



**CLINICAL WRITING ASSESSMENT(CWA)  
FOR CERTIFICATION IN  
LARGE ANIMAL INTERNAL MEDICINE  
March 25, 2025 – June 2026  
Candidate Submission Form**

By signing this form, the Candidate verifies the following:

- a. The guidelines for Clinical Writing Assessments (CWA) case selection and writing process have been reviewed and followed by the Candidate and Writing Mentor. Guidelines can be found on the Credentials pages of the ACVIM website: <https://www.acvim.org/Candidates/LAIM/Credentials> under both “2nd Year” and “3rd Year” Candidates.
- b. The Candidate had primary case responsibility for the case being 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.
- f. The Clinical Writing Assessment should 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 Clinical Writing Assessment or more severe action being taken.
- g. The Candidate’s residency training program ended prior to March 25, 2025 (Current and Future Residents enrolled in an RTP as of March 25, 2025 or afterwards are exempt from the CWA Requirement)

**Date of Submission:**

**Title of CWA**

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Clinical Writing Assessment number \_\_\_\_\_

I.E. if you submitted your first CWA already, this would be CWA #2.

**Species** (check one): Equine ☐ Food Animal ☐ Camelid ☐

**Case Writing Assessment Mentor Name:** \_\_\_\_\_

Writing Mentors must submit a Writing Mentor Submission Form individually by emailing [Certification@ACVIM.org](mailto:Certification@ACVIM.org) before a submission can be deemed complete.

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Name of Candidate

\_\_\_\_\_  
ACVIM Assigned Candidate ID#