



American College of
Veterinary Sports Medicine
and Rehabilitation

Practice Experience Residency Guidelines

July 1, 2016 - June 30, 2017

AMERICAN COLLEGE OF VETERINARY SPORTS MEDICINE AND REHABILITATION

GUIDELINES FOR PRACTICE EXPERIENCE RESIDENCY

1. Definition and Qualifications

- a. The Practice Experience Residency to board certification by the American College of Veterinary Sports Medicine and Rehabilitation (ACVSMR) is designed for veterinarians who are unable to undertake a full time residency or have prior Sports Medicine and Rehabilitation (SM&R) experience. It allows for previous experience to be credited towards the program requirements.
- b. The Practice Experience Residency to board certification by the American College of Veterinary Sports Medicine and Rehabilitation is designed for veterinarians who have a minimum of a 1 year rotating internship OR practice equivalent.
- c. The goals of the Practice Experience Residency include:
 - i. Development of a high level of clinical skills and expertise in the field of veterinary sports medicine and rehabilitation.
 - ii. Development of a critical understanding and working knowledge of the current veterinary and human literature related to sports medicine and rehabilitation and proficiency in literature review and the synthesis and clinical application of new information.
 - iii. Development of critical thought processes and the use of a problem-based approach to patient care.
 - iv. Demonstration of an ability to teach, communicate and effectively present information.
 - v. Demonstration of exceptional ethical standards and the ability to act as a professional role model.
 - vi. Demonstration of having made a contribution to the science of sports medicine and rehabilitation.

2. Time for Completion

- a. A resident has up to six (6) years to complete the requirements of the Practice Experience Residency.

3. Supervisor

- a. An individual must arrange to have a Diplomate of the American College of Veterinary Sports Medicine and Rehabilitation serve as a supervisor for the applicant prior to submitting a **Practice Experience Residency Application (Appendix 1)**. The supervisor must be a Diplomate who specializes in the same species as the applicant (i.e., canine or equine) and who must be an active member in good standing with the College for the entire duration of the residents Practice Experience Residency.

4. Application Process

- a. The resident and Diplomate supervisor must submit a **Practice Experience Residency Application (Appendix 1)** to the Credentials and Residency Committee which ensures the resident will meet the minimum requirements for the Practice Experience Residency for board certification within a six-year period. The application includes the following items:

- i. Who is involved in the residency
 - ii. How the residency is organized
 - iii. Where the training will take place
 - iv. How each of the requirements for the Practice Experience Residency will be met
 - v. A time frame for completion
- b. Upon receiving approval from the Credentials and Residency Committee, the program may be initiated. The program then must be registered with the college office within 30 days of program initiation. **(Appendix 2: Practice Experience Resident Registration Form)**

5. Allowable Retroactive Credit

- a. During the next 5 years (2016-2021), retroactive credit will be allowed under circumstances documented below. The goal of retroactive credit is to encourage veterinarians with extensive prior experience in sports medicine/rehabilitation to pursue the practice residency. Credit will only be accepted following committee approval. **Documentation verifying retroactive credit requests must be submitted with the Practice Experience Residency Application.**
- b. The following must have been completed within 10 years of program initiation, with the exception of the publication requirement which must be within 5 years of program initiation. These circumstances may not apply to every applicant.
 - i. Previous Board Certification
 1. Equivalent time or rotations spent obtaining prior board certification may be substituted for the Specialty Rotation requirements. These must be verifiable.
 - ii. Prior Sports Medicine and Rehabilitation Practice after the required 1 year internship or Practice Equivalent.
 1. Each YEAR of Sports Medicine and Rehabilitation Practice can count as follows:
 - a. 2 weeks per year of direct ACVSMR Diplomate supervised Clinical Experience; Maximum credit of 12 weeks (i.e. 6 years of practice experience)
 - b. 4 weeks per year of indirect ACVSMR Diplomate supervised Clinical Experience; Maximum credit of 24 weeks (i.e. 6 years of practice experience)
 - c. 4 weeks per year of indirectly supervised Clinical Experience; Maximum credit of 36 weeks (i.e. 9 years of practice experience)
 2. The resident must include with their application **two** letters from veterinarians who can attest to the caseload and case type managed by applicant during the prior years.
- c. Case Requirements
 - i. Resident must provide documentation of clinical cases that are specifically related to Sports Medicine or Rehabilitation to their ACVSMR Diplomate supervisor for verification.

- ii. Maximum of 150 cases for equine and 200 cases for canine can be credited towards the case requirements.
 - iii. The supervisor verification letter must be submitted with the application.
- d. Individualized Rotations
- i. Continuing Education
 - 1. The 120 hours of Continuing Education requirement can be fulfilled by prior completion or certification in a comprehensive continuing education program related to Sports Medicine or Rehabilitation that is at least 120 hours in length. This must be verifiable and proof submitted with the application.
 - ii. Up to 6 weeks of the Individualized Rotations may be credited towards the following:
 - 1. A verifiable Rotation with the alternate species (e.g., equine resident spending time with a canine rehabilitation practice and vice versa) with the approval of the supervisor
 - 2. A verifiable Special Rotation at a human sports medicine/rehabilitation facility
 - 3. A verifiable Special Rotation with a human physical therapist trained in veterinary rehabilitation
- e. Publication
- i. Sports Medicine or Rehabilitation publications that meet the **Publication Requirements** and which occur within 5 years of program initiation will be credited towards the publication requirement.
- f. Oral Presentations
- i. Multimedia presentations within 3 years of program initiation may be credited towards the presentation requirement.
 - 1. Must have covered topics related to Sports Medicine or Rehabilitation.
 - 2. Must have been at least 20 minutes and presented to an audience of their peers.
 - 3. Must have been at least 1 diplomate of any specialty college present.
 - 4. Presentations must be verifiable by the ACVSMR Diplomate supervisor.

6. Program Requirements

Total Practice Experience Residency is **156 weeks** of training in a 6 year period that allows a person the opportunity to obtain knowledge and clinical skills to have sufficient credentials to take the ACVSMR Certifying examination. A training week is defined as a minimum of forty hours of logged immersion time. The start day for a resident's training week will remain the same day of the week as the first day of their residency.

- a. **72 weeks of ACVSMR Diplomate supervised Clinical Experience that includes time spent in both Sports Medicine and Animal Rehabilitation.**
 - i. 24 weeks of Clinical Experience with direct ACVSMR diplomate supervision
 - 1. Direct Supervision is defined as the ACVSMR diplomate being at the same location as the resident during the required time.
 - ii. 48 weeks of Clinical Experience with indirect ACVSMR diplomate supervision
 - 1. The diplomate and resident must establish a monthly time with which to interact and discuss the month's clinical activity related to SM&R. This contact may be via phone or web conference (such as Skype).
 - iii. Within these 72 weeks, a minimum of 6 weeks in Sports Medicine and 6 weeks in Rehabilitation is required.

- b. **20 weeks of Specialty Rotations**
 - i. 6 weeks of Diagnostic Imaging
 - 1. Must be acquired under direct supervision of an ACVR diplomate, ECVDI diplomate or ANZCVS Fellow.
 - 2. This must be a well-rounded exposure to all facets of anatomical and physiological imaging.
 - ii. 6 weeks of Surgery
 - 1. All observation must be done under supervision of ACVS diplomate, ECVS diplomate or ANZCVS Fellow
 - iii. 6 weeks of Internal Medicine
 - 1. Must be done under supervision of ACVIM diplomate, ECVIM diplomate or ANZCVS Fellow
 - 2. For canine, 3 weeks must be in Neurology
 - iv. 2 weeks Pain Management
 - 1. With suggested exposure to both acute and chronic pain conditions, pharmaceutical and non-pharmaceutical approaches (e.g., acupuncture, cryotherapy, etc.), and multimodal pain management approaches. Pain management must be supervised by ACVAA diplomate, ECVAA diplomate or ANZCVS Fellow.

- c. **26 weeks of Individualized Rotations**
 - i. A minimum of 8 weeks must be spent conducting Research and manuscript preparation
 - ii. A minimum of 12 weeks of rehabilitation rotations must be performed, including but not limited to:
 - 1. Rotations at a rehabilitation practice that concentrates on the residents species of interest. The rehabilitation must be with a person that has received advanced training in animal rehabilitation.
 - 2. Rotation with the alternate species
 - 3. Special rotation at a human sports medicine/rehabilitation facility
 - 4. Special rotation with a human physical therapist trained in veterinary rehabilitation

- iii. 6 weeks of vacation
 - 1. Up to two weeks per year of vacation time may be counted toward this requirement with a maximum of 6 weeks allowable
- d. **38 weeks of Indirectly supervised Clinical Experience related to Sports Medicine and Rehabilitation**
 - i. Logged in Activity Log and verified by ACVSMR Diplomate supervisor
- e. **National or international level continuing education courses**
 - i. Minimum of 120 hours required
 - ii. The continuing education requirement can be fulfilled by a one-time enrollment in a comprehensive continuing education program that is at least 120 hours in length.
- f. **Case Requirements**
 - i. The resident must log at least 400 cases during a canine program and 300 cases during an equine program. The resident must be primarily responsible for each logged clinical case (i.e., be responsible for diagnostic and therapeutic decisions). The resident must not be restricted to the role of an observer or consultant. Clinical case logs must include case identification, dates, diagnosis, treatment plan, and follow up.
 - ii. At least half of the required case number must be logged during the 72 weeks of ACVSMR Diplomate supervised Clinical Experience. The remainder may be logged during the 38 weeks of indirectly supervised Clinical Experience. Case logs for weeks without supervision by a diplomate must include full case summary, images, etc. that must be reviewed and signed off by the ACVSMR Diplomate supervisor.
- g. **Manuscript Requirement**
 - i. In addition to the weeks outlined for research/clinical investigation and manuscript preparation the resident must publish at least one manuscript in the field of sports medicine and rehabilitation in order to be accepted for the credentialing exam of ACVSMR. The following criteria have to be fulfilled:
 - 1. The research must be the result of the PE Residency resident's work.
 - 2. The PE residency applicant has to be the first author on the manuscript.
 - 3. The manuscript must follow a scientific approach, including a clearly stated hypothesis or objective, an appropriate description of techniques (including statistical analysis), a report of the results and a discussion. Communications, case reports, review papers, book chapters etc. are not acceptable.
 - 4. The manuscript must be written in English.
 - 5. The date of publication cannot be more than five years old by the deadline for credentials submission. Letter of acceptance can be used to proof publication.
 - ii. Approved Journal Requirement
 - 1. The journal must be peer reviewed.

2. The journal must be listed on MEDLINE/PubMed or CAB Abstracts.
 3. Within the 6 months prior to manuscript submission to a publisher, the Impact Factor **OR** h5-index must be as follows:
 - a. The 5 year rolling average (if less than 5 years then however many years are available) Impact Factor (as determined by research gate: www.researchgate.net) is \geq 0.8.
 - b. The h5-index (as determined by google scholar metrics: https://scholar.google.com/citations?hl=en&view_op=search_venues&vq=veterinary) is \geq 15.
 4. These criteria have to be fulfilled at the time of manuscript submission and documentation must be included with the resident's credentials packet showing that the criteria was met at the time of manuscript submission.
- h. **Oral Presentations**
- i. Residents are required to present a minimum of 3 multimedia presentations over the course of their program covering topics related to Sports Medicine or Rehabilitation. These presentations must be at least 20 minutes and presented to an audience of their peers. At least 1 diplomate of any specialty college must be present. These must be recorded in the PE Residency Master Log and verified by the ACVSMR Diplomate supervisor.

7. Written Documentation

- a. The following documentation must be provided by the resident.
 - i. **Biannually** - Biannual Progress Report Form (due February 1) – **Appendix 3**
 1. All residents must submit a Biannual Progress Report. The Credentials and Residency Committee will evaluate the Biannual Progress Report. Recommendations and requirements will be forwarded to the resident and their resident supervisor if needed.
 2. The resident supervisor and all mentors must sign attesting to satisfactory completion of individual immersion training weeks, experience, and skills requirements in order for credit to be granted.
 3. The resident and the resident supervisor are responsible for ensuring that the review form is complete
 - ii. **Yearly** - The resident must provide written documentation (**Practice Experience Residency MasterLog**) to the diplomate supervisor that the listed requirements have been completed. The supervisor is responsible for verifying that all of these requirements have been met prior to any credentials submission for the Practice Experience Residency to board certification. An annual progress report (**Appendix 4: Annual Progress Report**) and a copy of the MasterLog must be signed by the supervisor and submitted to the College Secretary at secretary@vsmr.org by August 1 each year for review by the Credentialing and Residency Committee.
 1. The MasterLog should be named using the following format – LastName.MasterLog.xls

8. Credentials Submission

- a. Once all requirements have been met, the MasterLog, annual progress reports, one peer-reviewed publication, and a completed Practice Experience credentials submission form (**Appendix 5: Practice Experience Credentials Submission Form**) must be submitted to the College Secretary at secretary@vsmr.org for review by the Credentials and Residency Committee to establish eligibility for taking the board certification. The deadline for this submission is August 1 each year.

9. Appendices

Appendix 1. Practice Experience Residency Application

Appendix 2. Practice Experience Residency Registration Form

Appendix 3. Practice Experience Residency Biannual Progress Report Form

Appendix 4. Practice Experience Residency Annual Progress Report

Appendix 5. Practice Experience Residency Credentials Submission form

Practice Experience Residency MasterLog (Excel Worksheet) – Found at www.vsmr.org.

APPENDIX 1

**AMERICAN COLLEGE OF VETERINARY SPORTS MEDICINE AND REHABILITATION
PRACTICE EXPERIENCE RESIDENCY APPLICATION**

Part 1: PROGRAM SUPERVISOR'S CONTACT INFORMATION: (Note: The program supervisor must be an ACVSMR diplomate)

Name: _____

Hospital or University: _____

Street Address: _____

City, State, Zip, Country: _____

Phone: _____ Fax: _____

E-mail: _____

2. Is the program supervisor familiar with current standard residency requirements as outlined in the current ACVSMR practice experience residency guidelines?

Yes _____ No _____

3. The species-focus of the practice experience residency to be registered:

Canine _____ Equine _____

4. Attach **two** letters of recommendation from veterinarians who can attest to the caseload and case type managed by applicant during the prior years if applying for retroactive practice experience credit.

2. Specialty Rotations

Diagnostic imaging: 6 weeks

Surgery: 6 weeks

Internal medicine: 6 weeks (3 weeks of Neurology for Small Animal residents)

Pain management: 2 weeks

Diagnostic Imaging:

Mentor(s): _____

Experience and training in reading (and obtaining) plain radiographs, CTs, nuclear scintigraphy, MRI, and ultrasonography will be obtained during this rotation. The resident will spend clinic hours under direct supervision of the respective mentors.

Surgery:

Mentor(s): _____

The resident will actively participate and guide the work-up of referred cases. Responsibilities include examination, diagnosis and development of a treatment plan for cases presented to the surgery service. Patient monitoring, participation in surgery, surgical planning and preparation and follow-up as well as participation in daily rounds is also required. Reading and knowledge of current literature pertaining to areas of particular interest (orthopedic maladies treatment and outcomes) will be expected. Emphasis should be placed upon exposure to sports-related cases, minimally invasive procedures, and regenerative medicine.

Internal Medicine:

Mentor(s): _____

The resident will actively participate and guide the work-up of referred cases. Responsibilities include examination, diagnosis and development of a treatment plan for cases presented to the internal medicine service. Patient monitoring and follow-up as well as participation in daily rounds is also required. Emphasis should be placed upon sports-related cases, exercise physiology, and nutrition.

Pain Management:

Mentor(s): _____

The resident will be responsible for diagnosis, monitoring, and treatment of acute and chronic pain conditions in animals. . Pain management must be supervised by ACVAA diplomate, ECVA A diplomate or ANZCVS Fellow

3. Is a complete medical record, using a problem-oriented (SOAP) veterinary medical record system maintained for each individual patient and retrievable?

Yes _____ No _____

4. Please indicate the availability of the following equipment and facilities. Indicate if the equipment is available at the primary training site or at a different location.

A.

Equipment or Facilities	Availability (Yes/No)	Location: On-site (Yes/No)	Location: Off-site (Yes/No)
Radiography			
Ultrasonography			
Surgical Facilities			
Magnetic resonance imaging			
Computed tomography			
Endoscopy			
Arthroscopy			
Clinical/Anatomic pathology			
Electrocardiology			
Blood pressure monitoring			
Electromyography			
Computerized medical records			
Veterinary or medical library			
Intensive care facility (24 hours)			
Rehabilitation facility			

B. Appropriate rehabilitation equipment must be available for clinical use by the resident. Please provide a list of available equipment to which the resident will have access.

5. Please list the residents currently being supervised by the Supervisor in either an ACVSMR Residency or ACVSMR Practice Experience Residency, as well as the beginning and expected ending date of each program.

Resident	Start Date	End Date

Following acceptance of the application by the Credentials and Residency Committee, the resident must register the start date of their Practice Experience Residency with the ACVSMR Credentials and Residency Committee within 30 days of the actual start date. Failure to register or registration after the 30-day deadline may jeopardize the certification process as the practice experience residency may not be recognized or accepted.

Email completed application to secretary@vsmr.org.

Signature of Resident: _____ **Date:** _____

Signature of Program Supervisor: _____ **Date:** _____
(ACVSMR diplomate)

APPENDIX 2

AMERICAN COLLEGE OF VETERINARY SPORTS MEDICINE AND REHABILITATION

PRACTICE EXPERIENCE RESIDENCY REGISTRATION FORM

This form should be **typed** in order to be processed in the college office. You are encouraged to register immediately; however, **registrations must be received by the college secretary within 30 days of beginning your residency program. Failure to register, or registration after the 30-day deadline, may jeopardize your certification process, as some of your residency may not be recognized or accepted.** The resident should give a copy of the form to their Resident Supervisor.

Resident's name/title(s): _____

I hereby register my residency with the American College of Veterinary Sports Medicine and Rehabilitation in accordance with its rules and guidelines, as published in the college's Constitution and Bylaws and Practice Experience Guidelines.

I have read the current *Practice Experience Guidelines* as adopted by the American College of Veterinary Sports Medicine and Rehabilitation. I understand that any false information that I provide or other evidence of fraud on my part will adversely affect my program training and/or acceptance of my Credentials Application and may be reason for termination of my residency and/or permanent disqualification of my application.

I further covenant and agree:

- (i) to indemnify and hold harmless the American College of Veterinary Sports Medicine and Rehabilitation and each and all of its members, regents, officers, examiners and agents from and against any liability whatsoever in respect of any act or omission in connection with this registration, applications, credentials, examinations, the grades on such examinations and/or the granting or issuance of or failure to grant or issue a certificate to me, and
- (ii) that any certificate, which may be granted and issued to me shall be and remain the property of the American College of Veterinary Sports Medicine and Rehabilitation.

Practice Experience Resident Signature _____
Date

PROGRAM INFORMATION AND SUPERVISOR VERIFICATION

1. Resident's name: _____

Last Name

First Name

Middle Name/Initial

2. Your mailing address, telephone number, fax number and e-mail address:

Department

Hospital/University

Address

City, State/Province, Zip, Country

Work Phone

Work Fax

E-mail

3. American College of Veterinary Sports Medicine and Rehabilitation Practice Experience
Residency location and dates:

Hospital/University

Address

City, State/Province, Zip, Country

From:

To:

Starting date (month/date/year)

Anticipated ending date (month/date/year)

4. Indicate the Specialty in which you wish to become Board-certified:

Canine Sports Medicine and Rehabilitation

Equine Sports Medicine and Rehabilitation

5. Name and contact information of your American College of Veterinary Sports Medicine and Rehabilitation Supervisor for your residency:

Name of Program Supervisor

Department

Hospital/University

Address

City, State/Province, Zip, COUNTRY

Work Phone

Work Fax

E-mail

Program Supervisor's Verification:

I hereby certify that I am personally supervising the Practice Experience Residency of the above resident and that this residency meets the standards established by the American College of Veterinary Sports Medicine and Rehabilitation.

Signature of Program Supervisor

Date

Submit this completed and signed Registration Form (five pages) in PDF form to:
secretary@vsmr.org

RETAIN A COPY OF THIS REGISTRATION FORM FOR YOUR RECORDS.

You should receive notification from the college within 8 weeks acknowledging receipt of your registration and your acceptance into the American College of Veterinary Sports Medicine and Rehabilitation resident program.

****Please note, any resident that significantly changes or alters their residency before completion must notify the college, in writing, before the changes are made to ensure that the proposed changes are approved. Significant changes could include, but are not limited to, transferring from one program to another, alterations in program duration, switching to a 'dual board' program, or enrolling in an institutional graduate program, etc.****

Questions?

E-mail: secretary@vsmr.org

Website: www.vsmr.org

APPENDIX 3

AMERICAN COLLEGE OF VETERINARY SPORTS MEDICINE AND REHABILITATION

PRACTICE EXPERIENCE RESIDENT BIENNIAL PROGRESS REPORT FORM

Please meet with your supervisor to complete this progress evaluation form. This evaluation is due every February 1st during the duration of your residency. All contained information will be held in strict confidence.

The supervisor is responsible for oversight of all aspects of the residency, including design of the program and monitoring the resident's progress in the program. A supervisor must be available to the resident and must coordinate all clinical and educational aspects of the residency. The supervisor is responsible for ensuring that both the core curriculum (minimum requirements) and the high standards of the residency are accomplished. The supervisor is also responsible for reviewing sports medicine and rehabilitation immersion, experience, and skills logs and for reviewing and critiquing progress reports with the resident.

A. PERSONNEL INFORMATION

Date:

Resident's Contact Information

Name:	
Practice or University:	
Address:	
City, State, Zip:	
Country:	
Phone:	
E-mail:	

Current year of training:	1 st year	2 nd year	3 rd year	Other:
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Projected Date of Residency Completion:	
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**Resident Supervisor (ACVSMR Diplomate; Oversees Resident & Residency Program)
Contact Information**

Name:	
Practice or University:	
Address:	
City, State, Zip:	
Country:	
Phone:	
E-mail:	

Instructions: Mark the box at the appropriate level of progression or accomplishment in their residency for each of the listed items below.

1. Program Requirements	Unacceptable	Needs Improvement	Average	Above Average	Excellent	N/A
Clinic schedule						
Participation in rounds or journal club						
Progress in resident project						
Progress towards publications						

Comments:

2. Knowledge Base	Unacceptable	Needs Improvement	Average	Above Average	Excellent	N/A
Basic science knowledge						
General knowledge of specialty						
Awareness of current literature						
Clinical knowledge of specialty						
Feedback from other departments						
Feedback from external rotations						

Comments:

3. Clinical Abilities	Unacceptable	Needs Improvement	Average	Above Average	Excellent	N/A
History taking						
Physical examination skills						
Patient assessment						
Formulating differential diagnoses						
Identifying relevant rehabilitation issues						
Development of treatment plans						
Patient care and compassion						
Attention to detail						
Patient follow up						
Technical skills						
Procedural competence						

Comments:

4. Clerical and Managerial Skills

	Unacceptable	Needs Improvement	Average	Above Average	Excellent	N/A
Support of hospital procedures and policies						
Completeness of medical records						
Responding to correspondence or contacts						
Availability						
Meets deadlines						

Comments:

5. Interpersonal skills

	Unacceptable	Needs Improvement	Average	Above Average	Excellent	N/A
Attitude and communication with in-house veterinarians						
Attitude and communication with RDVMs						
Attitude, communication and ability to relate to clients						
Attitude and communication with staff						
Attitude, communication and interaction with other departments						
Ability to handle emergencies or stressful situations						
Professional behavior and appearance						
Leadership qualities						
Recognizes limitations						
Willingness to ask for help						
Self confidence						
Teamwork						
Receptive to feedback						
Ability to multitask						

Comments:

6. Positive aspects of resident's performance, including improvements since last evaluation (if applicable).

7. Comments or suggestions for improvement in the resident's performance or progress towards completion of their residency.

8. Short term goals (please include timeframe for completion).

9. Long term goals (please include timeframe for completion).

Please submit this completed form and any requested training records electronically to secretary@vsmr.org for review and feedback by the Credentials and Residency Committee.

Signature of Resident: _____ Date: _____

Signature of ACVSMR Supervisor _____ Date: _____

APPENDIX 4

AMERICAN COLLEGE OF VETERINARY SPORTS MEDICINE AND REHABILITATION PRACTICE EXPERIENCE RESIDENCY ANNUAL PROGRESS REPORT

Instructions and Check list for annual progress reports due by August 1:

To all American College of Veterinary Sports Medicine and Rehabilitation Supervisors and their Practice Experience Resident:

The following serves as a reminder that *all* Practice Experience Residents in Veterinary Sports Medicine and Rehabilitation residencies are required to submit annual reports to the Credentials and Residency Committee (CRC) in accordance with the current Guidelines. Progress reports are due by August 1st each year and should include the entire previous year of training. ***All residents must follow the instructions detailed below***, which are based on the Practice Experience Residency Guidelines. **Reports must be typed and must be complete or they will not be reviewed.**

The following are recommended to ensure a successful annual review:

- Include a signed and dated Progress Report Certification Statement. Please ensure that your Resident Supervisor certifies your report.
- MasterLog
 - Ensure that all mentors have signed the mentor section of the MasterLog. Ensure that the mentors are the same as those listed on the annual program updates approved by the CRC. If more than one individual supervised any particular week, all names and signatures must be provided.
 - Check that your final tabulations match the number of immersion weeks and seminar/ continuing education hours submitted.
 - All weeks should be listed in the order that they were performed.
 - **Immersion requirements:** Specify each weekly rotation as either: Sports Medicine/Rehabilitation Immersion with American College of Veterinary Sports Medicine and Rehabilitation supervision, Immersion in Specialty Practice with Specialist Mentoring, Independent Study or Practice, or Individualized Rotations or Vacation. Credit can only be granted for one category for any given week. The total number of reported weeks will be 52. See the college residency guidelines for more information.
 - **Clinical Cases:** List all cases as they occur.
 - **Continuing Education Requirements:** List all CE lectures attended individually by date, meeting, location, subject/title, speaker, and hours attended. Please note that non-sports medicine/rehabilitation topics do not meet these requirements.
 - **Publication Requirements:** List all any publications submitted and their status (in review or accepted, published) and include citation information.
- If you have fulfilled a requirement, and received verification in a previous annual report letter, you may indicate this in the area provided.
 - Example: Publication Requirement: Requirement fulfilled per CRC 11/1/12.

- If you are resubmitting material from prior reporting periods for credit not previously granted, please ensure that this is clearly stated in a cover letter and include specific details such as dates, location, etc. on the forms provided. Ensure that you also include a copy of the letter from the CRC that pertains to the credits in question. Remember that the CRC may not have access to materials previously submitted.
- Please include a copy of the most recent letter from the CRC that pertains to your residency (the last progress report letter received).
- Please submit only the Progress Report Certification Form and MasterLog; do not include the instruction pages with your submission.
- **Please give yourself and your Supervisor enough time to review your progress report and make any necessary corrections prior to submission.**

The MasterLog and Progress Report Certification Form (including signatures) should be submitted by email to the CRC at secretary@vsmr.org. The due date is 12 pm August 1, each year. Late submissions will not be reviewed.

**AMERICAN COLLEGE OF VETERINARY SPORTS MEDICINE AND REHABILITATION
PRACTICE EXPERIENCE ANNUAL RESIDENCY PROGRESS REPORT CERTIFICATION
STATEMENT**

This form must be completed and submitted to the Credentials and Residency Committee along with the MasterLog.

I hereby attest that I have satisfactorily completed all of the requirements for the stated reporting period, according to the residency approved by the Credentials and Residency Committee. All information contained within this report is accurate, complete, and truthful.

Practice Experience Residents Name	Reporting Period

Practice Experience Residents Signature	Date (month/day/year)

Practice Experience Residents Supervisor Certification

I hereby attest that the above Practice Experience Residents has satisfactorily completed all of his/her requirements for the reporting period, according to the residency submitted to the Credentials and Residency Committee. I have reviewed and approved the Practice Experience Resident's MasterLog, including Mentor signatures and documentation of immersion, and continuing education requirements that are contained in the Master Log. I have also reviewed any necessary case logs.

Practice Experience Residents Supervisor Name

Practice Experience Residents Supervisor Signature	Date (month/day/year)

APPENDIX 5

**PRACTICE EXPERIENCE RESIDENCY CREDENTIALS SUBMISSION FORM
BOARD CERTIFICATION EXAMINATION**

An electronic copy of this credentials submission form and all supporting documents (in pdf format) plus the non-refundable credentials submission fee must be received by the Secretary no later than **August 1**. Application materials received after this date will not be accepted for the next January board-certification examination. All application materials will become the property of the American College of Veterinary Sports Medicine and Rehabilitation.

The preferred method of payment is via PayPal on our website (<http://www.vsmr.org>). Alternatively, a check drawn on a U.S. bank or money order will also be accepted if sent via mail to ACVSMR, P.O. Box F, Fort Collins, CO 80522.

Upon approval of your credentials, you will be asked to submit an examination application form and the examination fee.

PLEASE TYPE OR PRINT CLEARLY

Today's Date:	
----------------------	--

Applicant's Contact Information

Name:	
Practice or University:	
Address:	
City, State, Zip:	
Country:	
Phone:	
E-mail:	

Species Track Selection: Please indicate the species track for which you are applying:

- Canine Equine

Veterinary Education and Licensure

Graduate of (Veterinary medical school)	
Degree:	
Year:	
Veterinary medical license (State or Province):	
License number:	

Practice Experience Residency Credentials Submission Checklist

Please submit all of the below documents electronically (in pdf format and with the correct file names) to the College Secretary at secretary@vsmr.org.

- This completed and signed Practice Experience Residency Credentials Submission form (Filename: LastName.CredentialsApplication.pdf).
- A credentials submission fee payable via PayPal on the College website (<http://www.vsmr.org>)
- A copy of your Practice Experience Residency MasterLog documenting successful completion of all requirements. (Filename: LastName.Master Log.xls).
- One original peer-reviewed, hypothesis-driven publication in the field of sports medicine or rehabilitation for which the applicant is first author. If the manuscript is not yet in print, then a letter indicating unconditional acceptance of the manuscript by the journal editor needs to be included together with an electronic copy of the manuscript. (Filename: LastName.Manuscript.pdf).
- One** letter of recommendation from an active diplomate of the American College of Veterinary Sports Medicine and Rehabilitation who served as a program supervisor or mentor for the applicant during their Residency and is able to verify the applicant's expertise and time commitment to clinical cases involving canine or equine sports medicine and rehabilitation. This letter of recommendation should be addressed to the "Credentials Committee" and forwarded electronically (in pdf format) to the College Secretary at secretary@vsmr.org.
- Two** letters of recommendation from active diplomates of ABVS, EBVS or ANZCVS-recognized colleges who have sufficient experience working with the applicant to verify the applicant's expertise and time commitment to clinical cases involving canine or equine sports medicine and rehabilitation.

You will receive acknowledgement of receipt of your submitted credential materials from the College Secretary within 14 days of submission. You will then be notified by the Credentials and Residency Committee regarding the acceptance of your credential materials for the College board-certification examination at least 120 days prior to the examination.

All residents are required to sign the following agreement at the time of credentials submission: I hereby apply to the American College of Veterinary Sports Medicine and Rehabilitation for examination in accordance with its rules and herewith enclose the application fee. I also hereby agree that, prior to or subsequent to my sitting the board-certification examination, the Board of Directors may investigate my standing as a veterinarian, including my reputation for complying with the standards and ethics of the profession.

Signature

Date (month/day/year)