

The Academy of Veterinary Technicians in Clinical Practice



**Application Packet
2018 Case Year**

SUBMISSION GUIDELINES

If you intend to apply for the 2018 application year, please email a letter of intent indicating your goals by July 1st, 2018. Email to AVTCPinformation@gmail.com. **This letter is mandatory for consideration. Verbally telling an AVTCP member, or emailing your mentor does NOT qualify as a letter of intent.**

All documents must be scanned and/or filled out digitally to be submitted online. Submissions will be accepted via email, Dropbox, or other digital format emailed to AVTCPinformation@gmail.com.

Application fees should be made directly to the treasurer:

Blythe Haman
21103 Bridge Falls Ct.
Katy, TX 77449

International students must ensure their fee is paid in US dollars.

Please be very careful to have all parts of all forms filled out, signed, and scanned. Incomplete applications will not be reviewed/considered.

WAIVER, RELEASE, AND INDEMNITY AGREEMENT

I hereby submit my credentials to the Academy of Veterinary Technicians in Clinical Practice (AVTCP) for consideration for examination in accordance with its rules and enclose the required application fee. I agree that prior to or subsequent to my examination; the AVTCP Board of Regents may investigate my standing as a technician, including my reputation for complying with the standards of ethics of the profession. I understand and agree that the application fee shall be nonrefundable.

I agree to abide by the decisions of the Board of Regents and thereby voluntarily release, discharge, waive and relinquish any and all claims, actions, or causes of actions against the Academy of Veterinary Technicians in Clinical Practice, the Board of Regents, and each member, regent, officer, examiner, and agent of AVTCP or the Board of Regents (collectively the "Released Parties", individually a "Released Party"), and hereby voluntarily release and discharge each of the Released Parties from any and all liability whatsoever, arising out of or in any way related to any decision or act made by a Released Party in connection with my application to AVTCP, the AVTCP examination, the grades on such examination and/or the grant or issuance of, or failure to grant or issue, any certificate (each, an "AVTCP Decision"). I hereby agree to defend, indemnify and hold harmless each Released Party from and against any and all claims, actions, causes of action, demands, costs, including but not limited to court costs and attorney's fees, and liabilities brought by or for me or prosecuted or otherwise pursued for my benefit, whether known or unknown at this time, arising out of or in any way related to an AVTCP decision. I further agree that any certificate which may be granted and issued to me by AVTCP shall be and remain the property of AVTCP.

I understand that as part of the application submitted herewith I am being asked to suggest issues, questions and ideas which AVTCP can include in future examinations. I hereby assign to AVTCP all right, title and interest in and to any and all such issues, questions and ideas which I may submit to AVTCP now or in the future.

I certify that all information provided by me on the application submitted herewith is true and correct. I acknowledge that I have read, understand and agree to abide by the terms and conditions stated above.

(Signature)

(Date)

(Please print your name)

AVTCP PROFESSIONAL HISTORY AND EMPLOYMENT

Name: _____

Last

First

MI

Address: _____

Street

City

State

Zip Code

Phone: Work (____) - _____ Home: (____) - _____ E-mail Address: _____

Practice Category: _____ Present Occupation: _____

Have you graduated from an AVMA approved School of Veterinary Technology? Yes No

School: _____ Graduation Date: _____

Are you currently Licensed/ Registered/ Certified or possess credentials to legally practice? Yes No

State/Province of Licensure/Registration/Certification: _____ Legally Credentialed since: _____

Are you a member of any professional veterinary organizations (such as NAVTA)? Yes No

Please specify: _____

****Photocopy of diploma in veterinary technology and/or photocopy of veterinary technician credential required****

Veterinary Technician Employment History

Name of Practice/City/State	Type of Practice	Average number of hours worked per week	% of Time spent in Practice Category	Starting Date/Ending Date

****Minimum of 5 years with 10,000 hours of experience as a CVT in Clinical Practice with 75% in the selected Practice Category****

****All experience must be completed within ten years prior to application****

To figure hours = (hours per week) x (percent in specialty) x (weeks worked at job) = **Total hours experience** _____

AVTCP CONTINUING EDUCATION LOG

- CE must be RACE certified or its equivalent. Applicants cannot use their own lectures for CE credit.
- Forty (40) hours minimum of approved CE must be completed within five (5) years of application due date. Applicants are encouraged to submit > 40 hours of CE.
- All CE must be in advanced clinical practice. CE should be well rounded and comprised of several domains. If CE is all from one domain (ie: Behavior or management or dentistry), it will NOT be accepted.
- Small Animal and Exotic Companion Animal applicants **ONLY**: All instructors are required to be veterinary diplomates/specialists, veterinary technician specialists, CVPP, or CVPM. You must indicate speaker credentials (e.g. ABVP (Avian), VTS (ECC), etc) for approval.
- Production Medicine applicants are encouraged to review the Production Medicine application for specific CE requirements/guidelines.
- Lectures are to be listed **individually** with title and speaker credentials evident. CE will not be accepted if listed by conference.
- A minimum of 75% in the practice category in which the specialty recognition is sought is required.
- No more than 30% of submitted CE is accepted from interactive-distance (web-based, teleconference, etc.) format.
- No more than 10% of submitted CE is accepted from non-interactive-distance (online, accredited journal, self-study, etc.)

Photocopies of certificate of attendance or other proof of attendance for these events are required. Please attach to this form.

Date	Title of Lecture	Speaker/credentials	Location/Convention	Hours

Total hours _____

AVTCP KNOWLEDGE LISTS

A qualified candidate will know, understand, be familiar with, recognize, utilize, and/or intuit the disease states and conditions contained in the knowledge list. The knowledge list can be used as an aid in preparation for sitting the examination in your clinical practice category. The topics listed are in addition to your skill list, and though some overlap will occur, any topic that appears on either list is suitable information for examination. However, unlike the skills list, you are not required to provide proof of competence for the knowledge lists. The examination will provide this information.

I have read the above information and the advanced knowledge list in the following area of expertise (please check only one)

- Small Animal (Canine/Feline)
- Small Animal (Feline)
- Exotic Companion Animal
- Production Medicine

Please acknowledge that you have read the above statement and return this form with your application packet.

Signed _____

Please print applicant's name _____

AVTCP EXAM QUESTION FORM

- Please submit 5 exam questions specific to your practice category for committee review for possible use on future AVTCP examinations.
- These questions must be advanced in nature and follow the AVTCP format.

Question # _____

Question: (Stem)

Responses: (Please list the correct response **first**, capitalize first letter of each response)

- 1.
- 2.
- 3.
- 4.

Reference: (Source you would quote to prove the correct answer is in fact correct)

Author:

Title:

Publisher:

Year:

Page(s):

Rationale: (A short statement explaining the testing point)

Name:

Contact information:

E-mail address:

Practice Category

- Canine/Feline Feline Exotic Companion Animal Production Medicine

Domain

- | | |
|---|---|
| <input type="checkbox"/> Anesthesia and Analgesia | <input type="checkbox"/> Body Mechanics & Systems |
| <input type="checkbox"/> Diagnostic & Laboratory | <input type="checkbox"/> Diseases |
| <input type="checkbox"/> Pharmacology | <input type="checkbox"/> Animal Care & Treatment |
| <input type="checkbox"/> Surgical Nursing | <input type="checkbox"/> Dentistry |
| <input type="checkbox"/> Behavior | <input type="checkbox"/> Practice Management |

AVTCP CASE LOG OUTLINE

Applicant's name: _____

Case log # _____ *Date* _____ *Patient ID* _____
Species/Breed _____ *Age* _____ *Sex* _____ *Wt* _____ *kg*
Diagnosis _____

Treatment Plan _____

Advanced skills & procedures performed _____

Advanced skills & procedures assisted _____

Outcome _____

Case log # _____ *Date* _____ *Patient ID* _____
Species/Breed _____ *Age* _____ *Sex* _____ *Wt* _____ *kg*
Diagnosis _____

Treatment Plan _____

Advanced skills & procedures performed _____

Advanced skills & procedures assisted _____

Outcome _____

Case log # _____ *Date* _____ *Patient ID* _____
Species/Breed _____ *Age* _____ *Sex* _____ *Wt* _____ *kg*
Diagnosis _____

Treatment Plan _____

Advanced skills & procedures performed _____

Advanced skills & procedures assisted _____

Outcome _____

AVTCP CASE LOGS – Instructions/Guidelines

- Only cases that take place after the applicant reaches 5 years with 10,000 hours of experience as a CVT in Clinical Practice with 75% in the selected practice Category will be accepted.
- Cases submitted must take place between January 1st to December 31st of the application year, and should be listed in sequential order from oldest to newest.
- A *minimum* of 50 cases (maximum of 75) reflecting the mastery of advanced clinical practice knowledge and skills are required. Applicants are encouraged to submit > 50 cases as cases may be rejected.
- A *minimum* of 80% of the skills list must be cross-referenced in the case log. Please indicate the skill number in parentheses after citation. You are encouraged to select cases that demonstrate more than one advanced skill. Submission of multiple similar/repetitive cases is discouraged.
- Skills list items should be referenced by skill number and description of skill performed.
- Please be sure to specify details, such as sites/locations for skills list items such as IV catheter placement, venipuncture, drug administration sites, etc.
- The AVTCP case log outline should be utilized. Each case log should be numbered individually and no case log should be longer than one page in length.
- Each case log should only include details for a single patient visit. Multiple visits by the same patient count as only one case unless presented for an entirely new problem. Multiple patient visits can be utilized to demonstrate advanced nursing skills but they will not count towards your total case count after the initial entry.
- Abbreviations should be expanded on first mention if not on abbreviation list.
- Logs should be written in 3rd person with spelling and grammar perfect.
- Medications should be referred to by drug name, not brand or trade name.
- Drug dosages must be expressed in metric units with specific dosage, time intervals, and route of administration. (*Correct – enrofloxacin 200 mg (10mg/kg) IV q12h; Incorrect – Baytril[®] 8.8 mL bid*).
- ***Please see any additional case log requirements in your specific practice category application.***

AVTCP CASE REPORTS – Instructions/Guidelines

- Only cases that take place after the applicant reaches 5 years with 10,000 hours of experience as a CVT in Clinical Practice with 75% in the selected practice Category will be accepted.
- Reports must be no more than five (5) pages each, 1” margins, Times New Roman 10pt., and double-spaced. References are not included as part of the five page maximum.
- The case report must be taken from the case logs. The case log # must be included in the case report.
- Narrative should follow a problem-oriented medical record.
- Abbreviations should be expanded on first mention if not on abbreviation list.
- Reports must demonstrate expertise in the management and treatment of clinical cases and will be reviewed for overall quality of nursing care, therapy instituted by the technician, goals of care and therapy, and the technician’s role in the management as it relates to the case.
- All case reports involving anesthetic procedures must include an anesthetic monitoring log. This report is additional to the 5-page maximum.
- Case reports will be scored on writing (style, grammar, syntax, ability to communicate clearly, concisely yet thoroughly), disease (demonstrating a clear understanding of the disease and explaining the relevant anatomy, pathology and pathophysiology), diagnostics (explanation of diagnostics including reason for test, role in performing test, both normal & abnormal results and nursing response to test), and nursing care and therapy (explanation of goals of nursing care and therapy and role in care).
- Appendices may be included if necessary/desired (ECG tracings, chemotherapy protocols, radiology reports, etc.).
- Reports should be written in 3rd person with spelling and grammar perfect.
- The use of references is encouraged, but plagiarism will not be tolerated.
- Medications should be referred to by drug name, not brand or trade name.
- Drug dosages must be expressed in metric units with specific dosage, time intervals, and route of administration. (*Correct – enrofloxacin 200 mg (10mg/kg) IV q12h; Incorrect – Baytril[®] 8.8 mL bid*).
- ***Please see any additional case report requirements in your specific practice category application.***

AVTCP CASE REPORTS - Format

AVTCP Case Report #
Case Log#
Title
Author

Signalment

Presenting Complaint

History

Physical Exam Findings/Observations (admit/first contact)

Problem List/Differential Diagnosis

Diagnostic Approach

State whether lab work was performed in-house or at an outside laboratory.

Treatment Plan

Final Diagnosis

Outcome

Necropsy and postmortem testing is included here if appropriate.

Conclusion/Case Summary

Include information on the disease, the typical history and presentation, the diagnostic approach, treatment and management options, expected outcome and prognosis, and any other pertinent information. Information should be current and high quality; standard textbooks and peer-reviewed journal articles are preferred. All researched information is to be cited.

Discussion

The Discussion section is used to evaluate and critique the case. Unlike the actual Case Report, which is an objective recording of the facts of the case, the Discussion is a subjective analysis of the case management. Explain any deficiencies or potential errors in the case, and justify any steps taken or choices made that differ from case management.

AVTCP ACCEPTABLE ABBREVIATIONS

These abbreviations may be used without expansion in AVTCP applications:

Ab	antibody
ACT	activated clotting time
BMBT	buccal mucosal bleeding time
BP	blood pressure
bpm	beats per minute
BUN	blood urea nitrogen
C1, C2...	cervical vertebrae
C/M	castrated male
CBC	complete blood count
cc	cubic centimeter
cm	centimeter
CNS	central nervous system
CO ₂	carbon dioxide
CPK	creatinine phosphokinase
CSF	cerebrospinal fluid
CT	computed tomography
d	day
dl	deciliter
DNA	deoxyribonucleic acid
ECG/EKG	electrocardiogram or electrocardiographic
EDTA	ethylenediaminetetraacetic acid
ELISA	enzyme-linked immunosorbent assay
°F	degree Fahrenheit
F/S	female/spayed
FeLV	feline leukemia virus
FIP	feline infectious peritonitis
FIV	feline immunodeficiency virus
g	gram(s)
grain	grain(s)
h	hour
Hct	hematocrit
Hgb	hemoglobin
hpf	high power field
hr	hour(s)
IFA	indirect fluorescent antibody
IM	intramuscular
IN	intranasal
IP	intraperitoneal
ICe	intracoelomic
IV	intravenous
kg	kilogram
L1, L2...	lumbar vertebrae
L	liter
lpf	low power field
m	meter

min	minute
M/N	male/neutered
MCH	mean corpuscular hemoglobin
MCHC	mean corpuscular hemoglobin concentration
MCV	mean corpuscular volume
min	minute
mg	milligrams
mL	milliliter
MRI	magnetic resonance imaging
NPO	nothing by mouth (nil per os)
NSAID	non-steroidal anti-inflammatory drug
O ₂	oxygen
OD	right eye (oculus dexter)
OS	left eye (oculus sinister)
OU	both eyes
PCV	packed cell volume
PE	physical exam
pH	measure of the acidity of a solution
PO	per os
q	every
QD	once daily
Q72H	every 72 hours
Q24H	every 24 hours
Q12H	every 12 hours
Q8H	every 8 hours
Q4H	every 4 hours
RBC	red blood cell
RER	resting energy requirement
RNA	ribonucleic acid
Rx	take, receive – used to indicate a prescription or treatment
SC	subcutaneous
T1, T2...	thoracic vertebrae
T ₄	thyroxine
T ₃	triiodothyronine
TSH	thyroid stimulating hormone
WBC	white blood cell
wk	week
wt	weight
yr	year