1. Objectives.

An ACVD residency program should provide in-depth training in veterinary dermatology and related basic and applied sciences such that the resident develops a comprehensive knowledge of the dermatologic conditions of domestic animals.

2. Requisites of the Program (Appendix 1)

All ACVD residency programs must be under the direct supervision of a Diplomate of the ACVD, ECVD or Australian College of Veterinary Scientists and can be conducted at a veterinary school or college, other institution of higher learning, or private veterinary dermatology practice. The parent institution or practice must supply the necessary space, facilities, and monies to support the program. A facility will be deemed adequate if it fulfills the Department of Professional Regulation requirements for a veterinary facility in the state in which it is located for private facilities or if it is accredited by the AVMA for academic institutions.

The parent institution or practice must also supply sufficient and stable numbers of patients for adequate clinical training. At the same time the resident must not be required to see so many clinical cases that other aspects of residency training are neglected. Cooperative affiliation with other institutions or clinics is permitted but the majority (>50%) of clinical training must be completed at the sponsoring institution or practice. A program’s caseload will be deemed inadequate if their total caseload over the residency period (2 or 3 years) is below the average residency caseload of academic programs with the same number of resident positions minus 1.5 standard deviations. A program’s caseload will be deemed excessive if their total caseload over the residency period (2 or 3 years) is above the average residency caseload of private practice programs with the same number of resident positions plus 1.5 standard deviations. To calculate its own total residency caseload, a program will first calculate a yearly caseload average over a 5 year period. If a program does not have an easy way to retrieve their yearly caseload, they can tally their monthly caseload for a 3 to 4 month period each year then extrapolate their yearly caseload average from this. Once a program has calculated their average yearly caseload, this number is multiplied by 2 or 3 depending on the number of years in the program’s residency. This will give a program’s total caseload over a residency period. The education committee will utilize these numbers to generate the average total residency caseload plus the standard deviations for both academic and private practice residencies with the same number of residents. These averages and standard deviations will be officially updated every 3 years. If a program finds itself falling outside the acceptable parameters they can first
request that the averages be recalculated by the education committee to determine if they will be compliant with a more updated average. The current averages and standard deviations will be posted on theca website in the education committee report and residency collation report. The current numbers are as follow:

- Minimum and maximum total caseload for one resident residencies
  - Minimum: 1460
  - Maximum: 10440
- Minimum and maximum total caseload for two resident residencies
  - Minimum: 2163
  - Maximum: 17765
- Minimum and maximum caseload for three resident residencies
  - Minimum: 2310
  - Maximum: 18808

The parent institution or practice must supply all necessary equipment used in the examination, diagnosis, and treatment of veterinary dermatologic patients. The institution or practice is required to have access to a microscope and video otoscope. The facility must have access to accredited laboratories for clinical pathology and histopathology submissions. If these laboratories are not in-house, the resident must have access to histopathology slides from his/her own cases for his/her own subsequent review. Adequate library facilities, containing current veterinary and human textbooks and journals pertinent to the study of veterinary dermatology, must be readily available. Electronic access is acceptable. This library access must include university or ACVD on-line library access. Photographic equipment must be available.

A Diplomate who is training an ACVD resident at his/her parent institution is hereafter referred to as ‘the mentor’. If two or more Diplomates have an active role in practice at the parent institution, all can act, as co-mentors if they so desire but one Diplomate must be designated as the supervising mentor. It is expected that the supervising mentor(s) will conduct most, if not all, of the resident’s clinical and basic science training. The supervising mentor(s) can enlist the help of other knowledgeable individuals, hereafter referred to as ‘educators’, at the parent institution or remote sites. The educator for clinical dermatologic training must be a Diplomate of the ACVD, ECVD or Australian College. If the primary training institution has established a cooperative association with remote institutions or clinics, there can be no more than 3 additional locations directly participating in the training program. Additionally, one of the following criteria must be met:

- The program must have at least two mentors locally (within a one hour drive of each other) available to train residents. One as the primary mentor and one who is available and willing to take over training if the primary mentor is unavailable to finish the residency training or cannot fulfill their obligations.
- If there is only one mentor locally, the primary mentor must have a written contingency plan that is submitted with the program description that details the plan for completion of the residency if the primary mentor is unable to fulfill their
obligations to the resident. This contingency plan must be made available to and agreed to by the resident before they start their residency.

3. General Qualifications for ACVD Residency Training

All ACVD residents must have the same general qualifications required of Diplomates, namely:

A. Be a graduate of an AVMA approved veterinary school or college, or a graduate of an accredited and recognized school from another country.
B. Have completed a one-year internship or practice equivalency.
C. Be approved to practice veterinary medicine in a state of the United States of America, province of Canada, or country of citizenship.
D. Be a member of a National Veterinary Medical Association (i.e. AVMA).
E. Be of satisfactory moral and ethical character including but not restricted to being honest and truthful, not be habitually intoxicated or addicted to drugs, and not to have been convicted of cruelty to animals.

4. Types of Residencies Available

The ACVD recognizes both formalized and individualized residency programs. All programs must be approved by the Education Committee and are subject to current College guidelines as outlined in this document.

‘Formalized programs’ are those that are offered by an academic institution or dermatology practice on a routine and regular basis with no program modifications for any one applicant. Formalized programs are designed and approved for a specific number of residents at any one time. Once the program is approved, the sponsoring institution or practice can advertise and fill the position(s) without prior approval of the Education Committee. If such a program is put on probation, the sponsoring institution or practice cannot fill a position without approval of the Education Committee.

‘Individualized programs’ are those conducted on a part-time basis or are offered only on a periodic basis by a preceptor.

A detailed written description of a program must be submitted for evaluation and approval by the Education Committee before a resident can be placed in that program (Appendix 2). Residents cannot begin a program until all requirements have been met and the program has been approved by the Education Committee and the Executive Board and the mentor has been notified. It will be at the Education Committee’s discretion to request adjustments to a specific program. New residency programs may only apply for one resident position until one of their residents has successfully completed the residency program and becomes a Diplomate. At that time the program may apply for multiple positions if they fulfill all other requirements for multiple residents. If two of the first three residents in a new program do not successfully complete the
program or do not become Diplomates, the program will not be able to take another resident until the program has been reviewed by the Education Committee and any deficiencies rectified.

5. Scope of Residency Programs

The standard ACVD residency is a full-time, 24-to 36 months, non-degree program. As of 2014, any newly approved program will be three years. The resident must receive training in clinical dermatology, dermatohistopathology, and the basic and applied sciences applicable to dermatology (as described below in Basic and Applied Science Training). The majority (>50%) of the clinical training must be supervised by the mentor(s) but external rotations are allowed and encouraged. These external rotations can be used to meet the clinical training requirements or can be ancillary. If the external rotations are an integral part of the clinical training, no more than three external Diplomates or institutions can bemused.

If advanced degree training is to be combined with the residency program, the overall length of the program must be increased such that the resident can meet all of the requirements of the graduate school and still devote a minimum of 24 months to the clinical training aspect of the residency program. Every effort must be made to ensure that graduate work requirements do not interfere with the clinical training.

Residents studying on a part-time basis must satisfy all the residency training requirements within six years. Any clinical experience by the resident away from the preceptor’s direct supervision or an approved external rotation is valuable but does not count towards the clinical training requirement.

6. Application for Residency

Individuals interested in a formalized ACVD residency program apply directly to that program. The candidate must satisfy all the specific requirements of the program as well as the ACVD. If the program is registered with the American Association of Veterinary Clinicians (AAVC) internship/residency matching program (VIRMP), the candidate must join the matching program and agree to abide by its rules and regulations.

Persons interested in an individualized residency program must identify a Diplomate of the ACVD who agrees to act as mentor for the program. Diplomates are not required to participate in this form of training. Once the candidate identifies a mentor, a formal program description must be formulated and submitted by the mentor(s) to the Education Committee for its review and approval before residency training can commence.

If the applicant has not completed an internship available through the AAVC internship/residency matching program then a minimum of 1 year of practice in a high quality clinic is required. Residents who did not participate in an internship must submit a letter to the Education Committee prior to or at the commencement of their training
program that describes their veterinary practice experience including the veterinarian(s’) names, addresses, and telephone numbers with whom the applicant worked and the dates of employment. This letter must be submitted to the mentor and to the chairperson of the ACVD Education Committee when they apply for the residency.

7. Training Requirements

In order to achieve the objectives of an ACVD residency program, the resident must receive in-depth training in clinical dermatology and the basic and applied sciences related to dermatology. Since the primary mentor is responsible to the Education Committee/Executive Board to verify that a resident has been appropriately trained in all aspects of their residency, the primary mentor must be intimately involved in designing and scheduling all aspects of residency training including journal club, research, histopathology, clinical training and basic sciences. The primary mentor should be present for the majority of these aspects of training if other Diplomates are involved in resident training. A primary mentor cannot completely relinquish any aspect of the residency program to another mentor without maintaining adequate knowledge of specifics of that training and instruction. All Diplomates/educators who are responsible for a major portion of any particular aspect of a resident’s training must be employed by the same organization as the primary mentor or a written agreement between the primary mentor and the outside educator must be provided to the Education Committee. This agreement must state the services that the outside educator will provide, how the primary mentor plans to be involved to ensure the resident is receiving appropriate training and a contingency plan if the outside educator cannot or is not fulfilling their obligation to the resident.

All residents, whether in a formalized or individualized program, must satisfy all of the requirements discussed below.

A. Clinical Training

Training in clinical dermatology is of paramount importance. During program, the resident must have a minimum of 300 8-hour days of clinical training. A combination of partial days, none less than 4 hours and full days, resulting in a minimum of 2400 hours of clinical training is also acceptable. Clinical training includes time spent examining patients, conducting diagnostic or therapeutic procedures, reviewing diagnostic material, consulting with appropriate specialists, holding case rounds, and communicating regarding patient outcome and/or care with owners or referring veterinarians.

Mentor contact time is extremely important for clinical training. Residents should have easy access to their mentor(s) if they have questions or problems with their clinical cases. Each resident will differ in the amount of direct supervision that they require from their mentor(s). As the residency progresses the contact time needed or wanted by the resident is expected to decrease. The Education Committee requires mentor contact time in the clinics with first year residents to be at least 90%. This means that a mentor is either physically in clinics seeing patients alongside the resident or the mentor can be
contacted by phone and is available to assist the resident in person within one hour of being called. The Education Committee also requires that first year residents see cases in a facility where their mentor(s) are present on a full time basis. This does not require the same mentor(s) to be present each day, just that a mentor is present seeing cases in the same facility with the resident at least 90% of the time for the first year. After the first year the contact time between the resident and mentor will vary depending on the resident’s progress. It is recommended by the Education Committee that the contact time remains at least 50-85 % throughout the remainder of the residency.

The timing of this clinical training is flexible but equal division for each year of the program is suggested. In any one year, the schedule also can be flexible but blocks of time (e.g. 30 days) are recommended. A block system allows case follow-up by re-examination and makes off-clinic time more productive because the resident's research, writing, or study can proceed in an uninterrupted fashion. It is essential that there be adequate time without clinical responsibilities for the resident to pursue the additional requirements of a residency training program. It is recommended that the resident have at least 4 weeks each year, exclusive of vacation or personal time, without clinical responsibility. Clinical dermatology is learned by observing and participating in history taking, physical examination, diagnostic evaluation, and treatment of veterinary patients. Both observation and participation methods of learning must be supervised by a mentor who is immediately available to the resident (i.e. with direct physical access to the clinic area). ‘Observational training’ occurs when the resident takes no active role in the management of the patient. The term observational training is also used for when a resident is managing dermatology cases but has no direct access to a preceptor or educator. This form of training is limited to 12% (30 days) of the clinical training requirement.

‘Clinical training’ is defined as that clinical experience when the resident takes an active role in the management of a case, either as co-clinician with the mentor or as primary clinician.

The American College of Veterinary Dermatology will not set a minimum number of initial or recheck cases to be seen by a resident. The minimum number of initial and recheck cases to be seen by a particular resident will be up to the discretion of the resident’s mentor(s) based on the mentor’s assessment of the resident’s clinical progress and the variety of cases managed by the resident. Criteria for determining case variety can include, but is not limited to, species seen, clinical diagnoses of cases and complexity of individual cases. As a guideline based on the current ACVD job task analysis survey, the Education Committee recommends but does not require that a resident be exposed to and participate in the diagnosis, workup and/or management of 4 to 6 cases per 8- hour clinical day.

All ACVD residents are expected to have an in-depth knowledge of all dermatologic conditions of domestic animals found in current veterinary textbooks and widely circulated English language journals. Ideally, the resident should be exposed to a variety of veterinary species during their clinical training but program variations may not
allow for this. Deficiencies in clinical exposure to various species must be addressed and compensated for by the mentor / program. Independent, undirected study of textbooks and journals by the resident is not sufficient.

Mentors must supplement areas of weakness in their program by appropriate external rotations or interactive training sessions with the resident. These training sessions can take any form but the rounds or seminar format is most appropriate. Clinical photographs should be used to supplement those found in the literature.

Residents must also have an adequate amount of time off clinics for vacation, attending the NAVDF or equivalent meetings and for fulfilling the non-clinical requirements of a residency. It is recommended that a resident receive at least 2 weeks of personal vacation per year. Each program is required to supply time for a resident to attend the NAVDF or equivalent meeting annually. The suitability of a particular meeting is left up to the resident’s supervising mentor. All programs are also required to provide at least the equivalent of 150 full (8 hour) non-clinic work days for a resident during their residency based on a potential 6 day work week. Vacation days, Sundays, national holidays and time off to attend an annual dermatology meeting are not to be counted as part of this requirement.

B. Basic and Applied Science Training
The resident must have a structured course of instruction and study in the basic and applied sciences related to dermatology. Areas of study must include: genetics, biochemistry, embryology, anatomy and physiology of skin and adnexal structures, pathomechanisms of all dermatological diseases, immunology, bacteriology, mycology, virology, parasitology, internal medicine, nutrition, oncology, pharmacology, clinical pathology, dermatopathology and comparative dermatology. The breadth and depth of study should be sufficient to assure that the resident has a firm foundation in each area and is prepared for the Board Examination of the ACVD.

During the residency, the mentor(s) and educators must provide:
- Case rounds at least once weekly
- Journal club at least once monthly
- Histopathology rounds at least once monthly
- Basic science learning / didactic rounds at least once monthly

The Education committee strongly suggests but does not require that at least 4 hours per month is spent on each of these studies for a minimum total of 16 didactic hours per month. The specific organization of these studies is left to the discretion of the mentor(s). The Education Committee requires that each program include a detailed description of these rounds in their on-line program description (Appendix 2).

The preceptor or an appropriate educator must supervise the resident’s study in each area. Independent study by the resident, which is defined to be any learning process not instituted or monitored by the mentor(s), is valuable in strengthening the resident’s understanding of an area but cannot be the main method of instruction. Acceptable
teaching/learning methods include lectures, conferences, clinical photograph and histologic slide review, book and journal reviews, and directed readings. For the directed readings, the preceptor must supply an appropriate reading list and monitor the resident's progress in completion and understanding of the material.

C. Dermatohistopathology

Dermatohistopathology is invaluable in the study of dermatology. Accordingly, all ACVD residents must receive substantial training in dermatohistopathology at the light microscopic level. Although knowledge of electron microscopy and immunohistochemical techniques is valuable, there are no specific training requirements in these areas. Training in dermatohistopathology should be supervised by a Diplomate or by an individual who has completed a formal training program in pathology. The scope of the training is left to the discretion of the preceptor but must include:

- **Histologic Principles:** The resident must know the various techniques used to process tissues, the indications for and mode of action of commonly used special stains, and the artifacts which can occur.

- **Normal Microanatomy:** The normal histologic anatomy of domestic animals’ skin and associated structures must be known. Variations by site and species and specific histologic features of a species must be known.

- **Basic Dermatohistopathology:** The resident must be able to recognize and differentiate the cell types found in skin biopsies. Detailed knowledge of the current vocabulary of dermatopathology and the light microscopic features for each term is expected.

- **Dermatohistopathology of Non-neoplastic Disorders of Domestic Animals:** The resident must be familiar with the dermatohistopathologic features of all non-neoplastic disorders of domestic animals. Special emphasis should be placed on disorders which occur in North America or are likely to be found here. Any method of training can be used but the College recommends diagnosis by pattern analysis.

- **Dermatohistopathology of Neoplastic Disorders of Domestic Animals:** Residents are expected to be able to recognize the common tumors of domestic animals. Detailed knowledge of their ultra-structural features or histologic sub-classification is not expected. Greater detail of the lymphohistiocytic neoplasms is expected since they can sometimes be difficult to differentiate from inflammatory conditions.

- **Comparative Dermatohistopathology:** The resident must review the inflammatory disorders in at least one textbook on human dermatohistopathology. The text used is at the discretion of the preceptor. The resident is not expected to know the histologic features of disorders not recognized in animals.

The dermatohistopathology training must involve direct evaluation of histopathology by the resident. The mentor or appropriate pathologist can review the histopathology simultaneously with the resident or after the resident has examined it. There is no specific requirement on the number of cases to be examined except that the resident
must personally review the histopathology slides taken from biopsies of all of his/her cases.

Ideally, the resident should learn all of dermatohistopathology by direct microscopic examination of appropriate examples of common diseases taken from his/her cases. Since all the necessary case material may not be available to the resident, glass teaching sets or textbooks can be used. Teaching sets that have examples of diseases commonly seen in practice are preferable.

It is recommended that by the end of the training program, the resident should be given at least 6 to 7 unknown slides to be evaluated in four hours or less. The resident should be able to determine the species of animal, describe the histologic abnormalities, give a morphologic/pathologic diagnosis, and a specific or list of differential diagnoses. If one or more of the differential diagnoses could be substantiated or excluded from consideration by the examination of special stains, the resident should be able to list which stain(s) would be appropriate. The mentor/pathologist should grade the resident's reports in accordance with the Examination Committee's current guidelines. If the resident does not achieve a passing grade, further study will be necessary.

D. Internal Medicine
All ACVD residents must have a broad understanding of internal medicine, especially in areas where cutaneous manifestations are common. Areas of importance include, but are not limited to, infectious diseases, endocrine disorders, gastrointestinal and hepatic disorders, hematopoietic disorders, and systemic immunologic disorders. Knowledge of clinical features, pathomechanisms, appropriate diagnostic tests, and their evaluation, treatment, and prognosis is expected.

Since all ACVD residents must have completed one or more years of basic clinical training prior to the residency (internship or practice equivalency), it is expected that the resident developed his/her basic skills in internal medicine during that training. If the mentor identifies weaknesses in this training, a month with an internist should be scheduled.

All ACVD residents are encouraged to diagnose and treat both the external and internal manifestations of dermatologic diseases. However, recognition of when a patient should be referred to another specialist is a key part of practice. Such referrals should be encouraged by the supervising Diplomate to insure the patient receives the best possible veterinary care. If referral is not necessary, consultation with other specialists may be appropriate. If the patient is referred to another clinician, the resident shall maintain contact with that clinician and follow the outcome of the case.

The goal of the internal medicine requirement is to ensure that the resident can effectively recognize, diagnose, and treat systemic disorders with cutaneous manifestations. Time devoted to clinical work outside the field of dermatology (i.e. emergency duty, general medicine clinics, etc.) will not be considered as part of the mandatory 300 days of clinical training.
8. Other Requirements

Experience in dermatologic research, scientific writing and teaching is an important element of the residency program. All residents must gain experience in all three areas during the residency.

A. Research Project
All ACVD residents are required to initiate and complete at least one research project during the course of their residency. The resident must be the principal investigator for the project. The subject and scope of the project is left to the discretion of the preceptor. Basic research, original clinical investigations, and retrospective studies of scientific value are acceptable.

To help improve the quality of resident research projects, a resident must have his/her research project reviewed by at least three boarded dermatologists before initiating the research. At least one of these dermatologists must be a mentor in the resident’s program. The others may also be mentors in the same program or other dermatologists that the resident has asked to review his/her work. If the resident is in a program with just one or two mentors and does not wish to find another dermatologist to review his/her work, they can submit the research project to the ACVD grant committee for review. If the resident’s project incorporates elements that would be better reviewed by another veterinary specialty, e.g. medicine, surgery or pathology then one of the dermatologists required can be replaced by a boarded specialist in that field. This review must occur during the first 18 months of their residency. If possible for 2-year residencies it should be completed in the first 9 months. The project must be completed and presented at an annual NAVDF, ESVD/ECVD meeting, or World Congress of Veterinary Dermatology (WCVD) during the residency. A manuscript on the project must be submitted and accepted for publication in an acceptable peer reviewed journal. A letter of acceptance for publication from the journal must be submitted to the Credentials Committee by June 30 of the year of the resident’s anticipated Certifying Examination (see Credentials Requirements for additional information).

*Journals that are acceptable for publication of a resident’s research project are all those included for study for the ACVD Certifying Examination. Publications in journals not on this list require approval by the Credentials Committee.*

It is the expectation of the ACVD that all residents’ research projects that have been accepted for publication will be in press or published by the time of the NAVDF at which the resident becomes a College member and receives Diplomate status.

B. Case reports or Equivalent
In order to fulfill the ACVD credential requirements, each resident will be required to pass any combination of two of the following (including the same option twice):
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- Case report in the current format as described in the Credentials guidelines. For this requirement the resident must have been the primary clinician throughout the diagnosis and management of the case.
- Unique case report accepted for publication in an approved journal in which the resident is the primary author. For this requirement, the resident must have had direct involvement with the diagnosis and/or management of the case.
- Case series report accepted for publication in an approved journal in which the resident is the primary author. For this requirement, the resident must have had direct involvement with the diagnosis and/or management of at least one of the cases in the report.
- Comprehensive review of case management of a clinical condition accepted for publication in an approved journal or book edited by an ACVD Diplomate, in which the resident is the primary author.

C. Scientific Presentations
All ACVD residents are required to give at least four educational lectures during their residency. These lectures must be at least 30 minutes in length and must be on a topic related to veterinary dermatology. The audience can be veterinarians at local, state, or national meetings, students or house-staff, veterinary technicians, or laypeople. The preceptor should make every effort to attend these lectures and discuss strengths or weaknesses of the presentation with the resident. If attendance is impossible, the preceptor should preview the lecture before it is presented.

D. Continuing Education
Attendance at dermatology continuing education lectures or courses is extremely valuable for residents. Aside from the one annual meeting of the ACVD where the resident's research project will be presented, the College has no continuing education requirements for residents. However, the College strongly supports this form of training and suggests that every effort be made to assure that the resident attends as many educational lectures or meetings as possible, especially those given near the resident’s school or institution.

E. Examination Question Submission
Each program must submit, on a yearly basis, questions for the ACVD Certification Examination. The supervising Diplomate is responsible for ensuring that this requirement is fulfilled but does not have to do the submission themselves. During the time period a Program has a Diplomate actively serving on the Examination Committee that Program is exempt from this requirement.

This requirement can be fulfilled with a combination of 1 short answer and 5 multiple choice or 2 short answer questions. As of 2013, at least one of the multiple choice questions must be an ‘application of knowledge’ (AOK) instead of a fact based question. By 2015, all the questions submitted must be upper level knowledge questions. To help mentors fulfill this requirement the Executive Board, Examination Committee and AOK committees will provide information on what these questions are and how to write these types of questions (available on the ACVD website – ‘Application of Knowledge
Instruction’). All questions must have 2 complete references and a grading key. A program can also fulfill this requirement by submitting 12 copies of one histopathology slide with the morphologic description and clinical diagnosis or digital photographs of 3 different patients with disease identification and potential questions and answers. The Chairperson of the Examination Committee can be contacted for discussion of appropriate submissions. Examination question submission must be made to the ACVD Executive Secretary by June 1. There is no grace period for this submission deadline. All submissions must be received by the deadline date; electronic submissions must be time marked by 6:00PM of the submitter’s time zone. Lack of, incomplete or late submissions will place the program on probation. For the programs failing to fulfill this requirement, the Examination Committee will notify the ACVD Executive Board that the residency program is out of compliance with ACVD residency training requirements until examination submission requirements have been fulfilled. This places the program on probation and thus there can be no training of any new residents as described in Section 10D. If the program fails to complete this requirement 2 times or more within a 5-year period, the Examination Committee in conjunction with the Education Committee will recommend to the ACVD Executive Board that the residency program be suspended.

In addition, each resident, by May 31 of the year they plan to take the ACVD Certification Examination must submit material for exam questions. This requirement can be fulfilled with a combination of 1 short answer and 5 multiple choice or 2 short answer questions. All questions must have 2 references and a grading key. A resident can also fulfill this requirement by submission of 12 copies of one histopathology slide with the morphologic description and clinical diagnosis or digital photographs of 3 different patients with disease identification and potential questions with answers. The Chairperson of the Examination Committee can be contacted for discussion of appropriate submissions. These submissions must be made to the ACVD Executive Secretary by June 1. There is no grace period for this submission deadline. All submissions must be received by the deadline date; electronic submissions must be time marked by 6:00PM of the submitter’s time zone. Lack of or late submissions may prevent the resident from taking that year’s ACVD Certification Examination. This requirement must be fulfilled with new questions every year that a resident takes the Certification Examination.

9. Documentation

All formalized and individualized programs must have a current program description on file with the Education Committee. The Education committee requires that this description be publically available on the ACVD website and must be updated yearly if a program intends to remain an ACVD approved residency program (Appendix 2). It will be at the Education Committee’s discretion to request adjustments to a specific program or its on-line description.

It is the responsibility of the supervising preceptor of each program to provide a description of their program to each resident at the commencement of their training. All
residents must complete the ACVD Education Committee registration form at the start of their program. This form is submitted to the ACVD Executive Secretary who will record this information and forward it to the Chairperson of the ACVD Education Committee.

If an applicant has not completed an internship available through the American Association of Veterinary Clinicians internship/residency matching program, that applicant needs to complete and submit the Practice/Internship Equivalency Form that includes their veterinary practice experience, veterinarian(s) names, addresses, and telephone numbers with whom the applicant worked with and states the dates of training. This information should be included in any application for residency training and submitted to the ACVD Education Committee when the resident registers with the committee.

All programs must have their residents maintain case logs to help their mentors assess case numbers, follow up and case variety. A copy of these case logs must be retained by the program and the resident until the resident becomes a Diplomate or 5 years after completion of the residency, whichever comes first. These case logs will not be submitted to the ACVD education committee unless required to settle dispute between the mentor and resident.

The mentor’s personal evaluation of the candidate’s progress is reported to the Education Committee using the standardized form, available on the ACVD Web site (Appendix 3). For first year residents, two evaluations are made; the first must be submitted by December 31, the second by June 1. For all subsequent years of a training program, evaluations are completed once yearly and must be submitted by June 1. All evaluations must be received by the deadline date; electronic submissions must be time marked by 6:00PM of the submitter’s time zone. Lack of or late submissions will place the program on probation. In conjunction with a resident’s final year evaluation, the supervising preceptor must include a statement that the resident has or will have satisfactorily met all of the College’s training requirements by the completion date of their program.

If a residency program involves training at another institution or practice, the preceptor supervising that component of the training program must report their comments and concerns about the resident’s progress in writing to the primary preceptor prior to the above mentioned December 31 and June 1 deadlines. These comments should be included in the preceptor’s progress reports to the Education Committee.

The resident is also required to fill out a review of his/her residency program (Appendix 4) twice in the first year (November 30 and May 1), then annually (May 1) after that. Confirmation that this review has been received by the ACVD Executive Secretary is necessary before the resident can be reviewed by his/her mentors.

10. College Review of Programs and Residents
All programs and residents are subject to yearly review by the Education Committee. The length of time for approval of a new residency program or major change in an approved program is up to six months. All new residency programs and major changes in an approved program must be approved or disapproved by the majority of Education Committee. The recommendations of the Education Committee must then be sent to the Executive Board for final approval before informing the program. Program review can be initiated by the College or by the preceptor if one of the following occurs:

A. Major Program Modification
Any change in the program which has a major impact on the methods or scope of training in clinical dermatology and its related fields must be brought to the attention of the Education Committee. Points of concern include, but are not limited to, mentor/resident health issues, declining case load, decreased availability or change of Diplomate supervision, reduction or elimination of clinical or basic training due to loss of association with a cooperating school, hospital, or clinic, and the inclusion of non-dermatologic responsibilities.

B. Increase in the Number of Residents
Each residency program is approved for a specific number of trainees. New residency programs may only apply for one resident position until one of their residents has successfully completed the residency program and becomes a Diplomate. At that time the program may apply for multiple positions if they fulfill all other requirements for multiple residents. If a program wishes to increase the number of individuals in training either by creating a new residency position or by retaining a current resident for an additional period of time, the Education Committee must be notified before the program takes any action. If the number of residents is to be increased permanently, the entire program description must be updated. If the increase is temporary, the program must document how this additional trainee will impact the clinical and basic training of the other residents.

C. Program Interruption
Formalized residencies must be offered on a routine and regular basis. If a program has no resident in training for one or more years, the Education Committee must be notified and the program must be reviewed and receive written approval before new residents can be accepted for training.

D. Supervising Diplomate/ Resident Deficiencies
The Constitution of the ACVD imposes certain requirements on Diplomates who act as supervisors for a resident’s training. Failure of the Diplomate to meet these requirements necessitates an immediate program review.

The Education Committee or Credentials Committee can initiate ACVD review of the program for deficiencies in any of the above stated training requirements or because of poor performance of the residents as determined from progress reports, case reports/equivalencies or Board Examination pass rate. If the resident’s poor performance is not due to deficiencies in the program, the program can continue to train
new residents. If program deficiencies are identified, a remediation program will be suggested and developed by the Education Committee in conjunction with the program and/or resident(s). The timelines for such communication and rectification are stated in the Resident Timeline (Appendix 5). Failure of a non-compliant program to correct the deficiencies till the satisfaction of the Education Committee and Executive Board will result in probation.

Probation of a program means that no new residents may be enrolled. If a new resident has been offered residency training but has not commenced their training program, they will be advised that any training completed with a program on probation will not be accepted as residency training. If the Education Committee and/or Executive Board require any additional training of current residents because of the program’s failings it is expected that the program will support any associated costs. Failure to do so will result in suspension of the program until the matter is resolved.

If a resident is placed on probation by his/her mentors due to lack of compliance with the ACVD residency guidelines or his/her program guidelines, the preceptor must contact the Education Committee in writing with the reasons for the probation, proposed disciplinary acts against the resident and potential long term resolutions of the problems. The Education committee will then contact the resident and request a written rebuttal to the charges. If necessary the Education Committee will mediate between the preceptor and resident to facilitate resolution of the problem. Once a plan of action has been agreed on by both parties, the resident will have 6 months to correct the deficiencies to the satisfaction of his/her mentor(s) and must maintain satisfactory performance for the remainder of the residency. The mentor will inform the Education committee in writing at the end of the probation period (6 months). If these conditions are not met, the resident will not be allowed to apply for credentialing and thus Board certification. If probation results in extension of the training time or requirement for additional training in another location, it will not be the responsibility of the training program to support the costs associated with this.

The decision of the Education Committee to recommend suspension or termination of a program or resident can be appealed by notice to the Secretary of the ACVD. The program or resident in question must submit the appeal request within 30 days.

E. Procedure for Program Probation/ Suspension

If a program has not met the minimum Education Committee requirements, the program will be placed on probation. They will not be able to take a new resident until they are off probation. This probation will be publicly listed on the on-line description of the program.

The Education Committee will work with the program in question to correct the deficiencies. The Education Committee and program will decide on a plan and a time schedule to complete the recommended changes resulting in program approval. Once the program in question and the Education Committee have signed off on the plan and time frame it will be sent to the Executive Board for approval.
If the program in question is unable to meet its obligations within the agreed upon time schedule, the Education Committee will re-evaluate the situation. If the Education Committee and the program in question can agree on an extension of the deadline for completion of changes or if a modified plan can be agreed upon, this new time line or plan will be followed pending approval by the Executive Board.

If the program in question and the Education Committee cannot come to an agreement, the Education Committee must contact the Executive Board who will automatically appoint an appeals committee. The appeals committee will be made up of 5 mentors who will be randomly chosen from all current mentors except those on the Education Committee, Executive Board or from the program in question. These will be the voting members of the appeals committee. There will also be one member of the Education Committee and one mentor from the program in question who will be available to participate in the appeals committee’s discussion if necessary. The appeals committee will have the authority to approve the Education Committee’s recommendations or come up with new recommendations. The appeals committee’s recommendations will then go to the Executive Board for approval.

The program in question will be bound to follow the appeals committee’s decision or there will be a 2-year suspension of the program once the residents currently in the program are finished. This suspension will mean that the program will be removed from the website for the duration of the suspension. If the program takes any residents during this time, this training time will not be recognized by the ACVD. At the end of the 2-years suspension, the program must reapply for a residency.

11. Certification of Training

Once a resident has satisfied the residency educational requirements of the College, the Education Committee will issue a letter of completion of residency training to the resident and the Credentials Committee. The resident will submit a copy of this letter in their application to the Credentials Committee. The Credentials Committee will review all requirements for eligibility to take the Board Examination and once these have been fulfilled will notify the resident. Approval of the residency training does not guarantee the acceptance of the application by the Credentials Committee. Submission deadlines for the credentialing process are stated in the Resident Timeline (Appendix 5).

The resident can apply to the Credentials Committee before his/her program is completed. The Education Committee will inform the Credential Committee each time resident’s progress reports are evaluated and the outcome of these evaluations. If the Credentials Committee finds the application satisfactory, it can issue a conditional acceptance. Final acceptance of a resident’s credentials will require acceptance of a resident’s final evaluation by the Education Committee, including mentor’s letter documenting the resident’s completion of their program. This report will be forwarded to the Credentials Committee as outlined in the Resident’s Timeline (Appendix 5).
As stated in the ACVD Constitution, all individuals who have completed their residencies must submit their credentials to the Credentials Committee within five (5) years of the completion of their residency (i.e. the last day of paid employment or the last day of supervised residency training for those in an unpaid residency program). The credentials process must be satisfied within three (3) years. Failure to submit credentials or satisfy the credentials process within an allotted time will trigger an automatic review of the individual’s credentials by the Education and Credentials Committees. Additional training and/or experience will be required before further applications can be made to the Credentials Committee.

After a candidate has either taken and failed the ACVD examination three(3) times within a period of 5 years after submitting and passing the initial credentials process, or if the resident has failed to pass the examination within the prescribed 5 year timeframe, a re-credentials process will need to be undertaken by the candidate. The candidate will need to notify the Credentials Committee of their desire to apply for re-credentialing. Upon receipt of this request, the Credentials Committee will decide the requirements for each candidate to satisfy this process. These requirements will be strictly at the discretion of the Credentials Committee. These requirements for the re-credential process will then be submitted to the Credentials Committee prior to the June 1 deadline. Acceptance of the re-credential requirements will be reviewed as for other credentials packets and the same methods of contact will be in effect.

12. Honor Code

All residents and mentors are expected to abide by the ACVD Code of Conduct which includes:

- Carrying out the profession with the highest ethical standards
- Strictly following the employer’s work policy
- Being respectful towards co-workers and clients
- Fully adhering to the ACVD residency guidelines
- Filing the progress reports honestly and independently
- Not accepting, disseminating and/or using any type of board exam material, which is strictly prohibited, unless approved by the Exam Committee (e.g. mock tests)

A breach of the code of conduct may result in the termination of the residency, disqualification of a resident’s credentials and/or the barring of a resident from taking the certifying examination.

13. Review Residency Guidelines

Every 5 years the Education Committee will survey all active mentors/programs to re-evaluate new residency guideline policies that have been enacted during that 5-year period. If a simple majority of the mentors are no longer in favor of a particular policy the Education Committee will re-evaluate the policy and come up with alternatives. These alternatives will then be voted on by the mentors to determine the new policy. Every 10-
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15 years the Executive Board will appoint an ad hoc committee to review and survey the mentors to determine if major changes need to be made in the guidelines.
Appendix 1: Minimal Requirements for ACVD Residency Programs

1. All programs must have a detailed program description on the ACVD website that is updated yearly (see Appendix 2).

2. All programs must have at least one full time boarded dermatologist of the ECVD, ACVD or Australian College of Veterinary Scientists. Additionally, one of the following criteria must be met:
   - The program must have at least two mentors locally (within a one hour drive of each other) available to train residents. One as the primary mentor and one who is available and willing to take over training if the primary mentor is unavailable to finish the residency training or cannot fulfill their obligations.
   - If there is only one mentor locally, the primary mentor must have a written contingency plan that is submitted with the program description that details the plan for completion of the residency if the primary mentor is unable to fulfill their obligations to the resident. This contingency plan must be made available to and agreed to by the resident before they start their residency.

3. All programs will provide a minimum of 300 full clinic days for a resident during their residency.

4. All programs must have access to:
   - microscope(s).
   - video-otoscope(s).

5. All programs must have library access through a university library or the ACVD online library.

6. All programs must provide residents time off clinics to attend the NAVDF or equivalent dermatology meeting annually.

7. All programs will provide a minimum of 150 full non-clinic work days for a resident during their residency based on a 6 day work week. Vacation, Sundays, national holidays and time off to attend an annual dermatology meeting are not to be counted as part of this requirement.

8. All programs must have:
   - Case rounds at least once weekly.
   - Journal club at least once monthly.
   - Histopathology rounds at least once monthly.
   - Basic science learning / didactic rounds at least once monthly.

9. All programs must submit questions for the Certifying Examination annually. This requirement can be fulfilled with a combination of 1 short answer and 5 multiple choice or 2 short answer questions. As of 2013, at least one of the multiple choice questions
must be an ‘application of knowledge’ (AOK) instead of a fact based question. By 2015, all the questions submitted must be upper level knowledge questions.

10. A resident’s research project must be reviewed by at least three boarded dermatologists (at least one must be a mentor). If three dermatologists are not easily accessible to the resident then the project can be reviewed by the mentor and the ACVD grant committee. This must be done during the first 18 months of the residency.

11. All programs must provide an adequate number and variety of dermatologic patients for their residents. This number will be based on caseload averages collected over 5 years from current ACVD residencies that employ the same number of residents as the program in question. To be compliant a program must see no less than the academic program caseload average (for programs with the same number of residents) minus 1.5 standard deviations and no more than the private practice caseload average (for programs with the same number of residents) plus 1.5 standard deviations.

12. The ACVD will not set a minimum number of initial or recheck cases to be seen by a resident. The minimum number of initial and recheck cases to be seen by a particular resident will be up to the discretion of the resident’s mentor(s) based on the mentor’s assessment of the resident’s clinical progress and the variety of cases managed by the resident.

13. Mentor contact time with the resident in the clinic for the first year of residency must be at least 90% (this means that the mentor is either physically in clinics seeing patients alongside the resident or the mentor can be contacted by phone and is available to assist the resident in person within one hour of being called.)

14. For the first year of residency a resident must see cases in a practice where a mentor is practicing full time (at least 90% of the time). In other words a first year resident cannot practice in a satellite clinic where they are the primary clinician for more than 10% of the time. After the first year it is up to the mentor and resident how much time they are left as primary clinician in a satellite clinic.

15. All programs must have their residents maintain case logs to help their mentors assess case numbers, follow up and case variety. A copy of these case logs must be retained by the program and the resident until the resident becomes a Diplomate or for 5 years after completion of the residency, whichever comes first. These case logs will **not** be submitted to the ACVD Education Committee unless required to settle a dispute between the mentor and resident.

16. If any of the residency requirements are not adhered to, the program will be brought up for review by the Education Committee and Executive Board. Probation and/or suspension of the residency program may follow.
Appendix 2: Detailed Program Description for ACVD Website

1. Program name and location:

2. Is the program currently on ACVD Probation? If yes, please describe the reasons for probation, what is being done to correct them and when the program is scheduled to be off probation?

3. Mentor(s):
   a. Name:
      1. Years in ACVD:
      2. Years as Mentor:

4. Specific requirements for applying to the program:

5. Length of residency in years:

6. Is a Master's degree or PhD required? If so, which? _______

7. When the residency was first offered? _______
   a. Has it been continuous since then? ____________
   b. If not continual what years was the residency offered? ____________

8. How many residents have been accepted into the program since inception? _______
   a. How many of these have become board certified dermatologists? _______

9. What is the average annual dermatology caseload for the institution over the past 5 years? ______________ cases per year

10. What is the average total caseload seen the entire residency? ______________ cases (average cases annually times the number of years of residency)

11. On average, how many new patients, rechecks and consults does the program see per year? (actual numbers of cases)
   a. New cases ____________
   b. Rechecks ____________
   c. Consults ____________

12. On average, what percentage of the program’s cases are dogs and cats?
   a. Dogs_____
   b. Cats_____

13. On average, how many exotic, equine and farm animal cases does the program see per year?
   a. Exotics_____

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b. Equine _________
c. Farm animals_______

14. What percentage of time is the mentor in clinics with the resident while the resident is seeing cases during the resident’s first year: _______, second: _________ and third: _________?(This means that the mentor is either physically seeing patients with the resident or can be contacted by phone and available to see the case within one hour of being called.)

15. Does the program have access to other specialists? If so, please list:

16. Please describe your library access:

17. Does the program have statistical support for their residents’ research projects? ______

18. Does the program have direct access to any basic science or clinical science laboratories that the resident can use for research proposes? If yes, please describe the types of laboratories available and interactions that the resident may have with them.

19. How often do the residents and mentors have the following rounds? *(For each type of rounds, please list how often they are held, how long each session is, and a detailed description of how they are conducted.)*
   a. Case rounds:
   b. Journal club:
   c. Histopathology training:
   d. Basic science learning rounds:

20. Resident’s benefits: *(Please give a general list of benefits and then whom a potential candidate should contact to get more specific information on salary and benefit packages)*

21. Does the program allow the resident to attend the NAVDF (North American Veterinary Dermatology Forum) meeting annually?

22. Does the program pay for the resident to attend the NAVDF meeting annually?

23. Average number of days a resident will spend on clinics per month:

24. Average number of days a resident will spend on non-clinical pursuits per month (not including Sundays or holidays):

25. Does the resident have to take general medicine emergency duty? ______ If so how often:

26. Does the resident take Dermatology emergency duty? _________ If so how often:
27. Is time allotted for externships in other subspecialties or at other dermatology practices? If so explain:

28. How much time is allotted off clinics for board preparation?

29. How much time is allotted to carry out a research project (grant writing, data collection, paper preparation) during the residency (please report in number of weeks)?

30. What are the other responsibilities/duties of the resident?

31. How many residents has the program had over the past 10 years?

32. How many/what percentage of the above residents (question 31) passed credentials on the:
   a. First submission? _________
   b. Second submission? _________
   c. Third submission or more? _________
   d. Never passed credentials? _________

33. How many/what percentage of the above residents (question 31) sat boards for the first time:
   a. The year they finished their residency? _________
   b. One year after finishing their residency? _________
   c. Two or more years after finishing? _________
   d. They never took boards? _________

34. How many/what percentage of the above residents (question 31) passed the board exam on their:
   a. First time taking the exam? _________
   b. Second time taking the exam? _________
   c. Third time or more taking the exam? _________
   d. Never passed? _________

35. Is your residency program reviewed by an outside committee at your university? If yes how often?

36. Please list the papers published by your last 5 residents.

37. Names of your last 5 residents and whether they are willing to be contacted by potential residents:

Please send completed form to Alexis Borich via email to: itchypet@aol.com
Appendix 3: 12 Month Resident Review

1. Date:

2. Program Name:

3. Resident Name:

4. _____ year of ______ year program

5. Mentor(s) preparing review:

6. Do you have confirmation from the Executive Secretary that the Resident has sent in their program assessment? (yes/no)
   (This document must be turned in before the resident review.)

7. According to the resident’s case log and your experience in clinics with the resident are they seeing adequate:
   a. Numbers of cases (yes/no)
   b. Numbers of new cases (yes/no)
   c. Follow up cases (yes/no)
   d. Species variation (yes/no)
   e. Disease variation (yes/no)
   f. If any of the answers are no, please add an explanation:
      i. Does the program have the means to correct the problem? (yes/no)
      ii. Does the program request college assistance? (yes/no)

8. Are the resident’s clinical dermatologic skills adequate for a resident at this stage of training? (yes/no)
   a. If the answer is no, please add an explanation:
      i. Does the program have the means to correct the problem? (yes/no)
      ii. Does the program request college assistance? (yes/no)

9. Is the resident’s understanding of clinical dermatology and basic sciences related to dermatology adequate for a resident at this stage of training? (yes/no)
   a. If the answer is no, please add an explanation:
      i. Does the program have the means to correct the problem? (yes/no)
      ii. Does the program request college assistance? (yes/no)

10. Is the resident progressing satisfactorily on their research project? (yes/no)
    a. If the answer is no, please add an explanation:
       i. Does the program have the means to correct the problem? (yes/no)
       ii. Does the program request college assistance? (yes/no)

11. Overall, do you feel that the resident is progressing satisfactorily and will finish all residency requirements on time? (yes/no)
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a. If the answer is no, please add an explanation:
   i. Does the program have the means to correct the problem? (yes/no)
   ii. Does the program request college assistance? (yes/no)

12. Do you feel this resident will be able to enter practice as a proficient starting veterinary dermatologist at the end of their residency? (yes/no)
   a. If the answer is no, please add an explanation:
      i. Does the program have the means to correct the problem? (yes/no)
      ii. Does the program request college assistance? (yes/no)

13. Please attach any comments and concerns from outside institutions or practices that are involved in the resident’s training.

14. Does the resident understand and agree with the above assessment of their performance? (yes/no)
   a. If no, the resident may add a one page comment to this form.

Once all involved parties have reviewed and discussed this document, please provide the date, your printed name and signature below, and then send to the ACVD education committee.

Resident Date
Mentor Date
Mentor Date

When complete please send electronically to the ACVD Exec. Sec. Alexis Borich via email to: itchypet@aol.com
Appendix 4: Resident Assessment of Program

(Once this document is filled out it should be sent electronically directly to the executive secretary of the ACVD. The ACVD Education Committee will keep these reviews completely confidential. Mentors on the education committee will recuse themselves from reviewing their own residency program. No mentor will be given the opportunity to review their own resident’s assessment so that you can be as open as possible about your program.)

1. Date:

2. Program:

3. Resident Name:
4. _____ year of ____ year program

5. Do you feel you are seeing enough clinical cases? (yes/no)
   a. If no, please explain:

   Please refer to your program’s description on the ACVD website to answer the following questions

6. Do you feel your mentor spends the amount of time with you in the clinic that is stated in the program description? (yes/no)
   a. If no please explain:

7. In regards to mentor participation in clinics, would you prefer more or less input on case management, or do you feel you receive/received the appropriate amount of advice for each case?

8. Are you doing rounds as frequently and in the manner specified in the program description?
   a. Case rounds (yes/no)
   b. Journal club (yes/no)
   c. Histopathology rounds (yes/no)
   d. Basic science learning rounds (yes/no)
   e. If you answered no to any of these, please explain:

9. Do you feel that the amount of time spent reviewing cases, journal articles, and histopathology is/was adequate and in agreement with your expectations of the program? (yes/no)
   a. If no, please explain:

10. Do you have any other concerns about your program or residency?
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11. Would you like the Education Committee to contact you to discuss any problems you may be having? (yes/no)
   a. If yes, how should they contact you?

I the undersigned verify that this document has been filled out without the assistance or influence of my mentor. My mentors have not seen this document once it was completed.

Resident Date

*Once this document is filled out it should be sent directly to the executive secretary of the ACVD at: itchypet@aol.com.*
Appendix 5: Resident Timeline

Timeline for submissions to Education and Credentials Committees - 2 year Program

ALL SUBMISSIONS TO BE MADE TO MS. ALEXIS BORICH, ACVD EXECUTIVE SECRETARY BY ELECTRONIC FORMAT ONLY. PLEASE PLAN FOR ALL SUBMISSIONS TO ARRIVE BY THE DEADLINE DATE.

YEAR 1

July/Aug: Residency begins

Nov 1: Possible submission of 1st Trial Case Report/Equivalency to Credentials Committee, additional case reports if applicable

Nov 31: Submission of first Progress Report to the Executive Secretary by first year residents (must be submitted before Mentor's can review resident)

Dec 15: Case Report/Equivalency results reported to resident by Credentials Committee

Dec 31: Submission by Supervising Diplomate 1st Progress Report on First year residents

Jan 15: Resubmission of Case Reports if needed

Feb 1: Final acceptance/failure of Case Reports/Equivalency by Credentials Committee
  Acceptance/not of 5 to 6-month report by Education Committee
  Notification to Programs with deficiencies identified

Mar 1: Receipt of Remediation Plan to Education Committee if needed

Mar 15: Acceptance of Remediation Plan by Education Committee

May 1: Submission 1st year Progress Report to Executive Secretary

June 1: Submission of 1 (trial case report) or 2 Case Reports/Equivalency to Credentials Committee
  Submission by Supervising Diplomate 1st year Progress Report
  Program questions for Certifying Examination to Examination Committee
  If program with Remediation Plan, documentation of resolution

July 15: Acceptance/not of 1st year report by Education Committee
  Notification to Programs with deficiencies identified
  Case report results reported by Credentials Committee
YEAR 2

Aug 15: Resubmission of Case Reports/Equivalency if needed

Sept 1: Final acceptance/failure of Case Reports/Equivalency by Credentials Committee
   Receipt of Remediation Plan to Education Committee if needed

Sept 15: Acceptance of Remediation Plan

Nov 1: Final submission of Case Reports/Equivalency if needed to Credentials Committee

Dec 15: Case report results reported by Credentials Committee
   Final Submission of abstract for NAVDF consideration

Dec 31: If program with Remediation Plan, documentation of resolution

Jan 15: Resubmission of Case Reports/Equivalency if needed to Credentials Committee
   Deadline for submission for manuscript for review

Feb 1: Final acceptance/failure of Case Reports/Equivalency by Credentials Committee

April: Presentation of research project at the NAVDF

May 1: Submission of 2nd year Progress Report to Executive Secretary

June 1: Notification in writing of intent to take the Certifying Examination
   Credential Application to Credentials Committee (which will include all case
   report results, documentation of presentation of research at ACVD meeting, acceptance
   of publication (June 30).
   Resident questions for Certifying Examination to Examination Committee
   Supervising Diplomate 2nd year Progress Report to Education Committee
   Supervising Diplomate letter of satisfactory completion to Education Committee
   Program questions for the Certifying Examination to Examination Committee.

June 15: Credentials Committee notifies Education Committee which Residents have
completed credentials and Education notifies Credentials which residents have
completed all reports and letter of completion.

   Examination Committee notifies both committees that questions from both the
candidate and the program have been received.

June 30: Deadline for acceptance of manuscript

July 1: Notification of completion of residency from Education Committee
   Notification from the Credential’s Committee of eligibility for Certifying Exam.
July 15: Final date for any challenges to above.

**Timeline for submissions to Education and Credentials Committees- 3 year Program**

*ALL SUBMISSIONS TO BE MADE TO MS. ALEXIS BORICH, ACVD EXECUTIVE SECRETARY BY ELECTRONIC FORMAT ONLY. PLEASE PLAN FOR ALL SUBMISSIONS TO ARRIVE BY THE DEADLINE DATE.*

**YEAR 1**

**Jul/Aug:** Residency begins

Nov 1: Possible submission of 1st Trial Case Report/Equivalency to Credentials Committee, additional case reports if applicable

Nov 31: Submission of first Resident Progress Report to the executive secretary (must be turned in before mentors can evaluate)

Dec 15: Case Report/Equivalency results reported to resident by Credentials Committee

Dec 31: Submission by Supervising Diplomate 5/6-month Progress Report

Jan 15: Resubmission of Case Reports if needed

Feb 1: Final acceptance/failure of Case Reports/Equivalency by Credentials Committee  
Acceptance/not of 5/6-month report by Education Committee  
Notification to Programs with deficiencies identified

Mar 1: Receipt of Remediation Plan to Education Committee if needed

Mar 15: Acceptance of Remediation Plan by Education Committee

May 1: Submission of first year Progress Report to executive secretary

June 1: Possible submission of 1 (trial case report) or 2 Case Reports/Equivalencies to Credentials Committee  
Submission by Supervising Diplomate first 1st year Progress Report  
Program questions for Certifying Examination to Examination Committee  
If program with Remediation Plan, documentation of resolution

July 15: Acceptance/not of 1st year report by Education Committee  
Notification to Programs with deficiencies identified

July 15: Case Report/Equivalency results reported by Credentials Committee
YEAR 2

Aug 15: Resubmission of Case Reports/Equivalency if needed

Sept 1: Final acceptance/failure of Case Reports/Equivalency by Credentials Committee
Receipt of Remediation Plan to Education Committee if needed

Sept 15: Acceptance of Remediation Plan

Nov 1: Possible submission of Case Reports/Equivalency to Credentials Committee

Dec 15: Case Report/Equivalency results reported by Credentials Committee
Possible submission of abstract for NAVDF consideration

Dec 31: If program with Remediation Plan, documentation of resolution

Jan 15: Resubmission of Case Reports/Equivalency if needed

Feb 1: Final acceptance/failure of Case Reports/Equivalency by Credentials Committee

April: Possible presentation of research project at the NAVDF

May 1: Submission of 2nd year Progress Report to executive secretary

June 1: Possible submission of Case Reports/Equivalency to Credentials Committee
Submission by Supervising Diplomate 2nd year Progress Report
Program questions for Certifying Examination to Examination Committee
If program with Remediation Plan, documentation of resolution

July 15: Acceptance/not of 2nd year report by Education Committee
Notification to Programs with deficiencies identified
Case Report/Equivalency results reported by Credentials Committee

YEAR 3

Aug 15: Resubmission of Case Reports/Equivalency if needed

Sept 1: Final acceptance/failure of Case Reports/Equivalency by Credentials Committee
Receipt of Remediation Plan to Education Committee if needed

Sept 15: Acceptance of Remediation Plan

Nov 1: Final submission of Case Reports/Equivalency if needed to Credentials Committee

Dec 15: Case Report/Equivalency results reported by Credentials Committee
Final submission of abstract for NAVDF consideration

Dec 31: If program with Remediation Plan, documentation of resolution

Jan 15 Resubmission of Case Reports/Equivalency if needed to Credentials Committee
Deadline for submission for manuscript for review

Feb 1: Final acceptance/failure of Case Reports/Equivalency by Credentials Committee

April: Presentation of research project at the NAVDF

May 1: Submission of 3rd year Progress Report to the executive secretary

June 1: Notification in writing of intent to take the Certifying Examination
Credential Application to Credentials Committee which will include all case report results, documentation of presentation of research at NAVDF, acceptance of publication (June 30)
Resident questions for Certifying Examination to Examination Committee
Supervising Diplomate 3rd year Progress Report to Education Committee
Supervising Diplomate letter of satisfactory completion to Education Committee
Program questions for the Certifying Examination to Examination Committee.

June 15: Credentials Committee notifies Education Committee which residents have completed credentials and Education notifies Credentials which residents have completed all reports and letter of completion.
Examination Committee notifies both committees that questions from both the candidate and the program have been received.

June 30: Deadline for acceptance of manuscript

July 1: Notification of completion of residency from Education Committee
Notification from the Credential's Committee of eligibility for Certifying Exam

July 15: Final date for any challenges to above.

SUBMIT VIA EMAIL TO: Alexis Borich, ACVD Executive Secretary, itchypet@aol.com