination: A minimum of 4 weeks of protected and uninterrupted study time must be allocated to prepare for the Nutrition Specialty Examination. Protected and uninterrupted study time should be scheduled to precede the examination date as much as is practical. During study time, residents should still attend journal club, seminars, and didactic learning opportunities as they arise. This study time should be within 8 weeks of taking the Nutrition Specialty Examination. If a resident is not preparing to take the Nutrition Specialty Examination within 8 weeks of completing their residency, providing this protected studying time is at the discretion of the SI.

#### 1.G.11 VACATION AND PERSONAL LEAVE TIME

Vacation and personal time: A resident should take vacation over the 2-year standard Resident training program (or a longer period if an alternate Resident training program) that is separate from other activities and requirements. Total vacation time is at least 2 weeks per year in the training program and is best allocated, but not required, as 2 continuous weeks. Vacation must never be required to be used as a release from clinical or other required obligations, attending continuing education, programs, or to prepare for the Nutrition Specialty Examination. A Resident training program is expected to provide reasonable accommodation for a resident's medical needs (e.g., doctors' appointments, etc.).

NOTE: Attending daily clinic rounds and discussing cases with students does not count toward didactic learning opportunities.

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#### 1.G.12 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 ACVIM must be notified via [certification@acvim.org](mailto:certification@acvim.org) within 14 days and the following steps must be taken:

- A new training program must be identified.
- The Nutrition RTCC 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 approved blocks of time once training resumes.

## 1.H RESPONSIBILITIES OF RESIDENT

### 1.H.1 EXPECTED SKILLS OF NUTRITION DIPLOMATES

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#### *1.H.1.A SMALL ANIMAL TRACK*

1. Establish competency in nutritional biochemistry.
2. Perform a detailed nutritional assessment on a patient.
3. Understand body condition scoring.
4. Request and interpret appropriate laboratory evaluation of animals to diagnose or manage nutrition-related problems and to monitor feeding plans.
5. Recognize physical and laboratory signs of nutritional deficiencies and excesses.
6. Formulate an appropriate homemade diet.
7. Select the appropriate form of nutrition support required in hospitalized patients.
8. Manage a sufficient number of cases to be skilled in the selection, implementation, and management of cases with a variety of feeding tube types (e.g., nasogastric, esophagostomy, gastrostomy, and jejunostomy). Caseloads will vary depending upon the training program.
9. Manage sufficient numbers of cases to be skilled in the selection, formulation, implementation, and monitoring of parenteral nutrition cases (peripheral and central venous access). Caseloads will vary depending upon the training program. The use of mock cases is acceptable to provide experience for the Resident in areas where there is an insufficient number of cases (e.g., parenteral nutrition cases).
10. Manage the common complications of parenteral and enteral nutrition.
11. Prescribe a nutritional profile, specific diets, and feeding protocol that incorporates nutrient modifications necessary to help manage a variety of conditions that include, but are not limited to, the following:
  - a. Athletes' endurance or short-term maximal activity.
  - b. Acid-base imbalances.
  - c. Electrolyte disturbances.
  - d. Diabetes mellitus.
  - e. Obesity.
  - f. Hypertriglyceridemia.
  - g. Inflammatory bowel disease.
  - h. Protein-losing enteropathy.

- i. Intestinal resection or anastomosis.
  - j. Short bowel syndrome.
  - k. Gastric dilatation or volvulus.
  - l. Acute vomiting and diarrhea.
  - m. Adverse food reaction.
  - n. Pancreatitis.
  - o. Portosystemic shunts.
  - p. Hepatic lipidosis.
  - q. Chronic hepatic disease including copper-associated hepatopathy.
  - r. Hepatic failure.
  - s. Developmental orthopedic disease.
  - t. Idiopathic cystitis.
  - u. Chronic kidney disease.
  - v. Acute kidney injury.
  - w. Protein-losing nephropathy.
  - x. Urolithiasis (struvite, oxalate, urate, cystine, and mixed).
  - y. Congestive heart failure.
  - z. Cancer-related chemotherapy or radiation therapy.
  - aa. Knowledge of placement and management of feeding tubes.
12. Monitor the progress of therapy, adjusting as necessary.
  13. Understand pet food labeling and other regulatory issues.
  14. Be able to critically evaluate the scientific literature.
  15. Be able to critically evaluate advertising claims.
  16. Have a working knowledge of statistics.

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*1.H.1.B LARGE ANIMAL TRACK*

1. Establish competency in nutritional biochemistry.
2. Perform a detailed nutritional assessment on a patient or herd, flock, or colony.
3. Understand body condition scoring.
4. Request and interpret appropriate laboratory evaluation of animals to diagnose or manage nutrition-related problems and to monitor feeding plans.
5. Request appropriate laboratory evaluation of feeds to diagnose or manage nutrition-related problems.
6. Recognize physical and laboratory signs of nutritional deficiencies and excesses.
7. Formulate a balanced ration for an individual or herd or flock.
8. Select the appropriate form of nutrition support required in hospitalized patients.
9. Formulate and administer parenteral nutrition.
10. Select the appropriate tube type.
11. Place nasogastric tubes.
12. Monitor patients receiving enteral nutrition.

13. Manage common complications of enteral nutrition.
14. Prescribe a ration and feeding protocol that incorporates nutrient modifications necessary to help manage a variety of conditions that include, but are not limited to, the following:
  - a. Food Animal
    - i. Ketosis.
    - ii. Hypocalcemia.
    - iii. Hypomagnesemia.
    - iv. Hepatic lipidosis.
    - v. Rumen acidosis: acute and subacute.
    - vi. Abomasal ulcers, impactions, and displacements.
    - vii. Selenium, copper, and zinc deficiencies.
    - viii. Copper toxicosis.
    - ix. Urolithiasis.
    - x. Starvation.
    - xi. Milk replacers for calves, lambs, and pigs.
    - xii. Polioencephalomalacia.
    - xiii. Bloat.
  - b. Equine
    - i. Periodic hyperkalemia.
    - ii. Tying-up syndrome.
    - iii. Developmental orthopedic disease.
    - iv. Hyperlipidemia.
    - v. Starvation urolithiasis.
    - vi. Renal disease.
    - vii. Hepatic disease.
    - viii. Colic.
    - ix. Athletes' endurance or short-term maximal activity.
    - x. Acidosis.
    - xi. Milk replacers for foals.
15. Monitor the progress of therapy, adjusting as necessary.
16. Understand feed labeling and other regulatory issues.
17. Be able to critically evaluate the scientific literature and advertising claims.
18. Have a working knowledge of statistics.

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### 1.H.1.C COMPARATIVE TRACK

Combination of the skills expected for large and small animal tracks.

### 1.H.2 CASE MANAGEMENT

Residents must actively participate in patient management, which may include consultation or receiving, selection, performance, and diagnostic test interpretation; patient management and decision-making; client



communication; appropriate follow-up; and prompt professional communications with referring veterinarians. An ACVIM Nutrition Diplomate must directly supervise and review case management for nutrition cases and an appropriate specialty Diplomate must supervise and review case management for cases seen on elective rotations. 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.

### 1.H.3 PROCEDURES

Residents are expected to learn, participate, and assist with procedures related to veterinary nutrition, such as feeding tube placement. Residents must keep a log of procedures that includes the procedure, whether the resident was the primary clinician performing the procedure or whether they assisted, and the number of procedures completed.

## 1.I TRAINING BENCHMARKS

Two benchmarks per 52 weeks of RTP must be completed to be eligible to take the Nutrition Specialty Examination. These must be completed during the RTP with the last one completed by 120 days before the Specialty Examination date.

Training benchmarks are educational (training) tasks assigned by the Nutrition RTCC that allow residents and RAs to continuously compare the level of training against a set standard and to verify and reinforce the knowledge and/or skills of a resident. Training benchmarks ensure regular and continuous progress toward completion of the training program, prepare residents and Residents for examination, and provide residents and RAs examples of the depth and breadth of information pertinent to our specialty. Training benchmark assignments might include (but are not limited to) monographs on current topics, multipart essay questions, multiple-choice questions, and short answer questions.

### 1.I.1 COMPOSITION OF TRAINING BENCHMARKS

Benchmarks should enable the resident to demonstrate consolidation of knowledge and problem-solving skills to guide appropriate decision-making as a specialist. Benchmarks are designed to provide a framework of self-assessment by the resident, a mechanism for discussion between the resident and the RA, and a means for the RA to assess the resident's abilities for critical thinking, research, and synthesis of information. As such, benchmarks should be framed as case vignettes that include pertinent history, clinical findings, and diagnostic test results that allow residents to formulate problem lists, diagnostic plans, and differential diagnoses. The benchmark should also explore their knowledge of the pathophysiology of diseases, nutritional issues, and diagnostic tests leading to disease and nutritional management.

The main purpose of the case vignette is to give context for the questions that follow rather than lead the resident to a specific diagnosis and/or treatment plan. In other words, benchmarks are not written as a formative evaluative tool; rather, they are written to provide a framework for discussion and debate including nutritional controversies. For example, a case vignette may center on a case of a dog with poor appetite and poor body condition as a result of concurrent IRIS stage 3 chronic kidney disease and chronic pancreatitis. Residents could

be asked to describe the physiology of appetite control, mechanism of action of appetite stimulants, techniques to assess lean body mass or body fat estimation, the pathophysiology of calcium and phosphorus regulation, renal physiology, IRIS staging and nutritional modification at each stage, diagnostics relating to pancreatitis, nutrients of concern with pancreatitis, or placement of feeding tubes, comparative aspects of chronic kidney disease or pancreatitis between dogs and cats, and so forth. Residents can be asked to create lists, tables, or figures or to compose focused short answers or essays. Residents are expected to research topics and provide references that support their answers. Benchmarks can also have multiple-choice questions of the type that residents can expect on the Specialty Examination. Questions for benchmarks can be derived and refined from previous exam questions that the Exams Committee release from question banks. The main sources for the benchmarks align with this Manual.

### 1.1.2 SCHEDULE FOR BENCHMARKS

Training benchmark assignments will be sent to residents and RAs twice a year. Answer keys to benchmarks will be made available to RAs 30 days after the release of benchmarks. Assessments will be due 60 days after the release of benchmarks. Benchmarks will be released on a schedule as posted on the ACVIM website.

**Credentials reviewed:** The Nutrition RTCC will review residents' progress or programs on an annual basis against benchmarks.

The resident must complete ALL assigned training benchmarks using the following procedure:

1. Complete the assignment within 30 days of receiving the benchmark.
2. Discuss appropriate corrections and additions after RA review.
3. Make corrections.
4. Conduct a final review and discussion with the RA.
5. Obtain RA approval once complete.
6. Ensure the RA notifies the Nutrition RTCC within 30 days of the answer key to the benchmark being released to the RA.

Completion is recorded by the Nutrition RTCC, and a record must be kept by the resident. All training benchmark assignments must be completed to fulfill training requirements.

### 1.J ALTERNATE, DUAL RESIDENCIES

The SI must provide thorough justification and a comprehensive plan for an alternate RTP to the Nutrition RTCC, including the following:

1. The SI must show how all requirements for a standard RTP in nutrition will be met during the alternate RTP.
2. If any training occurs at secondary sites, their locations, schedules of attendance by the resident, and letters from all SDs at the SI and all secondary training sites must be provided confirming their commitment to the alternate RTP.

3. For dual RTP and ACVIM Nutrition RTP, time spent to meet training requirements for the second specialty CANNOT be used to meet ACVIM Nutrition training requirements. Minimum training requirements must be met for both specialties.
4. Residents and their PDs, RAs, and SDs must document that training occurred as specified.
5. Request for approval of an alternate RTP must be submitted at least 90 days in advance of a resident's start date. The Nutrition RTCC must approve the program in advance.
6. The total time to achieve Diplomate status is 7 years from registration with the ACVIM.
7. Any changes to the alternate RTP that deviates from the training schedule of the approved plan for the RTP must be reported to the Nutrition RTCC within 14 days.

## 1.K RESIDENT LOGS

### 1.K.1 CLINICAL TRAINING WEEKS

Residents must keep a log of their clinical training weeks for presentation to their Resident advisor and Resident Advisory Committee during a progress review.

### 1.K.2 DIDACTIC LEARNING OPPORTUNITIES LOG

Residents must keep a log of all seminars and didactic lectures they attended for presentation to their Resident advisor and Resident Advisory Committee during a progress review.

### 1.K.3 TEACHING OPPORTUNITY LOG

Residents must keep a log of all seminars and didactic lectures and laboratories they presented in or helped to instruct and turn it in to their Resident advisor and Resident Advisory Committee during a progress review.

### 1.K.4 CASE LOG

Residents must keep a log of their cases for presentation to their Resident advisor and Resident Advisory Committee during a progress review.

### 1.K.5 PROCEDURE LOG

Residents must keep a log of all procedures they completed for presentation to their Resident advisors and other SDs during a progress review.

### 1.K.6 JOURNAL CLUB LOG

Residents must keep a log of all journal clubs they attended for presentation to their Resident advisors and other SDs during a progress review. Each log entry should include the journal club date, topic, presenter, and Diplomate(s) present.

## 1.L RESIDENT PROGRESS REPORT

Residents should be evaluated based on expected clinical skills for a Diplomate and for the goals of their program as well as progress toward completion of the program and board certification, including the milestones contained in this Manual. Evaluation of a Resident should occur at least every 6 months. The Resident advisor should have the Resident sign the Resident advisor'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 Resident advisor. A copy of the RA's written evaluation may be requested by the Nutrition RTCC.

### 1.L.1 MILESTONES

1. Milestones for first-year residents:
  - a. Expectations regarding patient care and clinical service:
    - i. Residents must provide patient care that is compassionate, appropriate, and effective.
    - ii. Residents must develop comprehensive history taking and physical examination skills.
    - iii. Residents must demonstrate the ability to evaluate and prioritize data into a problem list and formulate a diagnostic plan with supervision.
    - iv. Residents must be able to assess patient progress accurately and perform appropriate and timely recommendations and interventions.
    - v. Residents must have daily communication with the SD, including attending rounds.
    - vi. Residents must develop effective communication skills accompanied by respectful and professional behavior in all interactions with patients, owners, referring veterinarians, staff, and colleagues.
  - b. Expectations regarding medical knowledge:
    - i. Residents must demonstrate acceptable knowledge about established and evolving biomedical and clinical information and be able to apply this knowledge to patient care.
    - ii. Residents must have basic knowledge of pathophysiology, pharmacology, and clinical disease states.
    - iii. Residents must demonstrate a compassionate and analytical approach to clinical patients and situations.
    - iv. 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 attending clinical service and house officer rounds when on clinical service.
    - v. Residents must attend scheduled journal club and structured learning activities such as departmental seminars, morbidity and mortality rounds, and other related sessions.
    - vi. Residents must participate in clinical service and house officer rounds when rotating through specialty services (e.g., cardiology, neurology, oncology, critical care, etc.).
    - vii. Residents must participate 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 training program).

- viii. 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.
  - ix. Residents should demonstrate a willingness to acknowledge and to learn from errors.
  - x. Residents must participate in didactic lectures, daily house officer rounds, journal club, and other performance improvement activities.
  - xi. Residents must use available medical databases or evidence-based medicine resources to support clinical decision-making.
  - xii. Residents must demonstrate an interest in and ability to participate in a variety of didactic learning opportunities.
  - xiii. 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.
- c. Expectations regarding interpersonal and communication skills:
- i. Residents should demonstrate interpersonal and communication skills that result in effective information exchange and engagement with owners and professional associates.
  - ii. 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.
  - iii. Residents should provide efficient but comprehensive information exchange with colleagues, healthcare professionals, and owners.
  - iv. Residents should develop effective listening skills.
  - v. Residents should establish professional and ethically sound relationships with owners and referring veterinarians.
  - vi. Residents should meet expectations regarding professionalism.
  - vii. Residents must demonstrate a commitment to carrying out professional responsibilities, adhering to ethical principles, and possessing a sensitivity to cultural differences and preferences.
  - viii. Residents must demonstrate respect, compassion, and integrity in all interactions with patients, owners, colleagues, and other healthcare professionals.
  - ix. Residents must maintain a professional appearance.
  - x. Residents must demonstrate a commitment to ethical principles pertaining to the confidentiality of patient information and informed consent.
  - xi. Residents must demonstrate commitment to professional responsibility in completing all medical records in a timely fashion.
  - xii. Residents must begin to develop skills in conflict resolution.
- d. Expectations regarding research and publication productivity:
- i. Residents must demonstrate an initiative to identify, participate, and complete a clinical research study for publication under the supervision of their RA or SD.
  - ii. Residents should select a clinical research project of interest in collaboration with at least one ACVIM Nutrition mentor.

- iii. Project selection should be made during the first 6 months of the Resident training program. Preparation of a detailed research proposal (written in grant format if applicable) is expected by the end of that time.
  - iv. 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.
  - v. Residents must comply with the ethical principles of research and actively participate in writing an animal care and use protocol (if applicable).
2. Milestones for residents in the second year and beyond:
- a. Expectations regarding patient care and clinical service:
    - i. Second-year and beyond residents must continue to fulfill all requirements expected of first-year residents.
    - ii. Second-year and beyond residents must formulate independent diagnostic and therapeutic plans with the supervision of an attending veterinarian.
    - iii. Second-year and beyond residents must coordinate patient care among all members of the healthcare team.
    - iv. Second-year and beyond residents must counsel and educate owners and referring veterinarians.
    - v. Second-year and beyond residents must develop competence in performing the core procedural skills essential to the practice of nutrition.
    - vi. Second-year and beyond residents must continue developing competence in educating owners.
    - vii. Second-year and beyond residents must facilitate the learning of students and interns (if present), other residents, and other healthcare professionals.
  - b. Expectations regarding medical knowledge:
    - i. Second-year and beyond residents must continue to fulfill all requirements expected of first-year residents.
    - ii. Second-year and beyond residents must develop a deeper understanding of disease states and their management with emphasis on the role of nutrition.
    - iii. Second-year and beyond residents must further develop skills in critical assessment, reading, and interpretation of the medical literature with application to patient care.
    - iv. Second-year and beyond residents must apply knowledge of study designs and statistical methods to the appraisal of clinical studies (i.e., skills emphasized in clinical rotations and rounds discussions).
  - c. Expectations regarding interpersonal and communication skills:
    - i. Second-year and beyond residents should continue to refine and demonstrate their interpersonal and communication skills developed as first-year residents.
    - ii. Second-year and beyond residents should develop effective negotiation and leadership skills that facilitate conflict avoidance and resolution.
  - d. Expectations regarding professionalism:
    - i. Second-year and beyond residents should continue to refine and demonstrate their professionalism skills developed as first-year residents.
  - e. Expectations regarding research and publication productivity:

- i. Second-year and beyond residents must fulfill all requirements expected of first-year residents.
- ii. Second-year and beyond residents should initiate study implementation, including active participation in patient recruitment and sample collection, data analysis, and manuscript preparation.
- iii. Second-year and beyond residents should maintain focus on study completion and troubleshoot any problems that may arise with their mentor(s).
- iv. Second-year and beyond residents should demonstrate their research productivity by having a published abstract, conference presentation, and accepted peer-reviewed publication.

## 1.M NUTRITION CREDENTIALS

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

### 1.M.1 PROCEDURES FOR SUBMITTING NUTRITION 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 Nutrition RTCC chair and pay the credentials fee online to the ACVIM office following the completion of 52 weeks or at least 26 weeks of clinical nutrition-related training time and at least ½ of the total nutrition-related training program time of their RTP. Applicant instructions for meeting the credentials requirements are available on the ACVIM website.

If a candidate has any questions regarding the credentials process, the candidate should request clarification via [certification@acvim.org](mailto:certification@acvim.org) at least 4 weeks before the credentials submission deadline.

A candidate who intends to take the Nutrition Specialty Examination must submit the credentials application 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. Candidates should receive an email acknowledging receipt of their Credentials Application from the ACVIM within two (2) weeks, and Candidates should receive a decision regarding their Credentials Application within 150 days of the submission deadline. Should the Candidate not receive these timely acknowledgments, it is their responsibility to contact [certification@acvim.org](mailto:certification@acvim.org) and determine the progress of their Credentials Application. Candidates must retain copies of all documents sent to and correspondences with the ACVIM for their records.

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

The candidate must meet or surpass the following RTP requirements toward receiving board certification in nutrition (check the ACVIM and ACVN website most current updates):

- Appropriate training in veterinary nutrition in their chosen track has been attained.
- A letter of understanding stating that the Resident understands that all requirements must be met before being granted board certification.
- The completed Credentials Application Form.

- A scholarly activity report.
- A clinical training weeks log.
- A didactic learning opportunities log.
- A teaching opportunity log.
- A case log.
- A procedure log.
- A journal club log.
- Benchmarks – completed the appropriate number of benchmarks at two per year until the application to take the examination is accepted.
- A variance form, which must be completed by the PD if using variances.
- A letter of understanding that documents awareness of the publication requirement, completion of remaining required weeks in training, and submission of examination questions and a copy of the acceptance email from the Training and Credentials Committee.
- A letter from their RA verifying satisfactory progress in the training program.

The examination may be taken after completion of 4 benchmarks and Credentials Application approval by the Nutrition RTCC. Passing the examination does not guarantee board certification, as all requirements for achieving board certification must be met and the application for board certification must be submitted before consideration.

## 1.N EVALUATION OF APPLICATION

The credentials application packet will be evaluated as “acceptable,” “conditionally acceptable,” or “unacceptable.”

### 1.N.1 PROCEDURE AFTER RECEIVING NOTIFICATION OF AN ACCEPTABLE APPLICATION PACKET

1. The Resident should register for the examination after notification of a successful credentials application. An examination fee will be charged each time the examination is taken. Residents must register online by the deadline listed on the ACVIM website to take the examination that same year. No registration reminders will be sent.
2. Any Resident who wishes to withdraw from any part of the examination must notify the ACVIM office via [certification@acvim.org](mailto:certification@acvim.org) by the deadline listed on the ACVIM website to receive a full refund of the examination fee. Cancellations received by the ACVIM after the deadline will forfeit 50% of the exam fee paid. No shows will forfeit 100% of the examination fee paid. In cases of emergency, accident, illness, etc., 100% of the fee will be refunded or may be applied to the next examination cycle.
3. A Resident who wishes to take the examination following a delay or to retake any portion of the examination must notify the ACVIM of such intent by registering and paying the examination fee to the ACVIM based on the deadlines published on the ACVIM website. The specialty will not send reminders to



people who might wish to retake the examination. Current contact information should be updated by the Resident.

### 1.N.2 PROCEDURE AFTER RECEIVING NOTIFICATION OF AN UNACCEPTABLE APPLICATION PACKET

The Resident may appeal the decision of the Nutrition RTCC as described in this Manual. The Resident should check the ACVIM website for additional or updated information.

## 1.O GENERAL AND SPECIALTY EXAMINATIONS

Due to the continued integration of the ACVN into ACVIM, nutrition residents are not yet required to take the ACVIM General Examination. Candidates taking the Nutrition Specialty Examination are expected to conduct themselves as described in Section 4.H.1 of this Manual. Candidates requiring accommodations should read Section 4.H.2 of this Manual.

### 1.O.3 NUTRITION SPECIALTY EXAMINATION

Once credentials are approved, candidates may register to take the Nutrition Specialty Examination and pay the associated fee. Nutrition Specialty Examination registration and payment of the associated fee must be completed online by the deadline date specified on the ACVIM website. 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 Nutrition 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.

### 1.O.4. NUTRITION SPECIALTY EXAMINATION 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.\*\*\***

Once the Specialty Examination Application has been approved, candidates may register for the Nutrition Specialty Examination as described in section 4.H.6. The Nutrition Specialty Examination consists of three (3) sections and additional information is provided by the Examination Committee on the ACVIM web site. Section One includes Physiological, Biochemical, and Basic Medical and Surgical Nutrition, Section Two includes Practical, Clinical, and Pathological Nutrition. Section Three includes Case Management.

## 1.P PROCEDURE FOR SUBMITTING CREDENTIALS

When all requirements for board certification have been completed, the Resident must complete and submit the application and checklist for credentials to the ACVIM with the appropriate fees as described on the ACVIM website.

## 1.Q MAINTENANCE OF CERTIFICATION REQUIREMENTS (MOC)

As discussed in section 4.J, every Diplomate who completed credentials and became a Diplomate on, or after, January 1, 2016, is awarded a Diplomate certificate that is valid for 10 years. ACVIM Nutrition Diplomates subject to MOC will be required to complete a minimum of 100 credits of activities that demonstrate either continuing education or progressive involvement in the practice of veterinary nutrition over a 10-year period.

It is the responsibility of each Diplomate to maintain documentation of these activities. This documentation may be in an electronic spreadsheet that contains, at a minimum, the following information:

- Meetings: the title, date, and location of the meeting and individual lectures given and attended.
- Publications: a copy of the publication.
- Training: the names of residents, graduate students, fellows, interns and externs, and dates of training.
- Examination questions: a list of the questions submitted.
- Industrial research and development: a list of new products released and explanation of the Diplomate's role in their development or an enumeration of research and development activities with the approximate time commitments of the Diplomate.
- Practice activities (private, academic, and industrial): a list of the practice settings, an indication of the periods over which the Diplomate was active at each setting, and the proportion of their professional time dedicated to the practice of veterinary nutrition.

The Nutrition specialty may conduct random surveys to verify the documentation of any Diplomate's credits. Upon request, the Diplomate shall provide the documentation. Failure to provide the required documentation or to complete 100 credits over 10 years will result in the Diplomate having to retake all sections of the Nutrition Specialty Examination. Diplomates maintaining certification via examination will not have to resubmit credentials but will have to pay the examination fee.

### 1.Q.1 SCORING

Peer-reviewed publications on a nutrition-related topic will be counted for the year of publication, not for the year of writing. Submitted documentation should include a brief description of the role of the Diplomate.

- Original research article as related to nutrition (first, mentoring, or corresponding author) 10 points
- Original research article (co-author) 4 points
- Book chapter, case report, scientific review article (first or mentoring author) 6 points
- Book chapter, case report, scientific review article (other than first author) 3 points
- Nutrition-related review (non-peer-reviewed) 3 points
- Proprietary research leading to the launch of a new product 10 points

- Proprietary research project completed 4 points

Presentations on a nutrition-related topic: multiple presentations of a lecture will be awarded credit only once (maximum 12 points per year):

- Invited scientific review at national or international meetings 5 points
- Research abstracts at national or international meetings 3 points
- Invited scientific review at local, regional, or state meetings 2 points
- Nutrition-related presentation: lay audience, 4H, underclassmen 2 points

Attendance at nutrition meetings (maximum 10 points/year):

- International meetings max 10 pts/meeting, 2 points/half day
- National meetings max 10 pts/meeting, 2 points/half day
- Regional meetings max 5 pts/meeting, 1 point/half day

Attendance at non-nutrition-related meetings (maximum 6 points/year):

- International and national meetings max 4 points/meeting, 2 points/half day
- Regional meetings max 4 points/meeting, 1 point/half day

Nutrition training:

- Training a nutrition resident (per resident) 4 points/yr.
- Advisor for students for a master's or PhD degree in nutrition 8 points/yr.
- RA 8 points/yr.
- Resident Advisory Committee member 2 points/yr.
- Teaching nutrition-related course to veterinary/graduate/undergrads 4 points/yr.  
One point per semester credit hour to a max of 4 points
- Supervising fellows and other direct reports 4 points/yr.  
One point per month of supervision to a maximum of 4 points
- Supervising summer externs (veterinary students: 2 points/student) 4 points/yr.

Nutrition Specialty Examination (maximum 12 points/yr.)

- Writing new questions for Sections I or II 3 points/question
- Writing new questions and/or grading for Section III 5 points/question
- Validating examination: 5 points/section

Clinical service

- Practicing clinical nutrition in private practice over 50%-time year-round 5 points/yr.

ACVIM CERTIFICATION MANUAL

Specific Requirements for the Specialty of Nutrition

- Practicing clinical nutrition in an academic veterinary teaching institution 5 points/yr.

Nutrition Specialty Committee Membership

- 1-year service 3 points/yr.