



**SPECIALTY CERTIFICATION AND RESIDENCY TRAINING MANUAL:
NUTRITION**

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The ACVIM (synonyms: ACVIM or the College) certifies specialists in veterinary nutrition. Nutritionists focus on the role of nutrition in the health and disease of animals.

This specialty-specific Certification and Residency Training Manual (SM) is intended as a resource for Candidates, Sponsoring Institutions (SIs), training sites, Program Directors (PDs), Supervising Diplomates (SDs), Secondary Supervising Diplomates (SSDs), Secondary Supervising non-Diplomates (SSNDs), Residency Advisors (RAs), and other institutional officials and personnel involved in the certification processes of the American College of Veterinary Internal Medicine's Nutrition Specialty and ACVIM-approved nutrition Residency Training Programs (RTPs).

This SM represents the current policies, procedures, requirements and standards for individuals seeking certification as an ACVIM Diplomate (Nutrition) and those involved in ACVIM-accredited nutrition residency training programs.

Common policies, procedures, requirements and standards applicable to all ACVIM specialties exist. These are required of all ACVIM Candidates and all ACVIM RTPs. These are not detailed in this SM, but rather established in the [ACVIM Certification and Residency Training Manual](#).

Current implementational information, specifying deadlines, fees, form / document versions, registration procedures, credentials submission, and examination content and procedures, is maintained on the [ACVIM website](#), and not in this Manual. Candidates should regularly check the [ACVIM website](#) for any updates and/or changes to deadlines, fees, form / document versions, registration procedures, credentials submission, examination content and procedures, and other matters that may impact the successful completion of the certification process. It is the responsibility of Candidates and mentors to verify and maintain access to the [ACVIM website](#), [Candidate dashboard](#), and all relevant [ACVIM listservs](#). The [ACVIM office](#) does not send out individual notices to Candidates and/or mentors regarding approaching deadline dates, as that information is maintained and kept current on the [ACVIM website](#).

ACVIM policies, procedures, requirements and standards are subject to periodic review and change. If referring to a previously downloaded or printed version of this Manual, the [ACVIM website](#) should be checked for updates.

While a concerted effort has been made to ensure the comprehensive nature and accuracy of this Manual, if there are any questions for clarification, feedback or comments, interested parties 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 on the following page.

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1 NUTRITION DOCUMENTS AND FORMS

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

- [Online Resident Registration Form](#) (via the [Candidate dashboard](#)).
- [Application to take the General Examination](#) (via the [Candidate dashboard](#)).
- [General Examination blueprint, reading list & study resources](#) (available a minimum of 60 days prior to the General examination date).
- [Nutrition Credentials Packet](#) (prerequisite for taking the nutrition Specialty Examination).
- [Registration to take the Nutrition Specialty Examination](#) (via the [Candidate dashboard](#)).
- [Nutrition Specialty Examination blueprint, reading list & study resources](#) (available a minimum of 60 days prior to the nutrition Specialty examination date).

2 DEFINITIONS FOR NUTRITION CANDIDACY AND RESIDENCY TRAINING PROGRAMS

Review important terms and definitions related to the specialty of nutrition. These definitions expand upon those provided in the [ACVIM Certification and Residency Training Manual](#), as they pertain specifically to the specialty of nutrition.

NUTRITION CREDENTIALS COMMITTEE (CC)

The nutrition CC's primary task is to review and determine the status of the candidates' Credentials submissions to determine eligibility for the Nutrition Specialty Examination.

NUTRITION OMBUDSPERSON

The specialty of nutrition has an ombudsperson, appointed by the nutrition specialty president, who is available to Candidates to provide advice and serve as a liaison during conflicts involving a Candidate, a RTP, and/or the ACVIM, or representative thereof. The ombudsperson provides guidance in resolving concerns, conflicts, or complaints in a confidential and informal manner. These concerns may be regarding the RTP and/or training officer (i.e., PD, RA or SD) or with the ACVIM Board-Certification process (i.e., change in status, communications with the Central Office). All communications are held in strict confidence. The role of the ombudsperson is to liaise, advise, and offer options toward resolution of a problem, as the ombudsperson deems appropriate. The ombudsperson cannot offer legal advice, does not actively engage in any formal arbitration process, and does not impose sanctions on individual Candidates or RTPs. The scope of the ombudsperson's role excludes matters relating to examinations and/or denial of credentials, which are addressed by the ACVIM appeals committee. If an ombudsperson is personally involved in a dispute with a Candidate, RTP, the ACVIM, or representative thereof, the ombudsperson must recuse themselves. In such a case, the ACVIM certification liaison or another specialty ombudsperson may serve as ombudsperson during that dispute.

The nutrition ombudsperson may be contacted at nutritionombuds@ACVIM.org.

NUTRITION PROGRAM DIRECTOR (PD)

The nutrition PD is the individual at the SI who assumes overall responsibility for the conduct and integrity of that institution's RTP(s). The specialty of nutrition requires that a nutrition PD must be an ACVIM Diplomate and member in good standing in the specialty of nutrition.

NUTRITION RESIDENCY TRAINING COMMITTEE (RTC)

The nutrition RTC specifies the residency training criteria that must be met for ACVIM-approval of a nutrition RTP. The nutrition RTC reviews and approves all new nutrition RTPs and reviews and approves for renewal each registered nutrition RTP annually. The nutrition RTC also

reviews any significant changes in a nutrition 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 nutrition CC of any approved changes. These reviews are typically based on documents submitted by the RTP's PD. However, the nutrition RTC may solicit supplemental documentation from other individuals who have knowledge of a particular RTP. The nutrition RTC also handles questions from nutrition residents, Candidates, PDs, RA, SDs, SSSDs and SNDs, regarding the interpretation of the nutrition RTP requirements and standards as established in this SM.

NUTRITION RESIDENT ADVISOR (RA)

The nutrition RA is the primary individual monitoring the nutrition resident's progress during residency training at the SI. A nutrition RA must be an ACVIM Diplomate in the specialty of nutrition and/or a European College of Veterinary Comparative Nutrition (ECVCN) Diplomate. An RTP with an ECVCN Diplomate as RA must also have an ACVIM Nutrition Diplomate co-advisor (CO-RA). Each nutrition RA may not advise more than 2 residents at any one time. A nutrition RA must be actively involved as a SD and be substantially involved in the clinical supervision and didactic education of assigned residents.

NUTRITION RESIDENT ADVISORY COMMITTEE

The 3-person Resident Advisory Committee is no longer required for a nutrition RTP to be approved and to maintain annual re-approval.

NUTRITION RESIDENT CO-ADVISOR (CO-RA)

The nutrition resident co-advisor (CO-RA) is an ACVIM nutrition Diplomate, who is actively involved in monitoring the nutrition resident's progress during residency training at the SI. A nutrition CO-RA is only necessary when the nutrition RA is a Diplomate of the European College of Veterinary Comparative Nutrition (ECVCN). A nutrition CO-RA must be an ACVIM Diplomate in the specialty of nutrition. Each nutrition CO-RA may not advise more than 2 nutrition residents at any one time. A nutrition CO-RA must be actively involved as a SD and be substantially involved in the clinical supervision and didactic education of assigned residents.

NUTRITION SECONDARY-SPECIALTY SUPERVISING DIPLOMATE (SSSD)

A 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 didactic education of the resident in an area of specialty that is not the primary specialty of the RTP. A secondary-specialty supervising diplomate (SSSD) for a nutrition RTP must be a Board-Certified veterinary specialist in any veterinary 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 specialist certified by an ABVS or EBVS registered veterinary specialty or registered veterinary

specialty organization. A SSSD must be in good standing with the relevant ABVS or EBVS registered veterinary specialty or registered veterinary specialty organization, actively involved in their area of specialty, maintain competency in the field, and be substantially involved in the training and education of assigned residents.

NUTRITION SUPERVISING DIPLOMATE (SD)

A nutrition SD is an individual at the SI, or a secondary RTP clinical training site, who is actively contributing to the clinical training and didactic education of the resident in a nutrition. A nutrition SD must be a Board-Certified specialist in the specialty of nutrition. Here, for nutrition SDs, Board-Certified specifically refers to both ACVIM Diplomates in the specialty of nutrition 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 and didactic education of assigned residents. For the specialty of nutrition, a minimum of 1 SD must be present at the SI.

NUTRITION SUPERVISING NON-DIPLOMATE (SND)

A nutrition SND is a role currently specific to the specialty of nutrition. A nutrition SND is an individual at the SI, or a secondary RTP clinical training site, who is actively contributing to the clinical training and didactic education of the resident in nutrition. A nutrition SND must hold a PhD or equivalent qualification, as well as expertise deemed applicable to the specialty of veterinary nutrition. A nutrition SND must be in good standing with any relevant professional bodies, actively involved in their area of expertise, maintain competency in the field, and be substantially involved in the training and education of assigned residents.

SUPERVISION OF RESIDENCY TRAINING

DIRECT SUPERVISION

Direct supervision is defined by the ACVIM as training circumstances wherein the SD(s), or SSSD(s), and resident are physically present together, with interactive and concurrent management of cases. The SD(s) or SSSD(s) is expected to be physically present and immediately available to the resident, throughout the day, for face-to-face reciprocal case management discussion, advice, direction, and assistance, as required/ requested by the resident and indicated by their level of training.

INDIRECT SUPERVISION

Indirect supervision is defined by the ACVIM as training circumstances wherein the SD(s), or SSSD(s), and resident, are not physically present together, and are not interactively and concurrently managing cases (e.g., “chief” weeks). The SD(s), SSSD(s)

or SND(s) must be on-site and immediately available (e.g., telephone, text, email, Zoom, MS Teams, Skype, etc.) for reciprocal case discussion, advice, and direction, as well as immediately available for direct supervision (section 3.C.8.a), as required and/or requested by the resident. Indirect supervision does mandate a level of daily case management oversight by the SD(s), SSSD(s) or SND(s).

REMOTE SUPERVISION

Remote supervision is defined by the ACVIM as the use of specific wireless/wired network communication technologies, namely tele- or video-conferencing platforms (e.g., telephone, Zoom, MS Teams, Skype, etc.), to facilitate some level of interactive resident education and/or clinical training. The key component of remote supervision, as defined by the ACVIM, is that it involves live active reciprocal dialogue between the supervisor(s) and resident. Remote supervision is best suited to rounds, journal clubs and select seminars, but it may be utilized to contribute to additional resident training requirements (e.g., clinical case management where the supervisor is not on-site, and not immediately available for direct supervision).

The type and extent of any remote supervision must be defined in the nutrition RTP application and/or annual renewal.

REMOTE TRAINING / EDUCATIONAL EXPERIENCES

In contrast to the ACVIM's definition of remote supervision, remote educational experiences are defined by the ACVIM as those provided via the use of wireless/wired network communication technology, internet, television, telephone, or other communication media, to fulfill some requirements of resident education. Remote educational experiences, as defined by the ACVIM, might include on-line classes, seminars and conferences, where there is minimal to no interaction. The type and extent of remote educational experiences must be defined in the RTP application and/or annual renewal.

The type and extent of remote training must be defined in the nutrition RTP application and/or annual renewal.

TRAINING TIMES / TRAINING WEEK

A nutrition RTP must have a resident working at least 40 hours over a minimum of 4 days in a contiguous 7-day period for it to count as 1 training week of a nutrition RTP. This time period may include emergency duties and patient care on weekends. Four weeks constitutes 1 month of resident training.

3 EXPECTED SKILLS OF NUTRITION DIPLOMATES

What follows is a description of the skills ACVIM Diplomates in nutrition should possess following residency training and a successful candidacy period. It should be noted that unlike other ACVIM specialties, the specialty of nutrition requires a tracking choice during residency training and ACVIM candidacy.

3.a Small Animal Track

- Establish competency in nutritional biochemistry.
- Perform a detailed nutritional assessment on a patient.
- Understand body condition scoring.
- Request and interpret appropriate laboratory evaluation of animals to diagnose or manage nutrition-related problems and to monitor feeding plans.
- Recognize physical and laboratory signs of nutritional deficiencies and excesses.
- Formulate an appropriate homemade diet.
- Select the appropriate form of nutrition support required in hospitalized patients.
- 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., nasoenteral, esophagostomy, gastrostomy, and jejunostomy). Caseloads will vary depending upon the training program.
- 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).
- Manage the common complications of parenteral and enteral nutrition.
- 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:
 - Athletes' endurance or short-term maximal activity.
 - Acid-base imbalances.
 - Electrolyte disturbances.

- Diabetes mellitus.
- Obesity.
- Hypertriglyceridemia.
- Inflammatory bowel disease.
- Protein-losing enteropathy.
- Intestinal resection or anastomosis.
- Short bowel syndrome.
- Gastric dilatation or volvulus.
- Acute vomiting and diarrhea.
- Adverse food reaction.
- Pancreatitis.
- Portosystemic shunts.
- Hepatic lipidosis.
- Chronic hepatic disease including copper-associated hepatopathy.
- Hepatic failure.
- Developmental orthopedic disease.
- Idiopathic cystitis.
- Chronic kidney disease.
- Acute kidney injury.
- Protein-losing nephropathy.
- Urolithiasis (struvite, oxalate, urate, cystine, and mixed).
- Congestive heart failure.
- Cancer-related chemotherapy or radiation therapy.
- Knowledge of placement and management of feeding tubes.
- Monitor the progress of therapy, adjusting as necessary.
- Understand pet food labeling and other regulatory issues.
- Be able to critically evaluate the scientific literature.
- Be able to critically evaluate advertising claims.
- Have a working knowledge of statistics.

3.b Large Animal Track

- Establish competency in nutritional biochemistry.
- Perform a detailed nutritional assessment on a patient or herd, flock, or colony.
- Understand body condition scoring.
- Request and interpret appropriate laboratory evaluation of animals to diagnose or manage nutrition-related problems and to monitor feeding plans.
- Request appropriate laboratory evaluation of feeds to diagnose or manage nutrition-related problems.
- Recognize physical and laboratory signs of nutritional deficiencies and excesses.
- Formulate a balanced ration for an individual or herd or flock.
- Select the appropriate form of nutrition support required in hospitalized patients.
- Formulate and administer parenteral nutrition.
- Select the appropriate tube type.
- Place nasogastric tubes.
- Monitor patients receiving enteral nutrition.
- Manage common complications of enteral nutrition.
- 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:
 - Food Animal.
 - Ketosis.
 - Hypocalcemia.
 - Hypomagnesemia.
 - Hepatic lipidosis.
 - Rumen acidosis: acute and subacute.
 - Abomasal ulcers, impactions, and displacements.
 - Selenium, copper, and zinc deficiencies.
 - Copper toxicosis.
 - Urolithiasis.

- Starvation.
- Milk replacers for calves, lambs, and pigs.
- Polioencephalomalacia.
- Bloat.
- Equine.
- Periodic hyperkalemia.
- Tying-up syndrome.
- Developmental orthopedic disease.
- Hyperlipidemia.
- Starvation urolithiasis.
- Renal disease.
- Hepatic disease.
- Colic.
- Athletes' endurance or short-term maximal activity.
- Acidosis.
- Milk replacers for foals.
- Monitor the progress of therapy, adjusting as necessary.
- Understand feed labeling and other regulatory issues.
- Be able to critically evaluate the scientific literature and advertising claims.
- Have a working knowledge of statistics.

3.C Comparative Track

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

4 NUTRITION RESIDENCY TRAINING PROGRAM (RTP)

An ACVIM-approved nutrition RTP is the foundation for the education and training of ACVIM nutrition Candidates seeking certification as ACVIM Diplomates in the specialty of nutrition.

The common requirements and standards for certification and residency training established in the [ACVIM Certification and Residency Training Manual](#) must be met. In addition, there are specialty-specific nutrition policies, procedures, requirements and standards for certification and residency training specific to the specialty of nutrition, as established in this SM. The policies, procedures, requirements and standards established in this SM are the minimum for certification and residency training in the specialty of nutrition. A nutrition RTP may choose to include additional educational and training requirements above the minimum established in this SM. Additional educational and training requirements outlined in the RTP's approval and annual renewal documentation are part of that RTP. A resident registered in that RTP must satisfy not only the minimum requirements established in this Manual, but also fulfill the additional requirements of that RTP, in order to become an ACVIM Diplomate in the specialty of nutrition, as the additional requirements are necessary for that resident to complete the RTP and obtain a residency certificate of completion.

4.A Acceptable nutrition RTPs

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

4.B nutrition RTP Registration and Evaluation

The ACVIM's policies, procedures and criteria for RTP registration, annual re-approval, probation and termination are standardized across all ACVIM specialties and are described in the [ACVIM Certification and Residency Training Manual](#) (4.C.4-6).

4.c nutrition Candidate registration

ACVIM's policies, procedures and criteria for resident registration as an ACVIM Candidate in an ACVIM-approved RTP are standardized across all ACVIM specialties and are described in the [ACVIM Certification and Residency Training Manual](#) (4.C.3).

4.D Specific Requirements of a nutrition RTP

It is incumbent upon the SI, PD, RAs, SDs, SSSDs, SNDs, residents and Candidates, as well as relevant ACVIM staff and committee members, to be aware of the common and nutrition-specific RTP policies, procedures, requirements and standards, and to collectively work toward ensuring they are being fulfilled.

4.D.1 DURATION OF NUTRITION RESIDENCY TRAINING

A standard nutrition RTP is a minimum of 2 years (104 weeks) in length. The minimum requirement for each nutrition RTP is 52 weeks of on-clinic / intensive clinical training in a nutrition service. A minimum of 10 of these 52 weeks must be under the direct supervision of a nutrition SD or SND. The remaining 42 of these 52 weeks may be either under the direct and/or remote supervision of a nutrition SD and/or SND. The remaining 52 weeks of the 104-week nutrition RTP will include a combination of additional directly and/or remotely supervised training in veterinary nutrition, directly supervised training by SSSDs in related disciplines, indirect supervision in veterinary nutrition or related disciplines, research and scholarly activity, study time, and vacation.

In a non-traditional nutrition RTP the 2 years (104 weeks) required time in training may be discontinuous and distributed over a greater timeframe.

4.D.2 INTENSIVE CLINICAL TRAINING IN NUTRITION

At least 52 weeks of the 104-week nutrition RTP must consist of intensive clinical training in nutrition. A minimum of 10 of these 52 weeks must be under the direct supervision of a nutrition SD. The remaining 42 of these 52 weeks may be either under the direct and/or remote supervision of a nutrition SD and/or SND. During these weeks, the resident and SD or SND should be interactively and concurrently managing, or consulting on, cases daily. Multiple daily discussions are expected between the SD or SND and resident. Either in-person or remote communications are acceptable depending on whether direct or remote supervision is being provided. The nature of the supervision must be specified in the RTP description.

Managing the nutritional aspects of cases while on other services is not considered adequate in meeting this requirement. 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, SNDs 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 1 nutrition SD or SND 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 or SND

present, until the SD or SND 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, vacation and study time.

Residents must keep a log of their intensive clinical training in nutrition weeks for presentation to their RA during each progress review.

4.D.2.a 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. A SD or SND must directly supervise and review case management for nutrition cases and an appropriate SSSD 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.

4.D.2.b PROCEDURES

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

4.D.2.c CLINICAL CASE CONFERENCES (ROUNDS)

During weeks of intensive clinical training in nutrition, residents must attend and participate in daily clinical rounds with at least 1 specialist recognized by the ABVS present. 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 RTP with an SD, SND or SSSD present until the SD, SND or SSSD deems a resident capable of leading student rounds independently.

4.D.3 INTENSIVE CLINICAL TRAINING IN OTHER ACVIM AND NON-ACVIM SPECIALTIES

The remaining 52 weeks of a 104-week nutrition RTP must include directly supervised intensive clinical training in other ACVIM and non-ACVIM specialties. This may vary according to the track being followed by the resident.

For nutrition residents pursuing the small animal track, a minimum of 4 weeks of directly supervised training in small animal medicine is required, and a minimum of 2 weeks in other relevant ACVIM specialties (e.g., cardiology, neurology, oncology). An additional 2 weeks in non-ACVIM ABVS-approved specialties is also required (e.g., surgery, emergency and critical care, sports medicine, etc.).

For nutrition residents pursuing the large animal track, a minimum of 4 weeks of directly supervised training in LAIM is required, and a minimum of 4 weeks in other relevant ACVIM and non-ACVIM ABVS-approved specialties.

For nutrition residents pursuing the comparative track, a minimum of 4 weeks of directly supervised training in either SAIM or LAIM is required; a combination is allowed, but neither can be less than 1 week. Additionally, a minimum of 4 weeks in other relevant ACVIM or non-ACVIM ABVS-approved specialties is required.

Nutrition residents must keep a log of their clinical training weeks in both ACVIM and non-ACVIM specialties for presentation to their RA during each progress review.

4.D.4 RESEARCH AND CREATIVE SCHOLARLY ACTIVITY

Scientific discovery is a critical mission of the nutrition specialty. In recognition of this, a nutrition RTP includes an assessable period of instruction and/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.

Residents are required to participate in clinical, laboratory or retrospective research projects, including grant writing, the design, execution, evaluation of results, preparation and presentation of an abstract at the annual AAVN, ACVIM Forum, or similar, and publication. Ideally, a minimum of 4 weeks of the aforementioned remaining 52 weeks of a nutrition RTP must be allocated for research and scholarly activity, ideally in the pursuit of publication, although the research requirement of a RTP may be fulfilled in a variety of ways.

Documentation of the completion of at least 1 of the following activities during the nutrition RTP is required as part of the nutrition credentials packet.

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

- Copy of a first-author research paper published in a peer-reviewed journal, documenting original work undertaken predominantly during the RTP, or letter of acceptance (unconditional) from a peer-reviewed journal, documenting the same. (If the nutrition publication requirement is met through a paper accepted and/or published prior to the RTP, then additional research and scholarly activity must be undertaken during the RTP, and evidence provided in the credentials packet).
- Evidence of presentation of an abstract (oral or poster), documenting original work undertaken predominantly during the RTP, at a scientific meeting.
- Documented (letter from RA) completion of a prospective or retrospective research project, undertaken predominantly during the RTP, that is unpublished (E.g., thesis).
- Documented (letter from RA) submission of a prospective research grant/project, formulated predominantly during the RTP, pertinent to the Candidate's specialty.
- Documented (letter from RA and/or transcript) completion of 3 credits, or the equivalent, 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.

4.D.5 NUTRITION JOURNAL CLUB

Residents must participate in at least 80 hours of journal club throughout the 104 weeks of a nutrition RTP. At least 1 specialist recognized by an ABVS or EBVS registered

veterinary specialty or registered veterinary specialty organization must attend each journal club. Residents must keep a log of journal club activities that includes the date, article title(s), and the identity of the specialist in attendance. The log is to be submitted as part of credentials packet to be reviewed by the nutrition CC.

4.D.6 NUTRITION STRUCTURED EDUCATIONAL EXPERIENCES

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

It is anticipated that these structured educational experiences will primarily occur at the SI or be coordinated through the SI. Acceptable nutrition structured educational experiences may take many forms, including formal nutrition case conferences, internal medicine case conferences, clinicopathologic conferences or seminars, grand rounds, nutrition conferences or seminars at medical schools / hospitals, additional journal club(s) and book reviews. Remotely delivered conferences, seminars and/or shared seminars or conferences between multiple institutions / sites are acceptable in meeting this requirement. The availability and structure of these structured educational experiences will be considered by the nutrition RTC during both the initial review of the RTP application and at each annual renewal.

During the nutrition RTP, residents must attend a minimum of 1 formal conference in veterinary nutrition and/or related disciplines. During a non-traditional RTP, residents must attend a minimum of 2 formal conferences in veterinary nutrition and/or related disciplines. Examples include the [ACVIM Forum](#).

4.D.7 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 a minimum of 2 hours teaching per residency year for a standard RTP, or a minimum of 4 hours for a non-traditional RTP, on topics related to veterinary nutrition. The goal of this requirement is to provide residents with teaching experience in formal lecture and laboratory settings.

4.D.7.a 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 1 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.
- Are expected to challenge the resident to prepare by researching and referencing the literature and effectively communicating that information to an audience.

4.D.7.b LABORATORY TEACHING SESSIONS

- Are expected to be organized, requiring advanced notification and preparation, and evidenced with learning objectives or handouts.
- Must involve at least 3 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 CC 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.

4.D.8 NUTRITION TRAINING BENCHMARKS

Two training benchmarks per 52 weeks of a nutrition RTP must be completed to be eligible to take the Nutrition Specialty Examination. These must be completed during the RTP with the last 1 completed a minimum of 120 days before the Nutrition Specialty Examination date.

Training benchmarks are educational and/or clinical training tasks assigned by the nutrition CC 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 the specialty. Training Benchmark tasks might include, but are not limited to, monographs on current topics, multipart essay questions, multiple-choice questions, and short answer questions.

4.D.8.a COMPOSITION AND PURPOSE OF TRAINING BENCHMARKS

Training benchmarks enable the resident to demonstrate consolidation of knowledge and problem-solving skills to guide appropriate decision-making as a specialist. Training 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, training 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, training 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 released from question banks. The main sources for the benchmarks align with this Manual.

4.D.8.b SCHEDULE FOR TRAINING BENCHMARKS

Training benchmark assignments will be sent to RAs twice a year. Candidates will have 30 days for initial completion of the Benchmark after it is released. Training benchmarks and answer keys will be released, and final assessments will be due on a schedule as posted on the ACVIM website.

4.D.8.c PROCESS FOR COMPLETING TRAINING 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 staff liaison by the assessment due date.

Completion is recorded by the nutrition staff liaison, and a record must be kept by the resident as part of their essential documentation. All training benchmark assignments must be completed to fulfill nutrition residency training requirements and to become a Diplomate of the ACVIM in nutrition.

4.D.9 STUDY TIME

A minimum of 4 weeks of protected and uninterrupted study time, during which the resident is relieved of all clinical training responsibilities, preferably including emergency duties and the responsibility for client communications, must be allocated to the resident 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 a minimum of 4 weeks protected and uninterrupted study time, during which the resident is relieved of all clinic responsibilities, preferably including emergency duties and the responsibility for client communications, must be allocated to the resident to prepare for the Nutrition Specialty Examination. Study time should be scheduled to immediately precede the Specialty Examination date as much as is practical. This study time should be within 8 weeks of taking the Nutrition Specialty Examination. The provision of this protected study time is at the discretion of the SI, if the resident is not preparing to take the Nutrition Specialty Examination within 8 weeks of completing their residency. During study time, residents should still attend journal club, seminars and didactic learning opportunities as they arise.

4.D.10 UNSUPERVISED, VACATION AND PERSONAL TIME

4.D.10.a UNSUPERVISED TIME

Please refer to section 4.C.17. b of the [ACVIM Certification and Residency Training Manual](#).

The nutrition specialty has no specific stipulations regarding unsupervised time that may contribute to a nutrition oncology RTP, excepting meeting the requirements / expectations for formal conference attendance, study leave, vacation and personal leave.

Vacation time varies between SIs, but no more than 4 weeks in total can be counted towards the 104 weeks of a 2-year RTP and six weeks towards a 3-year RTP. Additional vacation and personal time, however, may be granted to a resident, just not counted in RTP training time.

4.D.10.b VACATION

Please refer to section 4.C.17. b of the [ACVIM Certification and Residency Training Manual](#).

The specialty of nutrition stipulates that the nutrition resident should take vacation during the nutrition RTP that is separate and independent of all other RTP requirements and activities, including study leave. A resident should take a minimum of 4 weeks of vacation time during a 2-year nutrition RTP, and an equivalent period during a non-traditional nutrition RTP. Vacation time is at least 2 weeks per year during a 2-year nutrition RTP, and is best allocated as, but not required to be, 2 continuous weeks per annum. Vacation time must never be used

as a release from clinical or other required residency training obligations, in order to facilitate participation in continuing education, conference or seminar programs, or to prepare for the General or Nutrition Specialty Examination(s).

4.D.10.c PERSONAL LEAVE

Please refer to section 4.C.17.c of the [ACVIM Certification and Residency Training Manual](#).

The nutrition RTP is expected to provide reasonable and practicable accommodation for a resident's medical and personal needs (e.g., healthcare appointments, medical leave, carer's leave, jury duty, etc.).

4.D.11 RESIDENCY TRAINING INTERRUPTION

Training interruptions may be unavoidable in circumstances where a resident must switch from 1 RTP to another to fulfill all RTP, credentials and certification requirements. In such cases, the following steps must be taken:

- A new training program, most likely assuming a non-traditional format, must be identified and proposed to the RTC.
- The nutrition RTC must approve the new RTP before the continuation of clinical training.
- The nutrition RTC must approve any previously completed training that the resident wishes to count.
- 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.

In some circumstances, a resident may need to take a leave of absence that would prevent them from completing the RTP on time as planned. The PD and resident must notify the nutrition RTC within 14 days of this occurrence occurring. The PD and resident must then petition the RTC for approval of an extension to the RTP. Written approval of the extension must be granted and documentation included with credentials packet.

When training resumes, training must be completed in 2 consecutive week blocks amounting to a minimum of 12 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 nutrition.

4.D.12 VARIANCES

Variances to nutrition RTPs may be permitted by the Nutrition RTC, but the petition for a variance addressed to the Nutrition RTC will require a detailed explanation. Written approval from the Nutrition RTC must be granted. Documentation relating to approved RTP variances must be maintained by RTP and also the Candidate as part of their essential documentation to be submitted with the Candidate's credentials packet.

4.D.13 ONLINE EXIT INTERVIEW SURVEY

Within 90 days of completing a 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.

4.e NON-TRADITIONAL, INCLUDING DUAL, RESIDENCY TRAINING PROGRAMS

For the specialty of nutrition, it is possible to achieve certification and become a Diplomate of the ACVIM (Nutrition) by completing a non-traditional nutrition RTP.

A non-traditional nutrition RTP is a RTP, that is approved by the Nutrition RTC, allowing the resident to complete and meet the nutrition residency training requirements and standards discontinuously, over more than 2 years. A non-traditional nutrition RTP may be a maximum of 5 years in duration (with exceptions only in the case of concurrent PhD programs).

There are several reasons why this might be desirable, including, but not limited to, completing dual veterinary specialty RTPs or completing a concurrent nutrition RTP and PhD program.

The nutrition specialty stipulates that in a non-traditional residency training program, all the specialty's requirements and standards for standard residency training must be met, and that all training must take place within clearly defined blocks of training time.

The Nutrition RTC must approve the non-traditional RTP before the resident commences the RTP. Submission of a request for approval of the non-traditional RTP must be submitted to the RTC at least 90 days in advance of a residency's anticipated start date.

In the non-traditional residency training program submission, the PD and SI must provide thorough justification for such an RTP, and a comprehensive plan for the resident's non-traditional training, including:

- How all requirements for a standard RTP in nutrition will be met during the non-traditional RTP, including the following:
 - On-site, full-time supervision by at least 1 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 General and Nutrition Specialty Examinations.
 - If any training occurs at secondary sites, their locations, planned schedules of attendance by the resident, and letters from all SDs, SSSDs and SNDs at the SI and all secondary training sites must be provided confirming their commitment to the alternate RTP.

Note: For non-traditional RTPs, where dual ACVIM RTPs are being pursued, time spent meeting the training requirements for the second specialty cannot be used to meet the nutrition RTP requirements (and vice versa). Minimum RTP requirements must be met for both specialties.

Subsequently, the PD, RAs, SDs and SSSDs and resident must maintain a record that the training occurred as specified.

A report of any change to the non-traditional RTP that deviates from the approved RTP training schedule must be submitted to the nutrition RTC via certification@acvim.org, within 14 days of the change.

The total time to allowed to achieve Diplomate status is 10 years from registration with the ACVIM for residents in a 5-year non-traditional RTP.

5 ROLES AND RESPONSIBILITIES ASSOCIATED WITH NUTRITION CANDIDACY AND RTPS

These descriptions and criteria expand upon those provided in the [ACVIM Certification and Residency Training Manual](#), as they pertain specifically to the specialty of nutrition.

5.a Roles and Responsibilities of the Sponsoring Institution (SI)

As defined in the [ACVIM Certification and Residency Training Manual \(3.C.16.a\)](#), the sponsoring institution (SI), PD, and RA must ensure the availability of all necessary professional, technical, and clerical personnel to best support the nutrition RTP.

Intensive clinical training in nutrition must take place at the 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, as well as access to the scientific literature. Board-Certified specialists in nutrition as well as other disciplines must be on-site and/or available for remote consultation. SI facilities, including the clinical environment, are required to be conducive to the performance of research necessary to meet RTP requirements and standards.

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

5.A.1 FACILITIES AND EQUIPMENT

Specific resources to be provided by the nutrition SI must include, but are not limited to, the following:

- A library that must include all textbooks and journals (hard copy or online) listed on the nutrition specialty examination reading list.
- Access to relevant electronic medical literature databases with search capabilities. It is recommended that continued library access be made available to residents post-RTP if possible.
- A retrievable electronic medical record and/or hybrid database, to facilitate their maintenance of individual and complete medical records for each case.
- Computer equipment for by residents necessary in maintaining records and completing the requirements of the nutrition RTP.

- Internet and email access.
- While the SI for a nutrition RTP need not be a hospital facility, at least 1 training site, whether the SI or a secondary site, must be located in a hospital facility that is suitable for housing animal patients preoperatively, during recovery from anesthesia, and postoperatively.
- While the SI for an RTP in nutrition need not have an intensive care facility, at least 1 training site, whether the SI or a secondary 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.
- While the SI for a nutrition RTP need not have a pharmacy or dispensary, at least 1 training site, whether the SI or a secondary site, must have a pharmacy or dispensary that is 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.
- While the SI for a nutrition RTP need not have diagnostic imaging services on-site, at least 1 training site, whether the SI or a secondary site, must have ready access to diagnostic imaging services, including radiography, ultrasonography, and cross-sectional imaging,
- While the SI for a nutrition RTP need not have clinical or anatomical pathology services on-site, at least 1 training site, whether the SI or a secondary site, must have ready access to clinical pathology services that include hematologic, clinical chemistry, microbiologic, and cytological diagnostic capabilities, as well as anatomic pathology services. All reports must be archived, searchable and retrievable.

5.A.2 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.

5.b Roles and Responsibilities of Any Secondary Training Site(s)

If the SI is a remote nutrition service, without a hospital on-site, at least 1 secondary training site must be included in the nutrition RTP.

Under such circumstances, that secondary training site should have:

- A hospital facility that is suitable for housing animal patients preoperatively, during recovery from anesthesia, and postoperatively.
- 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 supervision by a licensed veterinarian.
- A pharmacy or dispensary that is 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.
- Ready access to diagnostic imaging services, including radiography, ultrasonography, and cross-sectional imaging,
- Ready access to clinical pathology services that include hematologic, clinical chemistry, microbiologic, and cytological diagnostic capabilities, as well as anatomic pathology services. All reports must be archived and retrievable.

Secondary training site(s) may be included in the nutrition RTP for a spectrum of reasons, including in order to broaden the clinical and/or didactic experiences of the resident, especially in fulfilling the requirements for intensive clinical training in other ACVIM and non-ACVIM specialties (5.F.2), or for obtaining additional intensive clinical training in veterinary nutrition. The details of any training to be undertaken at a secondary training site(s) should be included in the RTP proposal submitted to the nutrition RTC for approval on an annual basis or at least submitted to the RTC for approval no later than 60 days prior to the planned experience. Nutrition RTC approval is required prior to commencing training at a secondary training site for that training to count towards the RTP training time.

5.c Roles and Responsibilities of the nutrition Program Director (PD)

The nutrition 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.

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 RTC 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 RTP duration.
- A resident transferring from one RTP to another.
- A resident either being placed on probation or being dismissed from the RTP.
- A resident beginning another RTP.
- A resident enrolling in an institutional graduate program.

Additional responsibilities of the nutrition PD include:

- The PD may be either a RA or SD for the RTP, but this is not required.
- For a standard RTPs, the PD must be at the same SI as the RA and resident to assume responsibility for the RTP.
- 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 the [Certification Manual](#) (3.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 RTC'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 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 within 14 days of the change.
- Develop a residency training plan in conjunction with the RA and resident that meets all Nutrition RTC 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 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 RTC requirements.

5.d Roles and Responsibilities of the nutrition Resident Advisor (RA)

The nutrition RA is the primary individual monitoring the nutrition resident's progress during residency training at the SI. A nutrition RA must be an ACVIM Diplomate in the specialty of nutrition and/or a European College of Veterinary Comparative Nutrition (ECVCN) Diplomate. An RTP with an ECVCN Diplomate as RA must also have an ACVIM Nutrition Diplomate co-advisor (CO-RA). Each nutrition RA may not advise more than 2 residents at any one time. A nutrition RA must be actively involved as a SD and be substantially involved in the clinical supervision and didactic education of assigned residents.

Additionally, they must:

- The RA may also be the PD and can be a 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 2 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 RTC 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.

5.e Roles and Responsibilities of the nutrition Resident Co-Advisor (CO-RA)

The nutrition CO-RA is an ACVIM nutrition Diplomate, who is actively involved in monitoring the nutrition resident's progress during residency training at the SI. A nutrition CO-RA is only necessary when the nutrition RA is a Diplomate of the ECVCN. A nutrition CO-RA must be an ACVIM Diplomate in the specialty of nutrition. Each nutrition CO-RA may not advise more than 2 nutrition residents at any one time. A nutrition CO-RA must be actively involved as a SD and be substantially involved in the clinical supervision and didactic education of assigned residents. The resident co-advisor shares the responsibilities for resident training with the RA as outlined in this Manual.

5.f Roles and Responsibilities of the nutrition Supervising Diplomate (SD)

A nutrition SD is an individual at the SI, or a secondary RTP clinical training site, who is actively contributing to the clinical training and didactic education of the resident in a nutrition. A nutrition SD must be a Board-Certified specialist in the specialty of nutrition. Here, for nutrition SDs, Board-Certified specifically refers to both ACVIM Diplomates in the specialty of nutrition and 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 and didactic education of assigned residents. The nutrition SD must contribute to ensuring a healthy and safe learning and working environment.

Specific requirements for the nutrition SD include, but are not limited to, the following:

- All 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 RTP.
- The SD directly supervises, evaluates, and provides context and perspectives for a resident during the RTP.
- During clinical rotations and after-hours periods (evenings and weekends), the SD should also be available for direct, indirect or remote supervision to facilitate the care of patients assigned to the resident.
- The SD will sign off on activity weeks for the resident on their service.

5.G Roles and Responsibilities of the nutrition resident

It is the responsibility of the nutrition resident to reasonably work towards fulfilling the requirements of the nutrition RTP in which they are registered, participating in and contributing to their own education, clinical training and professional development, as well as psychological, emotional, and physical well-being, while also demonstrating the highest professional and ethical behavior, adhering to the [ACVIM's Code of Conduct](#), and upholding the [vision, mission and values](#) of the ACVIM.

The ACVIM's policies, procedures, criteria and specific responsibilities for residents are standardised across all ACVIM specialties and are described in the [ACVIM Certification and Residency Training Manual](#) (4.C.16.g), and are elaborated upon throughout this specialty-specific Manual as they pertain to nutrition residents.

5.H Roles and Responsibilities of the nutrition Candidate

The ACVIM's policies, procedures, criteria and specific responsibilities for Candidates are standardised across all ACVIM specialties and are described in the [ACVIM Certification and Residency Training Manual](#) (4.C.16.h), and are elaborated upon throughout this specialty-specific Manual as they pertain to Nutrition Candidates.

It is the responsibility of the Nutrition 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](#).

6 CLINICAL MILESTONES FOR NUTRITION RESIDENTS

6.a. Milestones for first-year nutrition residents

6.A.1 EXPECTATIONS REGARDING PATIENT CARE AND CLINICAL SERVICE

- Residents must provide patient care that is compassionate, appropriate, and effective.
- Residents must develop comprehensive history taking and physical examination skills.
- Residents must demonstrate the ability to evaluate and prioritize data into a problem list and formulate a diagnostic plan with supervision.
- Residents must be able to assess patient progress accurately and perform appropriate and timely recommendations and interventions.
- Residents must have daily communication with the SD, including attending rounds.
- Residents must develop effective communication skills accompanied by respectful and professional behavior in all interactions with patients, owners, referring veterinarians, staff, and colleagues.

6.A.2 EXPECTATIONS REGARDING MEDICAL KNOWLEDGE

- Residents must demonstrate acceptable knowledge about established and evolving biomedical and clinical information and be able to apply this knowledge to patient care.
- Residents must have basic knowledge of pathophysiology, pharmacology, and clinical disease states.
- Residents must demonstrate a compassionate and analytical approach to clinical patients and 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 attending clinical service and house officer rounds when on clinical service.

- Residents must attend scheduled journal club and structured learning activities such as departmental seminars, morbidity and mortality rounds, and other related sessions.
- Residents must participate in clinical service and house officer rounds when rotating through specialty services (e.g., cardiology, neurology, oncology, critical care, etc.).
- 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).
- 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.
- 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.

6.A.3 EXPECTATIONS REGARDING INTERPERSONAL AND COMMUNICATION SKILLS

- Residents should demonstrate 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.
- Residents should meet expectations regarding professionalism.
- Residents must demonstrate a commitment to carrying out professional responsibilities, adhering to ethical principles, and possessing a 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 the 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.

6.A.4 EXPECTATIONS REGARDING RESEARCH, CREATIVE SCHOLARLY ACTIVITY, 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 in collaboration with at least one ACVIM Nutrition mentor.
- 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.
- 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).
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6.B. Milestones for second year and beyond nutrition residents

6.B.1 EXPECTATIONS REGARDING PATIENT CARE AND CLINICAL SERVICE

- Second-year and beyond residents must continue to fulfill all requirements expected of first-year residents.
- Second-year and beyond residents must formulate independent diagnostic and therapeutic plans with the supervision of an attending veterinarian.
- Second-year and beyond residents must coordinate patient care among all members of the healthcare team.
- Second-year and beyond residents must counsel and educate owners and referring veterinarians.
- Second-year and beyond residents must develop competence in performing the core procedural skills essential to the practice of nutrition.
- Second-year and beyond residents must continue developing competence in educating owners.
- Second-year and beyond residents must facilitate the learning of students and interns (if present), other residents, and other healthcare professionals.

6.B.2 EXPECTATIONS REGARDING MEDICAL KNOWLEDGE

- Second-year and beyond residents must continue to fulfill all requirements expected of first-year residents.
- Second-year and beyond residents must develop a deeper understanding of disease states and their management with emphasis on the role of nutrition.
- Second-year and beyond residents must further develop skills in critical assessment, reading, and interpretation of the medical literature with application to patient care.
- 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).

6.B.3 EXPECTATIONS REGARDING INTERPERSONAL AND COMMUNICATION SKILLS

- Second-year and beyond residents should continue to refine and demonstrate their interpersonal and communication skills developed as first-year residents.
- Second-year and beyond residents should develop effective negotiation and leadership skills that facilitate conflict avoidance and resolution.

6.B.4 EXPECTATIONS REGARDING PROFESSIONALISM

- Second-year and beyond residents should continue to refine and demonstrate their professionalism skills developed as first-year residents.

6.B.5 EXPECTATIONS REGARDING RESEARCH, CREATIVE SCHOLARLY ACTIVITY AND PUBLICATION PRODUCTIVITY

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

7 RESIDENT EVALUATION

Nutrition residents should be evaluated every 6 months, based upon the expected clinical skills for a Diplomate, the recommended clinical milestones (section 6), their logs, the resident's submitted training benchmarks (section 4.D.8), and their overall progress toward completion of the RTP and progress towards achieving ACVIM Diplomate status.

The RA should have the resident sign the RA's copy of the written evaluation, in order to document that the resident received a copy of the evaluation, and had the opportunity to discuss the evaluation with the RA. A copy of the RA's written evaluation(s) may be requested by the nutrition CC.

7.A nutrition Resident Logs

7.A.1 CLINICAL TRAINING WEEKS

Residents must keep a log of their clinical training weeks for presentation to their RA during each progress review.

7.A.2 CASE LOG

Residents must keep a log of their cases for presentation to their RA during each progress review.

7.A.3 PROCEDURE LOG

Residents must keep a log of all procedures they completed for presentation to their RA during each progress review.

7.A.4 JOURNAL CLUB LOG

Residents must keep a log of all journal clubs they attended for presentation to their RA during each progress review.

7.A.5 DIDACTIC LEARNING OPPORTUNITIES LOG

Residents must keep a log of all seminars and didactic lectures they attended for presentation to their RA during each progress review.

7.A.6 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 RA during each progress review.

8 PUBLICATION REQUIREMENT

It is a requirement of the nutrition specialty for certification and achieving ACVIM Diplomate (Nutrition) status that all Candidates have a relevant paper published in a peer-reviewed journal.

The purpose of the publication requirement is to ensure that a Candidate has developed adequate skills in written scientific / medical communication. The goal of the publication requirement is to ensure a Candidate displays an ability to organize scientific data, communicate data concisely and accurately, and discuss scientific findings in a manner that promotes the generation and dissemination of knowledge, advancing both animal and human health. The publication should demonstrate the Candidate's understanding of the scientific method, study design, including statistics, and a critical evaluation of the literature. The topic(s) of the publication must be relevant to the discipline of veterinary or animal nutrition. The publication must be written in English, and the Candidate must be the first, or sole, author. As such, the Candidate is also responsible for addressing editorial and review comments and suggestions during the review process with the help of the RA and/or their advisory committee and/or co-authors.

8.A ACCEPTABLE JOURNAL TYPES OF PUBLICATIONS

The Candidate 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. A list of acceptable journals may be found on the ACVIM website. The acceptable journal list is reviewed and updated as warranted based on changes in journal availability, editorial process, editorial board, and quality of the review. Due to variability in editorial quality and process, all journals must be approved by the nutrition CC prior to and separate from the assessment of manuscript acceptability.

If a Candidate 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 CC 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.
6. In such cases, the 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 CC will evaluate the stated scope of the journal to match the manuscript subject and intended audience. The nutrition CC 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>

8.B ACCEPTABLE TYPES OF PUBLICATIONS

Original research publications, retrospective studies, case reports and case series, and review articles are examples of acceptable types of publications provided they meet the aforementioned requirements.

The nutrition CC will not accept a manuscript that was submitted to the journal as a brief communication. If the journal itself reclassifies the manuscript as such, the nutrition CC might choose to 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.

8.C SUBMISSION OF THE PUBLICATION TO THE NUTRITION CC

The publication requirement may be met during the RTP or anytime during the ACVIM candidacy period. A resident may submit an appropriately 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 RTP. Manuscripts published within the 5 years before the resident's start date in the approved RTP may be submitted to the nutrition CC for consideration toward fulfillment of the publication requirement, providing the publication

has not been used to contribute to another qualification (e.g., Masters, PhD, ABVS or EBVS specialization).

In lieu of proof of publication, conditional acceptance of the credentials can be achieved by submitting a copy of the 'Letter of Understanding' found on the [ACVIM website](#) which states that a publication and documentation of its acceptance will be submitted upon acceptance of a publication while the Candidate understands the publication requirement must still be met prior to board-certification, allowing the Candidate to take the nutrition Specialty Examination. 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 CC must accept 1 publication before recommending the granting of ACVIM Diplomate (Nutrition) status to the Candidate.

The following documentation must be provided to the nutrition CC:

- The published article.
- The acceptance letter from the journal, on letterhead, if the accepted article has not yet been published.
- An article is deemed accepted for publication when the Candidate is in receipt of 1 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 and certification 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 CC in writing. Residents and Candidates should be aware that a response to a resident's request for clarification can take 6 weeks or longer.

9 THE ACVIM GENERAL EXAMINATION

All ACVIM nutrition Candidates must pass the General Examination, in order to be eligible to attain Diplomate status. Information about the General Examination is outlined in the [ACVIM Certification and Residency Training Manual](#) (4.F.6).

10 NUTRITION CREDENTIALS

Credentials approval, or conditional approval of credentials, is a prerequisite for taking the nutrition Specialty Examination(s).

Credentials approval is a requirement, in order to be eligible to attain ACVIM Diplomate status in the specialty of nutrition.

10.A Procedures for Submitting Nutrition Credentials

*****Always check the ACVIM website for the most up-to-date information before submission, as this process is subject to change.*****

The information provided in this section provides an overview of the procedures for submitting nutrition credentials. Specific guidelines are in the [nutrition credentials 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 nutrition CC chair well before the credentials submission deadline.

A Candidate who intends to take the nutrition Specialty Examination must submit credentials for the nutrition Specialty Examination so that the [ACVIM office](#) receives the credentials packet no later than the deadline date specified on the [ACVIM website](#) in the year preceding the planned examination date.

Payment of the credentials fee is also required at the time of credentials packet submission. Please maintain the record and receipt associated with payment.

THERE ARE NO EXCEPTIONS TO THE CREDENTIALS DEADLINE. LATE SUBMISSIONS WILL NOT BE REVIEWED. CREDENTIALS PACKETS MUST BE SUBMITTED ON, OR BEFORE, THE DEADLINE DATE, TO ALLOW ADEQUATE TIME FOR REVIEW BY THE NEUROLOGY CC.

CREDENTIALS PACKETS WILL NOT BE REVIEWED IF THE CREDENTIALS FEE HAS NOT BEEN PAID BEFORE OR AT THE TIME OF CREDENTIALS PACKET SUBMISSION.

Candidates may submit their complete credentials packet and credentials fee online to the ACVIM office following the completion of 52 total weeks of training, or a minimum of 26 weeks of intensive training in clinical nutrition and at least ½ of the total nutrition-related training program time of the RTP. Applicant instructions for meeting the credentials requirements are available on the ACVIM website.

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

Candidates should receive an email acknowledging receipt of their credentials application from the ACVIM within 2 weeks. Each Candidate is notified no later than 60 days after the submission deadline regarding the acceptability of the submitted credentials packet for the Nutrition Specialty Examination. The credentials application packet will be evaluated as “approved,” “conditionally approved,” or “rejected”. Should the Candidate not receive these timely acknowledgments, it is the Candidate’s responsibility to contact certification@ACVIM.org and determine the progress of their credentials application.

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.

10.b Credential Items to be Submitted

*****Always check the ACVIM website for the most up-to-date information before submission; this is only a partial list and is also subject to change.*****

The Candidate must meet or surpass the following RTP requirements toward receiving Board-certification in nutrition (check the ACVIM website for changes and updates):

- Appropriate training in veterinary nutrition has been attained in their chosen track.
- 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 case log.
- A procedure log.
- A journal club log.
- A didactic learning opportunities log.
- A teaching opportunity 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 Credentials Committee.
- A letter from the RA verifying satisfactory progress in the RTP.

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

10.C Evaluation of Credentials for Nutrition Specialty Examination

The [ACVIM office](#) evaluates the credentials packets for completeness. Complete credentials packets are forwarded to the nutrition CC for further review. Credentials will be evaluated and rated as approved, conditionally approved or unacceptable by the nutrition CC. The [ACVIM office](#) will notify the Candidate of the approval or denial of their credentials within 60 days of the deadline date for submission of credentials.

11 THE NUTRITION SPECIALTY EXAMINATION

All ACVIM nutrition Candidates must pass the nutrition Specialty Examination(s), in order to be eligible to attain Diplomate status. Common information regarding the ACVIM Specialty Examination(s) is outlined in the [ACVIM Certification and Residency Training Manual](#) (4.F.7). Further specialty-specific information is outlined below.

11.A Nutrition Specialty Examination Registration and Fee

Once credentials are approved or conditionally approved, Candidates may register to take the nutrition Specialty Examination. An additional fee is required. Candidates must register and pay the associated fee online by the deadline date specified on the [ACVIM website](#) in the year before they intend to take the nutrition Specialty Examination.

Documentation of receipt of the Candidate's nutrition Specialty Examination application, receipt of the paid fee, and documentation of nutrition 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.

11.B Nutrition Specialty Examination Content and Format

*****Always check the Candidates' examination webpage(s) on the ACVIM website for the most up-to-date information pertaining to ACVIM Examinations. Examination format/design, item types and standard setting/cut score determination method(s) are subject to change, as necessary to continue to align the examination with best practice and accreditation industry standards. Any changes will be reflected in the current examination blueprint and/or information provided to Candidates. *****

An updated blueprint for the nutrition Specialty Examination(s), reading list and relevant examination preparation documents are posted on the [ACVIM website](#) a minimum of 60 days prior to the nutrition Specialty Examination date each year.

12 MAINTENANCE OF CERTIFICATION REQUIREMENTS (MOC)

As discussed in the [ACVIM Certification and Residency Training Manual](#), every ACVIM 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. These ACVIM nutrition Diplomates are subject to MOC. The MOC policies, procedures, requirements and standards are posted on the [ACVIM website](#). The [nutrition maintenance of credentials committee \(nutrition MOC\)](#) maintains a [list of acceptable continuing education experiences](#) and their associated points that count toward renewal of nutrition credentials by the ACVIM. This information is available on the [ACVIM website](#), or by request from the [ACVIM office](#). It is the responsibility of each ACVIM nutrition Diplomate to maintain a record of these activities and submit documentation as required to meet MOC requirements and standards.

13 CORRESPONDENCE, INQUIRIES, ISSUES AND COMPLAINTS

Residents, Candidates, SI(s), training site(s), PD(s), RA(s), SD(s), SSSD(s), other institutional officials and personnel involved in the certification processes of the nutrition specialty and members of the public with comments, queries, issues and/or complaints regarding the ACVIM certification process and/or nutrition RTPs, especially issues of neurology RTP noncompliance not sufficiently resolved by the RTP's PD, should direct communication in writing to the neurology ombudsperson and/or to the relevant committee chair and/or the [ACVIM office](#). Interested parties can obtain the names and contact information for these representatives from the [ACVIM office](#) or [ACVIM website](#). A response to the communication can be expected within 4 weeks.

The ACVIM, and representatives thereof, can only address matters related to policies, procedures, requirements and standards established in the [ACVIM Certification and Residency Training Manual](#), specialty-specific manuals, and guiding documents of the organization. Personnel matters are unique to each SI and training site and their Human Resources policies and procedures and are not subject to ACVIM review.