CLINICAL WRITING ASSESSMENT (CWA)
REQUIREMENTS
FOR CERTIFICATION IN
LARGE ANIMAL INTERNAL MEDCINE
March 25, 2025– June 2026
Information Packet

INDEX

NOTE: Submissions must be emailed to Certification@ACVIM.org

It is the **responsibility of the applicant to be sure** that they have the most recent information packet. This packet is for Clinical Writing Assessments (CWAs) to be submitted March 25, 2025 – June 2026.

COMPLETING CLINICAL WRITING ASSESSMENT REQUIREMENTS FOR CERTIFICATION IN LARGE ANIMAL INTERNAL MEDICINE

A. CONTACT INFORMATION

Candidates (not the Writing Mentor or other Residency Mentors or Advisors) can email questions to the **LAIM ACVIM staff liaison at Adam@ACVIM.org**.

CLINICAL WRITING ASSESSMENT REQUIREMENT GUIDELINES

NEW GUIDELINE EFFECTIVE July 2025:
Starting July 1, 2025, the CWA Requirement will be eliminated for all current and future Residents (as of the March 25, 2025 announcement). However, Candidates who have completed their Residency prior to March 25, 2025, are required to fulfill the CWA Requirement.

NEW GUIDELINE EFFECTIVE JULY 2025:
CWA submissions are to be submitted by email to Certification@ACVIM.org.

NEW GUIDELINE EFFECTIVE JULY 2025:
Cases seen post-residency may be used for CWAs, provided they meet the criteria in this information packet.

NEW GUIDELINE EFFECTION JULY 2025:.
CWAs can be submitted any time and they will be processed within 30 days of submission.

NEW GUIDELINE EFFECTIVE SEPTEMBER 2020: Intent to Submit Forms/Letters of Intent are no longer required.

NEW GUIDELINE EFFECTIVE JULY 2020: As planned from the initial phasing in of CWAs and phasing out of Case Reports, Case Reports will no longer be accepted after March 2020. All submissions must now be CWAs.
Cases used in Case Reports that were previously submitted and failed are not eligible for submission as a CWA.

C. ONLINE SUBMISSION OF CLINICAL WRITING ASSESSMENT PACKETS

Complete and Email CWA Packet to Certification@ACVIM.org

The Candidate must email the following:

1. One **scanned electronic PDF (or equivalent) copy** of a Clinical Writing Assessment Submission Form signed by the Candidate that specifically and clearly states that:
    a. Guidelines for CWA case selection and writing process have been reviewed and followed by Candidate and Writing Mentor.
    b. The Candidate had primary case responsibility for the case submitted as a clinical writing assessment.
    c. The Candidate is the sole author of the clinical writing assessment, no portion was written by a mentor, Diplomate, or non-Diplomate.
    d. The clinical writing assessment has gone through a process of review, critique and revision with a Writing Mentor until the Writing Mentor is satisfied that it meets program standards.
    e. This clinical writing assessment may be used in the future by the Specialty of Large Animal Internal Medicine as an example.

2. One electronic copy of each CWA (written in English) with the applicant's ACVIM Assigned Candidate ID# on **each page** (e.g. 00000).

3. One electronic copy of the CWA Appendix (written in English) with the applicant's ACVIM Assigned Candidate ID# **on each page** (e.g. 00000). **ALL PARAMETERS OUTSIDE OF THE NORMAL REFERENCE RANGE WILL BE IN BOLD**

The writing mentor must email to Certification@ACVIM.org:

1. The Writing Mentor Form must be completed, signed, and emailed to Certification@ACVIM.org

It is the **Candidate's responsibility** to see that the CWA packet is correctly emailed to Certification@ACVIM.orgAll required forms must be downloaded from the ACVIM website. FAILURE TO ADHERE TO SUBMISSION GUIDELINES MAY RESULT IN THE CWA NOT BEING PROCESSED UNTIL THE FOLLOWING QUARTER. A CWA PACKET WILL NOT BE CONSIDERED COMPLETE, AND READY TO BE PROCESSED, UNTIL ALL SUBMISSION ERRORS ARE CORRECTED. Candidates will receive notice from ACVIM staff if their CWA Packet has any errors and will be asked to correct them.

Please note the following when emailing documents

a. All files should be submitted in a single email. If the file sizes prevent direct attachments, a zip file may be used and attached.
b. File names must all start with Candidate ID number and CWA number, followed by document type (ex. 123456-1 CWA Submission; 123456-1 Appendix; or 123456-1 Form).
c. Please do not add any additional wording.

D. INSTRUCTIONS FOR CLINICAL WRITING ASSESSMENTS

1.PURPOSE

a. Verify that you have been working in veterinary internal medicine.
b. Demonstrate your ability to use medical principles in the diagnosis, treatment, and prevention of animal disease.
c. Display your ability to communicate medical observations and data to your colleagues in a clear, concise, and organized manner.

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

2. FORMAT OF CWAs

a. Files should have the Candidate identification number and CWA document number indicated (e.g., 00000-1.doc is case #1 for Candidate 00000).

b. The submission must be generated using Microsoft Word for Windows or Macintosh. Other file types (i.e. Adobe PDF) will not be accepted.

c. The structure of the document should follow that of problem oriented medical approach and include the following:

- Signalment
- History
- Physical Examination
- Problem List
- Discussion of differential diagnoses (including discussion of **relevant** pathophysiology as it pertains to the case)
- Case management (diagnostics, treatments, and rationale-including **relevant** pathophysiology, mechanism of action of therapeutics, monitoring of patient etc)
- Follow-up
- **Self-reflection** (similar to morbidity and mortality rounds discussion, what improvements would the Candidate make in retrospect to the case management? What did you learn? See description below)

d. Each CWA document must have a title page that includes the Candidate's ACVIM Assigned Candidate ID#, the CWA document number, and title. A

title, as for a manuscript case report, and a 2-4 sentence summary of the case must also be written on the title page.

e. The documents must be written in English in a narrative format. They must follow the outline of a problem-oriented medical record including signalment, history, physical examination, assessment, and plan. Grammar and spelling must be flawless – Candidates must put the same effort into these documents as they would for the initial draft of a manuscript for publication. All cases must be written with strict attention to editorial detail, as if they were to be submitted for publication. The clinical writing assessment must reflect the original case.

f. **The word limit for CWAs is 4000 words.** This does not include the title page, self-reflection, appendix, or references.

g. **Plagiarism and falsification of data will not be tolerated.** If plagiarism or falsification of data is discovered, the CWA will be immediately rejected and will not be allowed to be resubmitted. The residency program coordinator and advisor will be notified. This may also be grounds for more severe disciplinary action being taken.

h. **Self-reflection**: This must be part of the body of the CWA, and not a separate document, though should be clearly labeled, so that it will not be counted towards the CWA word-count. This section provides an opportunity to discuss limitations of the case, what the Candidate has learned during the process of revisiting the case, and any changes they would make in hindsight to how the case was managed.

- The purpose of this section is to allow the Candidate to address weaknesses he/she recognized in the case, give explanations as to why procedures were omitted or delayed, etc. The Candidate can also include a discussion of tests, treatments, or monitoring measures that, in hindsight, could have been considered or included in case management. This is an additional opportunity to demonstrate the Candidate's ability to critically assess his/her case management and demonstrate their ability to self-assess which is critical to their development as internists.

This section also facilitates the use of a case that, in hindsight, was not "perfectly" managed. Thus, the self-critique section allows more cases to be suitable for use as CWAs, provided that the Candidate recognizes the deficiencies in the case and has reasonable explanations for decisions made. As long as omissions from the work-up or therapy were not life-threatening or deleterious to the case, this section also allows a Candidate to compensate for learning a more appropriate way to diagnose or manage a case "after the fact".

i. **References:** References to the scientific literature are encouraged. If references are included, they must be formatted in a standard fashion. Candidates may want to cite references to support case management decisions that could be considered controversial.

j**. Appendices**: Laboratory data, radiology reports, neurologic examination reports, ECGs, ultrasound reports, cytology reports, pathology and/or necropsy reports, microbiology and serology reports can be included as appendices. Rather than providing copies of actual hospital reports, lab data must be tabulated in forms provided with the template and other reports can be summarized in appendices. **This section should not include details of every physical examination or clinical assessment.**

k. Applicants must not identify themselves in any way except by ACVIM Assigned Candidate ID# as previously described. Be certain that all identifying marks are removed. For example, pathologists' or radiologists' signatures, animal names, case numbers and hospital names must not appear in the text or appendices. It is often easier to re-type reports (e.g. radiology) as appendices rather than trying to remove "all identifying marks."

l. The CWA must reflect the original case. Falsifying, changing, or deleting data is unacceptable and may result in requests for the original case report and a failure grade for that CWA or more severe action being taken.

3. CASE SELECTION

The following are advisory only; the Candidate must discuss with their mentors the characteristics of an acceptable Clinical Writing Assessment.

NEW GUIDELINE EFFECTIVE JUNE 1, 2020: Large Animal Candidates must submit CWAs on domestic equine, domestic ruminants, swine, llamas, or alpacas only.

a. Select cases that are interesting and warrant the time spent reflecting, analyzing, and writing about them; cases which the Candidate wishes to revisit because they want the opportunity to learn more from them. **Select cases that are sufficiently complicated (that would routinely be referred to a LAIM Diplomate for evaluation) to demonstrate your ability to interpret clinical data and use clinical reasoning skills. Avoid extremely straightforward diagnoses or therapies, no matter how interesting or complex the pathogenesis of the disease may be.** The objective of the CWA document is to demonstrate your clinical reasoning ability to diagnose and manage animals with medical diseases using a problem-based approach. The document must demonstrate that the Candidate has reflected on the diagnosis and treatment choices made and the response to those treatments.

- Candidates and writing mentors are urged to carefully consider the type of case selected for this exercise and ensure that it meets the designated criteria.

b. Cases need not be “perfect,” as long as the imperfections in management were not detrimental to the animal. The self-reflection section of the CWA allows the Candidate to discuss any changes they would make in hindsight to the management of the case and what they have learned from the case.

c. Candidates may submit CWA documents on cases seen as part of a large animal internal medicine residency or cases seen post-residency.

d. It is acceptable for Candidates to submit cases that cover primary dermatologic, cardiac, neurologic, or oncologic disorders.

e. The CWA documents must demonstrate the Candidate’s clinical reasoning skills in medicine **using a problem-based approach**. This includes thoroughness, logic and accuracy in assessment, diagnosis, and therapy as well as overall case management. All appropriate differential diagnoses must be mentioned, followed by a description of the logic used to arrive at the final diagnosis. Laboratory tests must be justified. If there are appropriate and recognized veterinary medical diagnostic tests or therapies that were not used because they were not available to you or because of the owner’s financial restrictions, mention the contribution they could have made to the case.

f. Examples of poor case selection include but are not limited to:

- Case is too easy – the definitive diagnosis was obvious early in the examination process, or the case was referred with a diagnosis, or the case was readmitted for recurrence of a previously diagnosed problem.
- Case was primarily surgical rather than medical and required little medical work-up or treatment.
- Diagnosis was made at necropsy after limited medical work-up. Cases that die or were euthanized are acceptable provided that the case necessitated medical management prior to death/euthanasia. Necropsy reports must be included in the report.
- Case was admitted and initial work-up was performed by another clinician. Decisions about initial diagnostic tests and treatments were not made by the Candidate.
- A definitive diagnosis or adequate response to treatment was not obvious before release and animal was not available for rechecks.
- Owner put too many constraints (financial or procedural) on Candidate, preventing adequate diagnostic evaluation or case management.

4. CLINICAL WRITING ASSESSMENT PROCESS

a. **Requirements**

- Each Candidate whose Residency ended prior to March 25, 2025, must write two acceptable CWA documents to be eligible for Board-certification (only 1 CWA is required if a Candidate has a previously approved Case Report). These documents are summative descriptions of cases that have been primarily managed by the Candidate (and his/her supervising Diplomates) during or after the period of the residency program.

- The format must loosely follow that of a traditional ACVIM case report and include the sections listed above. **The word limit for CWAs is 4,000 words.**

- CWAs are written solely and without assistance by the Writing Mentor. Prior to writing, the Candidate must choose a Writing Mentor. The Writing Mentor will typically be either the Supervising Diplomate (senior clinician) who managed the case with the Candidate, or the Candidate's Resident Advisor, but can be any supervising large animal Diplomate in the Candidate's residency training program.

- Once a first draft is complete, the CWA document will be sent to the Writing Mentor for internal review. CWA documents will go through an internal editing process similar to the process for manuscripts submitted to a peer-reviewed journal. **The Writing Mentor must not re-write the document during the editing process.** This may require several rounds of back-and-forth revision of the document until the Writing Mentor deems the document acceptable for submission to ACVIM.

- At the time of submission, the Writing Mentor must email their mentor submission document to Certification@ACVIM.org which confirms that the CWA meets their program's standards. There is also an opportunity for the mentor to convey information to the ACVIM regarding the process and whether the CWA being submitted accurately reflects the Candidate's abilities.

- The completed CWA documents can be submitted to ACVIM at any point during the year, once the mentor decides they meet program standards and expectations. Candidates can expect to receive their CWA Progress Letters within 30 days from the date they email their *complete* submission packet to Certification@ACVIM.org.

b. **Instructions for Candidates:**

- When selecting a case, the Candidate must consult their Resident Advisor or another supervising Diplomate to ensure that the case is of adequate complexity that it would routinely require referral evaluation by an LAIM Diplomate. The Writing Mentor for the CWA does not have to be the Resident Advisor and the resident is encouraged to work with different Writing Mentors for the two CWA documents. Ideally, the Writing Mentor

would be the clinician that supervised the resident during management of the actual case. The resident and the Writing Mentor must then meet to discuss the expectations for writing (agreeing on a length, format, and timeline for completion of the writing and review process).

- **NEW GUIDELINE EFFECTIVE JUNE 2020: THE WRITING MENTOR MUST BE A DIPLOMATE OF THE ACVIM (LARGE ANIMAL).**

- The CWAs must be written solely by the Candidate (with no material or editorial help from any outside party), and they can be assessed and reviewed by the Candidate's Writing Mentor as often as needed to create an acceptable manuscript. Both finalized CWA documents must be submitted prior to board certification.

- The entire first draft must be completed prior to sending it to the Writing Mentor for initial review. The Writing Mentor will read the draft and offer specific written recommendations which the Candidate must use to improve and refine the document. The review process must be repeated until the Writing Mentor concludes that the document meets acceptable standards. When the Writing Mentor decides that the CWA meets the standards of the residency training program and the ACVIM, the CWA can be submitted to ACVIM.

c. **Instructions for Writing Mentors:**

- First, the Writing Mentor must assist the Candidate in selecting an appropriate case. A wider range of cases must be considered suitable for a CWA than for the formerly accepted CR. The case must be an interesting case, one that is worthy of the time spent revisiting for the CWA and one which poses a good learning opportunity for the Candidate. The case does not have to be a "perfect" case, as long as there are no errors in management which were detrimental to the animal. More suggestions regarding case selection are above.

- Second, the Writing Mentor must discuss the expected format and style of the CWA document and establish expectations for completion of the initial draft and the subsequent review process. The style of the CWA is expected to follow traditional format of a case report, with some (previously described) changes such as the Self Reflection.

- The Writing Mentor is expected to review the CWA document in a timely manner and provide both verbal and written comments about content and organization as well as editorial suggestions. This process must be similar to an internal review process in preparation for submission of a manuscript to a scientific journal. Although the Writing Mentor can provide as many comments or corrections as needed, with as many revisions as needed, the mentor must not actually rewrite or alter the prose of the manuscript – that is the learning process for the Candidate.

- The CWA document will be considered final once the Writing Mentor deems that the document meets their standards for quality and detail and is appropriate for subsequent review by an external LAIM Diplomate.
- Writing Mentors must not sign off on the completion of the documents until the Candidate has effectively demonstrated that he/she can "use medical principles in the diagnosis, treatment and prevention of animal disease, and display an ability to communicate medical observations and data to colleagues in a clear, concise, and organized manner."

5. COMMON ERRORS IN CLINICAL WRITING ASSESSMENTS (included but are not limited to the following)

A common error is omission of important information. ACVIM cannot differentiate between an omission because information was not available, and an omission that is an error in case management. Therefore, Candidates are encouraged to comment on missing information whenever it pertains to management of the case.

a. **Incomplete history:**

- The presenting complaint and pertinent medical history of the animal, including previous laboratory results and treatments, are essential.
- For most cases, this section must include information about the vaccination and de-worming history of the animal, travel history, type of housing, diet (including recent changes), and whether other animals on the premises are ill.
- If gastrointestinal, metabolic, or toxic (ingested toxins) conditions are differentials, a detailed dietary history is indicated; otherwise, it must be brief.
- Recent use of the animal (racing, breeding, showing, shipping) must be mentioned when pertinent.
- If the animal is a neonate, important historical information includes gestational age at birth, parturient problems (e.g., dystocia), care of the umbilicus, amount of colostrum and milk received, and health of the dam.
- If certain historical information about a case was not available to the Candidate, he/she must state this.

b. **Incomplete reporting of physical examination findings:**

- If the Candidate does not mention the results of examination of pertinent body systems, the processor cannot know whether results were normal or whether the systems were not examined. For suspected gastrointestinal disorders, intestinal motility, fecal consistency/appearance, and rectal examination findings are considered pertinent. Rectal examination findings can be included in the workup section if not performed during initial physical examination.
- Neurologic examination findings must be included in the main text for all animals with suspected neurologic disease (all results can be detailed on a neurological exam form as an appendix). If a complete

neurologic examination was not performed, the Candidate must explain why it was not performed.

c. **Incomplete or lack of problem list:**

- The problem list must summarize all clinical abnormalities identified in the animal's history and on physical examination, even if the resident considers some problems to be "irrelevant". Reasons for considering problems irrelevant can be discussed in the differentials section.

d. **Incomplete or excessive rule out list:**

- Differentials must be provided for each problem identified in the problem list.
- Differentials for nonspecific problems, such as anorexia or obtunded behavior, can be broad, whereas differentials for specific findings, such as a systolic cardiac murmur or mucopurulent nasal discharge, must be more specific.
- If a particular disease (e.g., infectious) is uncommon in the area, it is important that the Candidate demonstrates knowledge that the disease is a differential but is unlikely. In most cases, the differential lists must be started with the most likely conditions, although rare or unlikely differentials must still be mentioned with certain problems (e.g., rabies with all forms of neurologic disease).
- If the Candidate considers certain differentials more or less likely than others, based on the history and physical examination findings, he/she must state this and give the reason(s).
- Frequently, Candidates provide differentials for neurologic signs before localizing the lesion. Neuroanatomical localization must be made first as part of the physical and neurologic exams.
- Candidates must also remember to include an updated list of differentials when complications occur during case management.

e**. Incomplete or improper initial work-up:**

- Tests or procedures performed during the initial work-up must represent an attempt by the Candidate to narrow the differential list(s). As such, tests or procedures must not be performed that do not serve this purpose, unless the Candidate justifies them.
- The Candidate must show good judgment in choosing tests and procedures performed. He/she must not show tunnel vision and concentrate on a single or a few differentials, failing to rule out potentially important conditions. On the other hand, excessive testing to rule out unlikely differentials indicates poor judgment.
- If a test(s) or procedure(s) that would be helpful in narrowing the differential list is not performed, the Candidate must state why (especially if the test or procedure is considered "standard practice") and how it would have assisted the diagnostic process. An example would be failure to use a re-breathing bag on an animal with suspected pulmonary disease. Cost, lack of availability, or failure of owner compliance may be acceptable reasons in some instances,

as long as they are not used excessively and do not seriously limit the Candidate's ability to evaluate or treat the case; if they do, the case may not be suitable. The Candidate must ultimately convince the auditor that his or her diagnosis was correct and that other differentials were adequately excluded.

- Candidates sometimes use cost as a reason for failure to run simple, inexpensive tests, such as urinalysis or blood gas analysis that are pertinent to the diagnosis or treatment of a case, but they run more expensive tests or give expensive treatments without discussion of cost. Candidates are encouraged to reflect upon the choices made during management and comment on them in either the text or self-critique section.
- Often, cases are received after normal working hours when certain tests are not available or are more expensive. This must be clearly stated by the Candidate. Whenever possible, samples for laboratory testing must be collected (and saved) before administering treatments that could interfere with the diagnosis. If this is not possible, the Candidate must explain why. Examples would be samples for culture before beginning antimicrobial therapy, blood for hematology and cross-matching before transfusion, blood for serum biochemical and blood gas analyses and urine for urinalysis before fluid and electrolyte therapy. It is not considered acceptable to fail to run pertinent laboratory tests that are available at all hours (e.g. hematocrit, total protein concentration, urine dipstick, urine specific gravity).

f. **Failure to assess pertinent laboratory abnormalities:**

- Abnormalities identified by laboratory or other ancillary tests (radiography, ultrasonography, etc.) must be acknowledged and assessed, with emphasis on how they help to narrow the differential diagnosis list. Discussion must be limited to common or likely causes of the abnormalities that are pertinent to the case and type of patient. Inclusion of rare or unlikely causes indicates that the Candidate cannot prioritize. When a Candidate does not address an abnormality, the processor will assume that he/she did not recognize it or does not know how to explain it.
- Laboratory abnormalities must agree with the previous clinical assessment. For example, the Candidate must not interpret increased creatinine concentrations as pre-renal disease without noting that the animal had clinical signs of hypovolemia. If clinical and laboratory findings do not agree (e.g. the Candidate did not detect abnormal lung sounds but ultrasound examination revealed large quantities of pleural fluid), the resident must propose an explanation.
- Some laboratory abnormalities may not be clinically relevant (for example, serum enzyme activities below the lower limit of the

laboratory reference range). These may still be mentioned to demonstrate the Candidate's ability to interpret test results.

g. **Failure to justify treatments or give dosages:**

- Dosages for all treatments should be given. If a dosage or drug was used that is not considered "standard practice" for a particular condition, its use should be justified.
- Candidates often fail to state the exact volume, composition, and rate of fluid administration (or parenteral nutrition) administered and why that fluid product, volume and administration rate were chosen. The composition of parenteral nutrition can be given as an appendix. Please make sure all appendices are referenced in the relevant section in the main text.
- If equine blood was not cross-matched before transfusion, Candidates should consider mentioning this or discussing why this was not performed.
- Extralabel drug use ramifications should be considered and discussed when used in food animals.
- When diagnosis or treatment of a food animal obviously exceeds its market value, justification may be useful (e.g. show animal, use as embryo donor, owner's decision).

h. **Failure to adequately monitor treatments:**

- Potential toxic effects of treatments must be discussed and monitored. If monitoring is not performed, the Candidate must state why. Common problems are failure to discuss potential nephrotoxicity associated with long term aminoglycoside therapy and potential gastro-intestinal ulceration associated with NSAID administration. Candidates often use cost or unavailability of the test as reasons for not monitoring gentamicin concentrations. However, a reasonable alternative is to monitor urine for casts; this can be done cheaply and easily but is seldom mentioned and apparently seldom done.
- Sometimes a Candidate must (or does) release an animal before all important problems are resolved and the animal becomes "unavailable for follow up". In these cases, the auditor must be convinced that the Candidate made an accurate diagnosis and that the treatments were appropriate and working. If the Candidate feels that doubt will remain or that he/she did not adequately rule out differentials, the case is not appropriate for a CWA.

i. **Lack of adequate discussion of pathophysiology:**

- The Candidate's knowledge of pathophysiologic mechanisms must be evident, in part, from his/her assessment of clinical problems and laboratory abnormalities, formulation and elimination of differentials, and selection and justification of treatments. He/she must **briefly** summarize the pathophysiology of the primary problem(s) once a diagnosis is made, as per the preferences of their mentor. clinical writing assessment

j**. Lack of discussion of nosocomial, zoonotic or herd health implications:**

- The Candidate's knowledge of the implications of infectious diseases to the hospital, clinic, owner, owner's family, and/or other animals in contact with the case must be considered and discussed where appropriate

E. CWA SUBMISSION CHECK LIST

The following checklist is provided for your use in submitting your clinical writing assessment packet. If you are submitting clinical writing assessments with anything left unchecked, then your packet is incomplete, and your packet will not be processed until all documents are submitted.

- ❑ A CWA Submission Form signed by the Candidate (PDF format).
- ❑ One CWA Writing Mentor Submission Form (PDF format) to be submitted by the Diplomate to Certification@ACVIM.org
- ❑ One electronic file (Word format) of each CWA **(labeled with Candidate ID#).** This must include a self-reflection as described on page 4.
- ❑ One electronic file (Word format) of each appendix **(labeled with Candidate ID#).** If multiple appendices, please combine into a single document.