



American College of Veterinary Behaviorists
Wendy Dox, Executive Director
5003 SW 41st Blvd., Gainesville, FL, 32608, USA
E-mail: info@dacvb.org

ACVB APPLICANT PACKET

Effective September 1, 2018 – August 31, 2019

The ACVB Applicant Packet provides information relative to the process of becoming certified by the American College of Veterinary Behaviorists. It represents the current policies, procedures and requirements for individuals interested in certification by the American College of Veterinary Behaviorists (ACVB or the “College”). It is our intention to update any new materials on *September 1* of each year. **Review these materials carefully.** It is important when submitting materials to ACVB that the most **current** instructions are followed. It represents the current policies, procedures and requirements for individuals interested in certification by the American College of Veterinary Behaviorists (ACVB or the “College”). While every reasonable attempt has been made to assure accuracy, Supervising Diplomates, Resident Advisors and/or candidates should contact the ACVB office if questions arise. Furthermore, ACVB policies and procedures are subject to periodic review and change. Significant changes in the program are not intended to disrupt a current candidate’s timeline and reasonable accommodations which are consistent with the previous year’s Applicant Packet will be granted upon written request. Should Supervising Diplomates, Resident Advisors and/or candidates have concerns about proposed or actual changes that could impact the certification process, they should contact the ACVB office.

All questions and/or concerns on the current packet, proposed changes, and impact on residents (specifically or in general) should be directed to:

American College of Veterinary Behaviorists
Ellen M. Lindell, VMD, DACVB
President ACVB
5003 SW 41st Blvd., Gainesville, FL, 32608, USA
E-mail: info@dacvb.org

American College of Veterinary Behaviorists
Wendy Dox, Executive Director
5003 SW 41st Blvd., Gainesville, FL, 32608, USA
E-mail: info@dacvb.org

**ACVB APPLICANT
PACKET**

TABLE OF CONTENTS

SECTION I.	Training Program Information	5
A.	General Objectives of an ACVB Training Program	6
B.	Supervised Training – The Definition	6
C.	Traditional Residency Programs Application	6
D.	Non-traditional Residency Programs Applicant Instructions	10
E.	Non-traditional Residency Programs Credentialing Completion Checklist	13
SECTION II.	Case Report Information	14
A.	Instructions for Case Reports	14
B.	Format of Case Reports	15
C.	Submission of Case Reports	16
D.	Evaluation of Case Reports	18
E.	Example Case Reports	27

SECTION III.	Application For Board Certification	28
A.	General Application Information	28
B.	Submission Of Application Materials For Examination	28
C.	Timeline And Requirements For Examination Completion	30
D.	Reapplication After Rejection Of The Application	31
E.	Revaluation Procedure For Applications	31
F.	Scientific Publications	33
SECTION IV.	Reading List	35
SECTION V.	Appeals Procedure	44
SECTION VI.	Fee Structure	45
SECTION VII.	By-Laws Pertaining to Training	47
SECTION VIII.	ACVB Role Delineation Document	51
SECTION IX.	Recertification Requirements	58
SECTION X.	Forms	62

MISSION OF ACVB

ACVB Mission: The mission of the American College of Veterinary Behaviorists (ACVB) is to advance the behavioral health of animals through the certification of veterinary behavior specialists and the provision of science-based education.

TERMINOLOGY:

Applicant: The term *Applicant* will be used for a veterinarian who has made an application for a residency training program but has not yet been accepted into a traditional program or has not yet had their non-traditional residency program approved.

Supervising Diplomate (SD): In previous editions of the applicant packet the word "mentor" was used to indicate the supervising ACVB diplomate who is overseeing the resident. In this edition, the term *Supervising Diplomate (SD)* will replace the word *mentor*.

Resident: The term *Resident* will be used for all veterinarians in an approved residency training program.

Traditional Behavior Residency Program (TBRP): The term *Traditional Behavior Residency Program* refers to a program approved by the ACVB (see Section I.C for approved programs).

Non-Traditional Behavior Residency Program (NTBRP): The term *Non-Traditional Behavior Residency Program* refers to any program that does not classify as a TBRP.

I. TRAINING PROGRAM INFORMATION

I.1. This section describes qualifications that must be met for an Applicant's credentials to be considered acceptable by the American College of Veterinary Behaviorists.

I.2. To begin the process of board certification in the American College of Veterinary Behaviorists, an individual must satisfy the following minimum requirements:

I.2.1. Register with the ACVB (Form AAA)

I.2.2. Provide a letter of verification from the ACVB Supervising Diplomate (SD)

I.2.3. Submit all required fees (see Section VI – Fee Structure)

I.2.4. Must either:

I.2.4.1. Enroll in a Traditional Behavior Residency Program **OR**

I.2.4.2. Engage in an approved Non-Traditional Behavior Residency Program

I.3. To become a diplomate, a resident must meet the following criteria:

I.3.1. Submit the Verification of Continuance Residency form to the ACVB Executive Director by January 1st of each year during their residency.

I.3.2. Have a research paper accepted for publication in an approved journal (see Section III.F - Scientific Publication)

I.3.4. Have received a passing score on three (3) submitted case reports (see Section II – Case Report Information)

I.3.5. Have completed their residency.

I.3.5.1. A resident in a TBRP must present a letter from their SD to verify completion of their residency.

I.3.5.2. A resident in a NTBRP must present certification of passing their NTBRP by the Specialty Training Committee to verify completion of their residency.

I.3.6. Submit an application to sit for examination within 10 years from the date of registration for their residency program.

I.3.7. Pass the exam within 8 years of the date of first application to sit the examination.

I.3.8. Any deviations to the above guidelines must be submitted and approved by the Credentials Committee.

I.4. A person is considered to be an “ACVB Resident” when:

I.4.1. They have registered with ACVB, **and**

I.4.2. They are in an ACVB Traditional Behavior Residency Program (TBRP) **OR** a ACVB Non-Traditional Behavior Residency Training Program (NTBRP)

I.5. During the residency the following designations are permitted in correspondence:

I.5.1. ACVB resident in private practice training

I.5.2. ACVB resident at “XXX” University

I.5.3. ACVB resident in the Military Behavioral Residency Program

I.5.4. Upon completion of the residency program, the individual may not use the designation “resident”.

I.5.5. *The AVMA considers veterinarians to either be board certified or not board certified. There is NO designation of “board eligible” for individuals who have completed training but not yet passed a specialty examination. Nor is it acceptable to use a designation indicating that you have passed the board examination during your residency program.*

I.A. GENERAL OBJECTIVES OF AN ACVB RESIDENCY TRAINING PROGRAM

I.A.1. The ACVB Role Delineation Document (RDD) defines the educational requirement of the residency program and is the basis on which examinations are developed. It would be expected that a veterinary behaviorist should have a thorough understanding of the tasks outlined in the ACVB Role Delineation Document (See Section VIII).

I.A.2. Comprehensive behavior residency needs training beyond case work. Residents are required to complete a minimum of six (6) training modules. (See ACVB By-Laws Article VI, Section D AND Section XI.B of this document.)

I.A.3. An organized self-study program should be developed by the resident, in consultation with the supervising Diplomate. A comprehensive reading list should be provided by the supervising Diplomate to the resident at the start of the program including, in general, animal behavior, behavioral therapy, and behavior of domestic animals. Important current and past empirical, clinical, and review papers should be recommended.

I.B. SUPERVISED RESIDENCY TRAINING – THE DEFINITION

I.B.1. The By-Laws of the American College of Veterinary Behaviorists ARTICLE VI Residency Programs, Section 1 b) Case Load states: "...The resident should have primary responsibility for cases, including receiving, diagnosis, management, client communication, and case follow-up..."

I.B.1.1. As part of the learning process, residents should observe an ACVB Supervising Diplomate as he/she progresses through behavior cases, and these cases can count toward the individual's caseload. However, even if observing an ACVB Diplomate as part of the caseload, the individual in training **MUST** have primary responsibility for the case and be at least responsible for client communication and case follow-up. Without these components, the case cannot count as part of the Applicant's caseload. If there are multiple individuals present for the observed case, only one individual can have primary responsibility for the case, e.g., that case cannot be counted toward the caseload of other observers.

I.C. TRADITIONAL BEHAVIOR RESIDENCY PROGRAMS (TBRP) APPLICATIONS

I.C.1. While residents in a NTBRP must present a detailed description of their proposed program for review by the ACVB Specialty Training Committee and eventual acceptance, it should be noted that residents in a TBRP are entering into a program at an institution that has already had the program evaluated and approved by the ACVB Specialty

Training Committee (STC). The details of each program are contained in the program application to STC for each institution and should meet the requirements set forth in the ACVB By-Laws for Traditional Residents.

I.C.2. Specific requirements for a traditional program in veterinary clinical behavioral medicine are included in the By-Laws of the American College of Veterinary Behaviorists ARTICLE VI, Section 1.

I.C.2.1. A copy of the By-Laws of the ACVB is included in this information packet (see Section VII). It is the obligation of the Applicant to provide proof by letter from the ACVB Supervising Diplomate (SD) that he/she is a resident in an ACVB Traditional Behavior Residency Program (TBRP).

I.C.2.1.1. Current Traditional Behavior Residency Programs (TBRPs) which have been approved by the ACVB as meeting training criteria are: University of California - Davis, North Carolina State University, LTC Daniel E Holland Military Working Dog Veterinary Hospital Program, University of Montreal, The Ohio State University, University of Pennsylvania, and Purdue University. Others may be added during the year.

I.C.3. Individuals beginning an ACVB Traditional Behavior Residency Program (TBRP) should register with the ACVB near the beginning of the residency using the Registration Form (See Form AAA). This form should be accompanied by the registration fee. **The Fee Structure for all stages of the residency process is referenced near the end of this packet (See Section VI).** No refunds will be made if the application is rejected. Subsequent applications must be accompanied by a re-registration fee. Individuals in traditional programs are expected to keep a case log similar to that described for people in non-traditional programs.

I.C.4. Residents in ACVB Traditional Behavior Residency Programs (TBRP) will be expected to keep patient case logs. Minimally a case log should include:

- Patient name
- Appointment date
- Appointment location
- Species
- Diagnosis
- Supervising Diplomate (SD) for case
- Follow-up contact dates
- A separate summary page with number of cases seen by species/diagnosis

I.C.4.1. An example case log:

Species	Date	Case #	Client	Patient	Age	Sex	Breed	Diagnosis	Date SD reviewed	Follow-up dates

I.C.4.2. An example case summary page:

A. Feline Housesoiling: 137	
Inappropriate Elimination: 90	
Litter Box Aversion: 18	
Substrate Preference: 19	
Litter Aversion: 17	
Location Aversion: 18	
Location Preference: 18	
Spraying: 47	
B. Anxiety: 111	
Separation anxiety disorder	33
Storm phobia	29
Generalized anxiety	28
Noise phobia	14
Confinement-related anxiety	4
Night-related anxiety	3
C. Etc.	
Total Dogs: 256	
Total Cats: 68	
Total Horses: 15	
Total Cattle: 6 herds	
Total Swine: 2 herds	
Total Psittacine: 13	
Total Other: 12	

Percentage with follow up less than or equal to 3 months: 5%
Percentage with follow up less than or equal to 6 months: 15%
Percentage with follow up greater than 6 months: 80%
Total number of cases: 523 (NOTE: minimum of 400 cases required)
Total number of case hours: 2700 hours (# of cases x average of 6.5 hours/case)

I.C.5. Submission of an application to sit the examination, evidence of a scientific publication, and letters of evaluation should not be submitted earlier than October of the second year of a 2-year TBRP residency or in the third year of a 3-year TBRP residency.

I.D. NON-TRADITIONAL RESIDENCY BEHAVIOR RESIDENCY PROGRAMS (NTBRP) APPLICANT INSTRUCTIONS

I.D.1. Attached to this packet is a **Non-Traditional Behavior Residency Program application form to assist you in determining what items are needed to complete a NTBRP.**

I.D.2. Specific requirements for non-traditional programs in veterinary behavior are included in ARTICLE VI, Section 2 of the By-Laws of the American College of Veterinary Behaviorists, a copy of which is included in this information packet.

I.D.3. Individuals intending to start a non-traditional program must register their intentions with the ACVB on the appropriate form (**Registration for Individuals Beginning Training in Section X**). This registration of intent to begin a non-traditional program must be accompanied by a letter from the ACVB Supervising Diplomate (SD) and by the appropriate fee.

I.D.3.1. It shall be the obligation of the Applicant to provide proof by letter from the SD that he/she has agreed to mentor the Applicant.

I.D.3.1.1. The Supervising Diplomate (SD) must be a board-certified member of the ACVB. Other considerations should include availability and commitment of the SD. It is up to the resident to find an ACVB Diplomate who is willing to serve as his/her SD. One ACVB Diplomate will serve as the individual's primary supervisor; however, the resident may include periods of training under the guidance of other ACVB Diplomates.

I.D.3.1.2. Financial arrangements with the SD: The task of properly supervising a resident through a non-traditional training program involves significant resources. Compensation to the SD for this service may vary widely based upon the specific situation of the diplomate. A financial arrangement should be established and documented.

I.D.3.2. The funds enclosed with the application cover the individual's first submission of materials for training program approval and for first submission of the completed program materials. No refunds will be made if the application is rejected or the individual decides not to

continue toward certification. Second and subsequent applications for reevaluation after alteration must be accompanied by the appropriate fee.

I.D.3.3. Detailed materials about the intended training program should be submitted electronically to ACVB as early in the program as possible. An early request for review of the intended program will allow the maximum opportunity to meet the requirements of a recognized program. Specific and detailed information about the program and how it will meet the requirements of the Guidelines for Non-traditional Behavior Residency Training Programs, as defined in the ACVB By-Laws, is necessary. **The burden of proof that the Applicant's program meets the ACVB requirements lies with the Applicant.** It is expected that each item will be discussed and documented in detail to ensure the program meets the guidelines and is the equivalent of a traditional residency program.

I.D.3.4. **Note: Applicants to a NTBRP have 18 months from the time of submitting a registration letter to the ED until they submit a proposed training program.**

I.D.4. The Applicant should describe the relationship of the SD to the various cases seen. The following summarizes the required case supervision relationship:

I.D.4.1. The program will include at least 2600 hours (= 65-75% of training) of primary patient care and work up. Note: This assumes an **average** time spent per case of 6.5 hours. It is the responsibility of the SD that this average is being met by the resident.

I.D.4.2. The applicant will see at least 400 cases. For example, is the resident joining an existing practice? What are the projected numbers of cases per year in that practice? Is the resident creating their own practice? How quickly does he/she expect it to build? What is the plan for building a business providing this number of required cases in the residency time-line?

I.D.4.3. The SD will be present and/or review the cases as outlined:

I.D.4.3.1. **Cases 1-25:** SD present for all cases (**physical presence of the SD during the consultation is necessary** to ensure that all educational interactions and aspects of case management are available to the resident)

I.D.4.3.2. **Cases 26-75: SD present for 25 cases** and the other 25 reviewed within 48 hrs.

I.D.4.3.3. **Cases 76-150:** SD reviews within 7 days (physical presence of SD not required)

I.D.4.3.4. **Cases 151-400:** SD reviews within 30 days (physical presence of SD not required)

I.D.5. The initial application should include a description of the types of cases and species that are expected to be seen and why this is anticipated. In the final submission, the Applicant should include a detailed listing of behavior caseload organized as outlined in Section I.C.

I.D.5.1. The percentage of cases in which follow-up information was obtained and how that information was obtained, for each year that this information is listed.

I.D.5.1.1. **Case Follow-up:** The resident should attempt to obtain follow-up on all cases as this provides some of the most important feedback regarding treatment recommendations. A minimum of 60% of the cases eligible for inclusion in the program should have documented follow-up with the client.

I.D.5.2. An approximation of time spent on each case for initial consultations and follow-ups.

I.D.5.3. Where the consultation took place (i.e. office visit, home visit, and/or telephone consultation).

I.D.5.4. Time spent in consultation with veterinarians on behavior issues and cases.

I.D.6. If the Applicant will experience a limited number of species in clinical cases, the program should show how information and competency will be achieved in other species. For example, if the Applicant sees only canine and feline cases, how will the Applicant learn about laboratory animals, zoo animals, and large animal behavior problems?

I.D.7. Teaching and Education of others: The Applicant should list all seminars and presentations they expect to make to veterinarians, veterinary technicians, and the public. The resident is expected to give lectures, continuing education seminars, and research presentations. The final version should also include dates, locations, and the topic presented.

I.D.8. Annual Behavioral Meeting attendance: Resident will be expected to attend at least one (1) major behavioral meeting per year, such as the annual behavior meeting sponsored by ACVB. Attendance should be noted in submission materials for approval of the completed program.

I.D.9. Documentation of Core Knowledge Acquired: Resident will be responsible for keeping a log of academic courses taken, reading, attending seminars, or finding other ways to fulfill the ACVB requirement of core knowledge as stated in the By-Laws.

I.D.10. Research Publication: Resident is expected to have published a research-based scientific paper in the field of behavior as stated in the ACVB By-Laws. The SD will be expected to provide guidance and support in the establishment of a research project.

I.D.11. At the expected completion of a non-traditional program, the Applicant shall electronically submit a copy of materials that include the originally accepted proposed program and a side-by-side detailed comparison of the actual training program followed noting variations from the proposed program and how the specific ACVB requirement was met. It is important to remember that Committee members reviewing the completed materials must have documentation of the original proposal to compare what was proposed with what was actually done.

I.D.12. Note: *Applicants are encouraged to submit appropriate materials to the ACVB to have their non-traditional program evaluated as soon as possible, preferably prior to its beginning. Deviations from the original approved non-traditional program MUST also be reevaluated, including how they impact the entire program. It is the Applicant's responsibility to provide all appropriate information about program changes. ACVB reserves the right to reject an application if the Applicant has modified a previously approved non-traditional program and that modification has not met approval of the ACVB.*

I.D.13. Note: *The appeals process is limited to the review of due process. The purpose is to ensure that the appealing individual has been treated in accordance with all policies and procedures of the American College of Veterinary Behaviorists and that no mathematical errors have been made in scoring. The appeals process is not intended to re-grade case reports or examinations.*

I.E. NON-TRADITIONAL RESIDENCY TRAINING PROGRAMS (NTBRP) CREDENTIALING COMPLETION CHECKLIST

I.E.1. Submit complete information about the completed training program, comparing it to what was submitted in the tentatively approved proposed program. The material submitted for final approval will need to verify that the proposed program was followed and elaborate on where deviations occurred. In all cases the materials must show that the program was equivalent to what is expected in a traditional program. See the preceding section and the ACVB By-Laws for specifics. One electronic copy of all materials should be submitted. Materials submitted are expected to be VERY detailed.

II. CASE REPORT INFORMATION

II.A. INSTRUCTIONS FOR CASE REPORTS

II.A.1. Note: *There is a separate case report fee that must be submitted with the first case report.*

II.A.2. Purposes of the Case Reports

II.A.2.1. To verify Resident has been working in the area of veterinary behavior.

II.A.2.2. To demonstrate Resident's ability to use behavioral principles in the diagnosis and treatment of behavior-related situations.

II.A.2.3. To display Resident's ability to communicate behavioral observations and data to colleagues in a clear, concise and organized manner.

II.A.2.4. To display Resident's ability to evaluate and make differential diagnoses related to medical etiologies of behavioral disorders.

II.A.3. Case Selection for Case Reports

II.A.3.1. Residents should carefully select the case reports. The following should be considered when selecting case reports.

II.A.3.1.1. Cases submitted must represent patients from a minimum of two (2) species.

II.A.3.1.2. Each case must have a different major diagnosis (i.e. Resident must present evaluation, diagnosis, treatment, and follow-up for at least three distinct behavioral problems, one each per case report submitted).

II.A.3.1.3. Each of the case reports must represent substantially different behavior problems. For example, fear of strangers and fear of thunderstorms are both disorders of fear. Only one report is acceptable if both cases had similar behavioral manifestation and treatments.

II.A.3.1.4. Select cases that are **sufficiently complicated** to demonstrate Resident's ability to interpret and use medical and behavioral information. Avoid overly complex cases or extremely straight-forward diagnoses or therapies - no matter how interesting or complex the pathogenesis of the problem may be.

II.A.3.2. The case reports must demonstrate Resident's abilities in **clinical behavioral medicine**. This includes thoroughness, logic and accuracy in assessment, diagnosis and therapy as well as overall case management.

II.A.3.2.1. All appropriate differential diagnoses should be mentioned followed by a description of the logic used to arrive at the final diagnosis.

II.A.3.2.2. Laboratory tests should be justified and abnormal results, if any, discussed.

II.A.3.2.3. If there are appropriate and recognized veterinary medical diagnostic tests or therapies that were not used because they were not available or because of the owner's financial restrictions, mention the contribution they could have made to the case.

II.A.3.2.4. Finally, do NOT write a case report on laboratory research even if it has direct applications to clinical behavior.

II.A.3.3. The case reports must demonstrate Resident's ability to evaluate widely variable behavioral situations. Examples could vary from a case with major medical or neurological components, one with detailed learning patterns, a herd problem, or a laboratory animal enrichment problem. Regardless of the components of the case, the case should be one in which the primary problem is behavioral in origin.

II.A.3.3.1. If unsure whether the cases are sufficiently different, the Resident should petition the Chair of the Credentials Committee for a ruling (sent to the Executive Director). Do this well in advance of the application deadline.

II.A.3.4. The case should not be one previously published or submitted for publication.

II.A.3.5. Do **not** submit the following as case reports as such cases will be automatically deemed unacceptable.

II.A.3.5.1. Cases without a minimum of six (6) months follow-up.

II.A.3.5.2. Cases in which the animal or animals being treated died, were rehomed, or were euthanized before treatment was instituted, or before the six (6) month minimum follow-up period was completed.

II.A.3.5.3. Cases with a primary medical etiology for which no behavioral modification was suggested or instituted by the owner.

II.A.3.5.4. Cases with major procedural errors (i.e. exceeding the eight (8) page limit, not double spaced, failed to maintain anonymity, missing parts)

II.A.4. Note: *In the event that one or more case reports does not pass, ACVB strongly recommends the Resident review them using the provided recommendations/comments to strengthen the submission of other cases.*

II.B. FORMAT OF CASE REPORTS

II.B.1. NOTE: If a case report does not conform to format, the case report will be rejected without being read.

II.B.2. Reports must be typed using 12 point, Times New Roman font, double-spaced with one-inch (1") margins top, bottom and both sides.

II.B.3. Laboratory data, radiology reports, and other data should be tabulated or included as appendices. Laboratory data, radiology reports and other data are not included in the eight (8) page limit.

II.B.3.1. Laboratory results may be submitted as a copy of the original lab report from the diagnostic laboratory provided they include a reference range and, to maintain the college's rules for anonymity, there is no identifying information including, but not limited to, patient, clinician, owner, clinic information and location. If this copy is not clearly legible, the Resident should reenter the information as advised below.

II.B.3.2. If the laboratory data is not legible, the case report may be returned to the Applicant without review. Reference values for laboratory should be listed in the first column of each page of patient laboratory data.

II.B.4. Each report should have a title page that includes a six (6) digit security code of the Resident's choosing, the case report number, and title. The title page is not included in the eight (8) page limit. A two to four (2-4) sentence summary of the case should be included on the title page. The same six (6) digit security code should be used for **all** case reports submitted.

II.B.5. The reports should be written in narrative format. **Grammar and spelling are evaluated.** All cases should be written with strict attention to editorial detail. Residents are ENCOURAGED to use the spellcheck feature of the word processing application used, use syntax and grammar programs, and carefully proofread work before submission because these can be a significant cause of point deductions.

II.B.5.1. Programs which utilize online help, customer support, technical support or person-to-person help in any way, shape, or form cannot be used. Applicants may not receive help from any person while writing a case report with the exception of case report number one as specifically described.

II.B.6. Plagiarism is not allowed and will not be tolerated. Extensive quotations are not allowed.

II.B.7. Residents must not identify themselves in any way except by the six (6) digit code of their choosing as previously described. Be certain all identifying marks including, but not limited to, signatures, hospital names, service names, cities, and so on, do not appear in the text or appendices. Failure to maintain anonymity will cause the case report to be returned to the candidate without review.

II.B.8. When indicated, statements must be backed up by references. References should be formatted in the style of the Journal of the American Veterinary Medical Association (JAVMA). References are not included in the eight (8) page limit. References which are not formatted correctly will result in deductions from the total score and may affect whether or not the case passes review.

II.B.9. Residents can utilize page numbering such as “page _ of 8” or the title as a footer to ensure case report pages stay together and in order. Do not repeat the numerical ID as a footer.

II.C. SUBMISSION OF CASE REPORTS

II.C.1. Case reports may be submitted at any time.

II.C.2. Case reports should be regarding cases seen during a residency. Case reports must have 6 months of follow up.

II.C.3. Case Report #1 -- After the Resident has seen 75 cases in any supervised training program already approved by ACVB, he/she may submit case report #1 to ACVB for evaluation.

II.C.3.1. The Resident may write case report #1, and **only** this case report, with SD assistance. This case report must be clearly identified as case report #1 for evaluation and possible revision as stipulated below with “*Case report #1 Option for Revision*” on the title page.

II.C.3.2. The case must have been managed by the Resident during the residency. The case report should be identified with the Resident's six (6) digit security code and meet other criteria as set forth in the Training Program section of this ACVB Applicant Packet.

II.C.3.3. One (1) copy of a letter signed by the Resident and the SD should be included that specifically and clearly states that:

II.C.3.3.1. The Resident had primary case responsibility for the case submitted as case report #1.

II.C.3.3.2. The Resident did not have any help or aid in writing, preparing, or correcting case report #1 other than from the Supervising Diplomate (SD) named when the Resident registered with ACVB.

II.C.3.3.3. The case report may be used in the future by ACVB as examples of case reports.

II.C.3.4. If case report #1 receives three (3) or more of five (5) scores greater than 6.0, it will pass the review process. If the case report receives failing marks, it will be returned to the Resident with suggestions for improvement and may be revised and resubmitted.

II.C.3.5. The case report title of the resubmitted case report #1 must match the case report title first submitted exactly and the case described must be the same, i.e. patient(s) must be the same as first submitted. No substitutions will be allowed as a revised case report.

II.C.3.6. If the revised case report #1 fails re-submission, it may **not** be submitted again. A new case report #1 must be submitted. No other case report will be allowed to be revised.

II.C.3.7. If more than one case report (i.e. case report #2 and/or #3) is submitted with the one being reviewed by the SD, the Resident must make it clear as to which case report is the one that had assistance (i.e. titled "Case Report #1, Option for Revision). The burden to make the distinction clear is on the Resident and if not identified, then all cases will be treated as a case report that cannot be re-written.

II.C.4. Case Reports #2 and 3 -- Case reports #2 and #3 may be submitted at any time and they are **not** revisable.

II.C.4.1. Case reports #2 and #3 must be the sole work of the Resident. An ACVB Diplomate may examine case records and advise the Resident as to the suitability of a given case. However, once the Resident begins to write the case report, no one is allowed to help him/her. The case report must reflect the Resident's thoughts, not a consensus of opinion.

II.C.4.2. One (1) copy of a letter signed by the Resident and the supervising ACVB Diplomate should be included that specifically and clearly states that:

II.C.4.2.1. The Resident did have primary case responsibility for the cases submitted as case reports.

II.C.4.2.2. The Resident did not have any help or aid in writing, preparing, or correcting the case reports, except with the revisable case report described above.

II.C.4.2.3. These case reports may be used in the future by ACVB as examples of case reports.

II.C.5. Case reports will be evaluated and results provided within 90 days of submission.

II.C.6. ACVB may or may not consider the use of the case report for publication as a Behavior Case of the Month in the Journal of the American Veterinary Medical Association.

II.C.7. Submission of case reports -- One copy of each case report should be sent electronically to the Executive Director of the American College of Veterinary Behaviorists along with the appropriate fee which covers the review of all case reports.

II.D. EVALUATION OF CASE REPORTS

II.D.1. Format for submission -- Case reports should be submitted electronically in two (2) forms - .doc Microsoft Word document and a .pdf Adobe document.

II.D.2. Duration of case report reviews -- The Applicant should expect to receive the results of an individual case report review within three (3) months of the receipt of the case report by the Executive Director. For example, if the Executive Director receives the case report on September 1, the Applicant should expect the results of the review by December 1 of the same year.

II.D.3. Case reports containing major procedural errors, including but not limited to: exceeding the eight (8) page limit, incorrect font type or size, incorrect margins, report not double-spaced, failure to maintain anonymity, missing parts, etc., will automatically fail and will not be sent out to the Credentials Committee.

II.D.4. Scoring of case reports – Please see the Case Report Rubric below for complete detail as to how cases are scored. All parameters are outlined on the Case Report Rubric. Each parameter is scored on a Likert scale ranging from 1 to 5, with one being equivalent to “does not meet expectations” and 5 “greatly exceeds expectations.”

II.D.4.1. **Weighted parameters** – Each parameter is weighted based on the importance of that parameter to the overall assessment of the candidate’s ability to equal a maximum score of 10.

II.D.4.2. A score greater than 6.0 denotes a passing score. Case reports which receive scores less than or equal to 6.0 will be considered to have failed review.

II.D.4.3. Any case report that receives a score of 6.0 or less from three (3) or more reviewers fails, and no additional reviews will be obtained.

II.D.4.4. **Red Button Items** – these items denote items that will cause an automatic failure of the case.

II.D.4.4.1. Failure to maintain anonymity.

II.D.4.4.2. The case is not significantly challenging or complex

II.D.4.4.3. The case report did not contain all required elements including: presenting complaint, summary, signalment, history, behavioral and physical examination, treatment, diagnosis, follow up, references, and laboratory values.

II.D.4.4.4. The primary diagnosis is a medical problem and treatment of the medical condition is sufficient to resolve the behavioral component.

II.D.4.4.5. Cases with a primary medical etiology for which no behavioral modification is suggested or instituted by the owner.

II.D.4.4.6. Cases that do not have a minimum of six (6) months of follow up.

II.D.4.4.7. The animal or animals being treated died, were rehomed, or were euthanized before treatment was instituted, or before the six (6) months minimum follow-up period was completed.

II.D.5. Case Report Rubric -- The following is used by the Credentials Committee to evaluate submitted case reports:

Passing score = greater than 6.0.

	Score (1-5)	Guidelines	Comments	Weighted score
Reviewer's Name:				
Applicant Number:				
Year evaluated:				
Case number:				
Parameter Description				
RBI -The candidate failed to maintain anonymity by revealing his or her name or by revealing the name or specific location of the owner, veterinarians, or the facility in which the patient was treated.				

RBI-The case report did not contain all required elements including: presenting complaint, summary, signalment, history, behavioral and physical examination, treatment, diagnosis, follow up, references and laboratory values.		These exact items must be present, however there aren't any guidelines as to what they should be called. They should be distinctive, labeled elements of the case report.		
Case Summary				
The case summary is no more than 4 sentences and accurately reflects the content of the case report.				0.90
Case Selection				
RBI-The case report was not significantly challenging or complex enough to be consistent with the level of a specialist in behavioral medicine.		Cases that fail to demonstrate the candidate's competence as a veterinary behaviorist will not be accepted.		
The case was sufficiently challenging and complex to demonstrate the expertise of the candidate.				1.20
The case selected required and report included a discussion of the use of medication.				1.00

This case required and report included a behavioral and medical diagnostic workup.				0.90
This case selected was complex, but not too complex to be appropriately addressed in the allotted eight pages.				1.00
Observations, Physical Exam Findings, Laboratory Results				
All laboratory findings have been assessed.				0.75
Excessive, unnecessary or inappropriate diagnostic tests were not performed.				0.75
Diagnostic tests that were necessary to confirm or substantiate the diagnoses were recommended.		Primary medical problems, the behavioral component of which is not treatable are not acceptable.		1.00
Adequate observations, history and physical findings were reported to support the diagnos(es)				1.20
Diagnosis				

RBI-The primary diagnosis is a medical problem and treatment of the medical condition is sufficient to resolve the behavioral component.				
The differential diagnoses are supported by history, diagnostic tests and clinical observations.				1.20
The differential diagnoses are complete and contain no superfluous differentials.				1.00
The differential diagnoses are complete and contain no significant omissions.				1.00
In this case, all appropriate medical and behavioral differentials were considered.				1.00
The differential diagnoses are supported by references.				1.00
The differential diagnoses are clearly defined.				1.20
The reason for excluding each differential diagnoses has been explained.				0.90
The diagnostic decision making process is clearly discussed.				1.20
The working diagnoses are supported by history,				1.00

diagnostic tests and clinical observations.				
The working diagnoses are complete and contain no superfluous differentials.				0.90
The working diagnoses are complete and contain no significant omissions.				0.90
The working diagnoses are supported by references.				0.90
The working diagnoses are clearly defined.				1.00
The working diagnoses reflect adequate and correct scientific reasoning.				0.90
Treatment				
RBI-Cases with a primary medical etiology for which no behavioral modification was suggested or instituted by the owner.				
Medical therapy was appropriate, and was not delayed, withheld, or detrimental to the patient.				0.90

Behavioral therapy was appropriate, and was not delayed, withheld, or detrimental to the patient.				1.20
The potential for problems produced by a treatment were addressed.				1.00
Appropriate safety measures were addressed.				1.00
Significant medical side effects associated with medication were addressed.				0.90
The optimal diagnostic and therapeutic plan was followed or an adequate explanation was provided.				1.20
The medical therapy (pharmacological, surgical, dietary, nutraceuticals, alternative therapies) reflects adequate and correct scientific reasoning.				0.90
The candidate did not exhibit an inadequate, incorrect or outdated understanding of pathophysiology. (Remember: 1=strongly disagree; 5=strongly agree)				0.90
Medication choices were appropriate				1.20
Medication dosing adjustments were appropriate.				1.00
The treatment options are adequately referenced.				0.90

This case included an appropriate and sufficient treatment plan adjustment.				1.00
Follow up				
RBI-Case does not have a minimum of 6 months of follow up.				
RBI-The animal or animals being treated died, were rehomed or were euthanized before treatment was instituted, or before the six (6) months minimum follow-up period was completed.				
The follow up included at least one change to the treatment plan.				01.10
The follow up is sufficient to support the continued progress of the case.				1.20
Grammar/Spelling				
Spelling was consistently correct.				0.90

Grammar was consistently correct.				0.90
The tone was formal and professional.				1.00
References/Citations				
The reference values for laboratory tests are included for the laboratory tests provided				0.75
The citations are formatted in keeping with the current ACVB resident guidelines.				1.00
Relevant citations are not missing				1.00
The candidate demonstrated knowledge of current and appropriate references. The references were not outdated or incorrectly described..				1.20

		Passing score = greater than 6.0	Final Score	
--	--	-------------------------------------	-------------	--

II.D.6. Case report results -- Each reviewer will record his/her evaluation on a standard form indicating the number of points deducted and the reasons for the deductions. These forms will be retained by ACVB. The Chairperson of the Credentials Committee, through the ACVB Executive Director, will send a written summary of the important reasons for case report rejection to an unsuccessful Resident.

II.D.7. Three passed case reports – A Resident must have three (3) passing case reports before being considered for Diplomate status.

II.E. EXAMPLE CASE REPORTS

II.E.1. The following case reports were submitted to ACVB and passed the review process. They are presented here as examples. Click on a link to go to the specific case report.

II.E.1.1. [Case Report #123456](#): *House-soiling in a 5yo Savannah cat*

II.E.1.2. [Case Report #456789](#): *Separation anxiety and noise phobia in a mixed breed dog*

II.E.1.3. [Case Report #987654](#): *A case of multi-context fear-related aggression in a dog*

III. APPLICATION FOR BOARD CERTIFICATION

Note: There is NO designation of “board eligible” for individuals who have completed training but not yet passed a specialty examination. The AVMA considers veterinarians to either be board certified or not board certified. In addition, there is no special designation for those that have passed the board examination, but have not yet completed the credentialing process for board certification.

III.A. GENERAL APPLICATION INFORMATION

III.A.1 It is the responsibility of the **Resident** to be sure the most recent application for examination packet is used for application. This form is for applications that are to be submitted March 1 preceding the intended examination. A \$50 Administrative Fee must accompany the Application for Examination. Additionally, a \$300 Examination Fee must also be sent with the Application for Examination. Send questions **in writing** via e-mail to: info@dacvb.org

III.A.2. The print copy of the Application for Board Certification and the appropriate fee should be shipped together to the Executive Director. Cash-on-delivery (COD) packages will not be accepted.

III.A.3. Correspondence, particularly that requiring Credentials Committee assessment, must be sent sufficiently in advance of deadlines (at least six (6) weeks) to enable the committee to act upon it. Applicant will receive a written reply to inquiries. Any e-mail correspondence **MUST** be acknowledged to know that it was received.

III.A.4. Applications for Examination of individuals in an approved residency program cannot be made earlier than October of the second year of a 2-year residency or in the third year of a 3-year residency (and no less than 18 months into any approved residency program).

III.B. SUBMISSION OF APPLICATION MATERIALS FOR EXAMINATION

III.B.1. Residents must satisfy the Credentials Committee that the following items have been satisfactorily completed by including the materials listed below in order to be considered for board certification by the ACVB. It is the **Resident’s** responsibility to see that the following six (6) items are submitted:

III.B.2. One (1) electronic copy of the Resident’s:

III.B.2.1. Diploma from a school or college accredited or approved by the American Veterinary Medical Association (AVMA), **OR**

III.B.2.2. Certificate of Accreditation in Veterinary Medicine from the Educational Commission for Foreign Veterinary Graduates (ECFVG) of the AVMA, **OR**

III.B.2.3. Legal document of qualification to practice veterinary medicine in some state, province, territory, or possession of the United States, Canada, or other country.

III.B.3. Individuals in a TBRP must submit one (1) electronic copy of the certificate of successful completion of the residency or a letter indicating successful **COMPLETION** of a

traditional residency written by the director of the TBRP. Individuals in a NTBRP must submit certification from the Specialty Training Committee that their program has passed and is completed.

III.B.4. Applicants are required to publish a peer-reviewed, original, data-based research publication for which the applicant is the first author. Review papers are not acceptable. The focus of this paper must be some aspect of animal behavior, veterinary behavior, or behavioral medicine. This first-authored publication must be in an acceptable peer-reviewed, academic journal. Papers must be submitted **NO LATER** than March 1 of the year the applicant intends to take the exam, and accepted for publication **NO LATER** than September 1 of the same year. Applicants are encouraged to complete and submit their papers earlier than this and as early as possible since peer-review can be time consuming. A list of acceptable journals and instructions about how to seek an exception can be found in *Section III.I Scientific Publications*.

III.B.4.1. As part of their application to sit the examination, due **no later than March 1** of the year in which the exam is to occur, applicants must submit:

III.B.4.1.1. The manuscript of their paper, **along with the journal's notification that the manuscript was submitted prior to March 1 and is undergoing review** (See example below). This manuscript should be watermarked 'SUBMITTED'.

III.B.4.1.1.1 [Example of a submission letter](#)

OR

III.B.4.1.2. The accepted manuscript along with the acceptance letter provided by the journal and the assigned DOI (digital object identifier). This manuscript should be watermarked 'ACCEPTED'.

III.B.4.1.2.1 [Example from an accepted manuscript](#)

OR

III.B.4.1.3. The PDF of the most recent version of the final accepted paper, which has been downloaded from or provided by the journal. PDFs of proofs, corrected proofs, or final online/in print papers are acceptable since they will automatically carry the DOI and the journal's information.

III.B.4.1.3.1. [Example of first page of an article in press](#)

III.B.4.2. Please **note:** If your paper has not been accepted by **March 1** of the year in which you seek to take the examination, and your application for examination passes, you must submit **either** the accepted manuscript along with the acceptance letter provided by the journal and the assigned DOI (digital object identifier) or the PDF of the paper in press or in print by September 1. Manuscripts that are accepted should be watermarked 'ACCEPTED'. The PDF of the most recent version of the final accepted paper should be downloaded from or provided by the journal **no later than September 1** of the same year. Please note, PDFs of proofs, corrected proofs, or final online/in print papers will automatically carry the DOI and the journal's information.

III.B.5. One (1) electronic copy of the Applicant Evaluation Form from each of three (3) different evaluators.

III.B.5.1. Completed [Applicant Evaluation Forms](#) must arrive from at least three (but not more than five) veterinarians who can assess the candidate's performance in the area of animal behavior. At least one of these veterinarians **MUST** be an ACVB diplomate. Each evaluator **MUST** send one (1) electronic copy of the completed evaluation form. The evaluator

should e-mail the evaluation form directly to the ACVB Executive Director. A letter may be used in lieu of the form if all information requested on the form is described in the letter.

III.B.5.2. ACVB will NOT confirm arrival of the forms to the Candidate.

III.B.5.3. Negative evaluations may result in rejection of the application.

III.B.5.4. ACVB reserves the right to solicit information from individuals other than those supplied by the Candidate, but the Candidate will be notified.

III.B.6. The appropriate fee must accompany the print copy of the Application for Board Certification. Re-applications must also be accompanied by the appropriate fee. A personal check is acceptable. Candidates from outside the United States must send a money order.

III.B.7. Note: *Additions or substitutions (or the like) to the Applicant Packet sent under separate cover will NOT be accepted.*

III.C. TIMELINE AND REQUIREMENTS FOR EXAMINATION COMPLETION

III.C. The Candidate must successfully pass the examination within eight (8) years of the initial exam application. The appropriate fee will be charged each time the examination is taken.

III.C.1. The Candidate who does not pass the examination within eight (8) years of the first submission of the Application for Examination must begin the process of board certification over including new case reports, a new research project, submission and approval of a new program for NTBR programs or re-entry into a TBR program, new evaluation letters, new application to sit (and proof of passing) the exam and payment of appropriate fees.

III.C.2. If a Candidate must delay taking the examination following notification of an acceptable application, the ACVB Executive Director must be notified. No portion of the prescribed fee(s) will be refunded. When this delayed Candidate takes the examination for the first time, no additional fee will be assessed. The Candidate must pass the examination within the time limit of eight (8) years from the time of initial application to take the examination.

III.C.3. The Candidate who wishes to take the examination following a delay or to retake the examination MUST notify the ACVB Executive Director of such intent IN WRITING and including all current contact information. This notification and a check for the examination fee must ARRIVE in the Executive Director's office no later than March 1 of the same year in which the Candidate wishes to sit for the examination. ACVB will NOT send reminders to people who may wish to re-sit the examination.

III.C.4. The Candidate must achieve a designated passing score on the entire examination.

III.C.4.1. If the Candidate does not pass, the Candidate will be required to retake the entire examination at the Candidate's next attempt.

III.C.4.2. The fee to retake the examination will be the same as the fee to take the examination the first time.

III.C.5. The ACVB complies with the Americans with Disabilities Act of 1990, as amended by the Americans with Disabilities Act Amendment Act of 2008 (the “ADA”). **If you have a disability / impairment which may require special accommodation(s) in order to take an examination, you must complete the application form found on the ACVB website and return it with your examination registration form by the registration deadline.** If accommodation(s) is (are) not requested in advance, ACVB cannot guarantee the availability of accommodation(s) on– site. Accommodation cannot be granted retroactively, so that if a candidate informs ACVB of an impairment or disability after the examination has been completed, there can be no changes made in that candidate’s examination results or changes in how that candidate’s examination is graded in comparison to other candidates.

III.D. REAPPLICATION AFTER REJECTED APPLICATION

III.D.1. If the Application for Board Certification was previously rejected, an ENTIRE, COMPLETE application packet must be resubmitted except as indicated in writing from the ACVB Executive Director and listed below.

III.D.2. Candidates passing the Application for Examination but lacking final acceptance of a publication must submit:

III.D.2.1. The accepted manuscript along with the acceptance letter provided by the journal and the assigned DOI (digital object identifier). This manuscript should be watermarked ‘ACCEPTED’.

OR

III.D.2.2. The PDF of the most recent version of the final accepted paper, which has been downloaded from or provided by the journal. PDFs of proofs, corrected proofs, or final online/in print papers are acceptable since they will automatically carry the DOI and the journal’s information.

AND

III.D.2.3. A check in the amount of *three hundred dollars (\$300)* United States funds made payable to the American College of Veterinary Behaviorists.

III.EE. EVALUATION PROCEDURE FOR APPLICATIONS FOR BOARD CERTIFICATION

III.E.1. Each part of the Application for Board Certification will be evaluated as "acceptable" or "unacceptable".

III.E.2. Each application will be reviewed by five (5) members of the Credentials Committee and will require an acceptable score by at least three (3) of the five (5) members.

III.E.2.1. The reviewer will record his/her evaluation on a standard form that will be retained by ACVB.

III.E.3. All parts of the application must be satisfactory in order for the application to be accepted. If any part of the application is not acceptable, the entire application will be rejected.

III.E.4. Applicant Evaluation Forms are to be submitted by three (3) individuals for the evaluation. If for any reason forms from three (3) evaluators are not present at that time, the credentials WILL be rejected.

III.E.4.1. Each letter of evaluation will be reviewed for source of evaluation, whether or not the Candidate signed the confidentiality clause, and content of evaluation. An unsatisfactory evaluation is one wherein the letter fails to support the application.

III.E.4.2. If two (2) out of the three (3) letters of evaluation are deemed unsatisfactory by two (2) members of the Credentials Committee, the application will be disqualified.

III.E.4.3. If one (1) of the three (3) letters of evaluation is unsatisfactory, the Credentials Committee will review and discuss all the letters of evaluation.

III.E.4.4. Personal contact with the individual who wrote the unsatisfactory letter of evaluation may be deemed necessary prior to accepting the application.

III.E.5. One (1) electronic copy of a published, scientific article or submitted manuscript must be included in the application. Manuscripts must include a letter of receipt or letter of final acceptance from an approved journal.

III.E.5.1. Each submission will be reviewed to be sure it has been submitted to an approved, refereed journal and that an appropriate letter is attached in the case of a manuscript.

III.E.5.2. The content must be data-based, original research in the field of animal behavior.

III.E.5.3. The Candidate must be the first author.

III.E.5.4. Failure to meet one or more of the above criteria will result in the application being disqualified.

III.E.5.5. A change in the journal in which the manuscript is published or in the core of the manuscript submitted may result in disqualification of the Application for Board Certification.

III.E.5.6. One electronic copy of proof of **FINAL** acceptance (manuscript requiring no further review) by the journal must be received with the remainder of the packet for Application for Board Certification or the application will be rejected.

III.E.6. The Credentials Committee, through the ACVB Executive Director, will notify the Candidate of the acceptance or rejection of his/her credentials within 90 days of submission of his/her credentials. It is the responsibility of the **Candidate** to notify the ACVB Executive Director IN WRITING of any address, e- mail address, or telephone number change. A

Candidate's failure to notify the Credentials Committee of a current address may cause misdirected mail and a significant delay in communicating results.

III.E. SCIENTIFIC PUBLICATIONS

III.E.1. The Candidate be the first author of at least one, peer-reviewed paper of original, data-based scientific research (e.g. review papers are not acceptable) whose focus is some aspect of animal behavior, veterinary behavior or behavioral medicine. This first-authored publication must be in an acceptable peer-reviewed, academic journal. Papers must be submitted to the chosen journal by March 1 of the year the applicant intends to take the exam and accepted by the journal no later than September 1 of that same year. A partial list of acceptable journals is listed below:

III.E.2. ACCEPTABLE JOURNALS

American Journal of Veterinary Research
Animal Behavior
Anthrozoos
Applied Animal Behaviour Science
Australian Veterinary Journal
Behavioral Ecology and Sociobiology
Behaviour
British Veterinary Journal
Canadian Journal of Veterinary Research
Canadian Veterinary Journal
Equine Veterinary Journal
Ethology
Frontiers in Veterinary Science
Institute for Laboratory Animal Research (ILAR) Journal
Journal of the American Animal Hospital Association
Journal of the American College of Veterinary Internal Medicine
Journal of the American Veterinary Medical Association
Journal of Animal Science
Journal of Applied Animal Welfare Science
Journal of Equine Veterinary Science
Journal of Feline Medicine and Surgery
Journal of Primatology
Journal of Small Animal Practice
Journal of Veterinary Behavior: Clinical Applications and Research
Journal of Veterinary Medical Education
Journal of Veterinary Pharmacology and Therapeutics
Lab Animal Science
Laboratory Animal (British)
PLoS One
Preventive Veterinary Medicine
Research in Veterinary Science

Veterinary Record
Veterinary Science Research Communications
Veterinary Surgery

III.E.3. *Note: This list is not exhaustive. Other journals may be acceptable, but if the applicant wishes to use a publication from one of them to meet this requirement, the applicant needs to receive written approval from the Credentialing Committee. Publication in a journal not on the approved list requires that the applicant contact the ACVB Executive Director several months prior to submission so that the Credentialing Committee can determine if the proposed journal is acceptable.*

III.E.4. UNACCEPTABLE JOURNALS

Proceedings of ... (various meetings, specialties)
Short communications (in various journals)

Serial articles (behavior case of the month, what's your diagnosis?)
Letters to the editor

Lay publications, i.e., Cat Fancy, Western Horseman, etc.

IV. READING LIST

IV.A. The ACVB has developed the Suggested Reading List for individuals applying for membership to serve as a general reading list of behavioral information. Suggested readings are indicated by an asterisk (*). The intent of this more specific list is to help guide Candidates towards the more pertinent books that will assist them in preparing for the examination. This list is not intended to suggest that the Candidate should read **every** book on ethology or **every** book on learning theory, but rather to demonstrate the breadth and scope of veterinary behavior. Neither list should be construed as a commitment regarding specific examination material. For the purposes of studying for the ACVB examination, it is suggested that a Candidate review texts pertaining to general principles of behavior as well as species specific material, then use other books to fill in clinical information. Current texts in the fields of internal medicine, neurology, and neuroscience (Kandel *et al*) should also be reviewed with emphasis on veterinary behavior. More timely material, available in periodicals listed below, should be consulted as well. Refer to the general reading list for additional references.

Learning Theory, Cognition			
AUTHOR/EDITOR	TITLE AND PUBLISHER WEBSITE	YEAR	*
Reisberg D	<i>Cognition: Exploring the Science of the Mind (5th edition),</i> www.wwnorton.com	2012	
Schwartz B, Robbins SJ	<i>Psychology of Learning and Behavior (5th edition),</i> www.wwnorton.com	2001	
Mazur J	<i>Learning and Behavior (7th edition)</i> Pearson	2012	*
Wasserman EA, Zentall TR (eds)	<i>Comparative Cognition: Experimental Explorations of Animal Intelligence,</i> www.oup.com/us	2009	
Neurology/Neuroscience/Physiology/Endocrinology			

AUTHOR/EDITOR	TITLE AND PUBLISHER WEBSITE	YEAR	*
Bear MF, Connors B, Paradiso M, <i>et al</i>	<i>Neuroscience—Exploring the Brain (3rd edition)</i> , www.lww.com	2006	
Carlson NR	<i>Physiology of Behavior (11th edition)</i> ; Allyn and Bacon Publishers	2012	*
Kandel ER, Schwartz JH, Jessell TM	<i>Principles of Neural Science (5th edition)</i> McGraw Hill Medical	2013	*
Lorenz MD, Kornegay JN	<i>Handbook of Veterinary Neurology (5th edition)</i> , www.elsevier.com	2010	
Nelson RJ	<i>An Introduction to Behavioral Endocrinology (4th edition)</i> , www.sinauer.com	2012	*
Nelson RJ	<i>Biology of Aggression</i> ; Oxford University Press, www.oup.com/us	2005	
Pharmacology			
AUTHOR/EDITOR	TITLE AND PUBLISHER WEBSITE	YEAR	*
Crowell-Davis SL, Murray T	<i>Veterinary Psychopharmacology</i> www.blackwellprofessional.com	2005	*

Sadock, Kaplan HI, Sadock BJ	<i>Pocket Handbook of Psychiatric Drug Treatment (4th edition)</i> , Williams & Wilkins, www.lww.com	2013	
Schatzberg AF, Nemeroff CB	<i>The American Psychiatric Publishing Textbook of Psychopharmacology (4th edition)</i> American Psychiatric Press www.appi.org/	2009	
Stahl SM	<i>Stahl's Essential Psychopharmacology: Neuroscientific Basis and Practical Applications (3rd edition)</i> , Cambridge Univ. Press (also online edition), www.cambridge.org/us/medicine/stahl/	2013	*
Stahl SM	<i>The Prescriber's Guide (6th edition)</i> http://www.cambridge.org/us/catalogue/	2017	
Clinical Texts			
AUTHOR/EDITOR	TITLE AND PUBLISHER WEBSITE	YEAR	*
Beaver BV	<i>Canine Behavior : Insights and Answers (2nd edition)</i> www.elsevier.com	2008	
Beaver BV	<i>Feline Behavior (2nd edition)</i> www.elsevier.com http://www.iowastatepress.com	2003	
Horwitz D, Mills D, Heath S	<i>BSAVA Manual of Canine and Feline Behavioural, Medicine (2nd edition)</i> , BSAVA www.wiley.com	2010	

Horwitz D, Neilson J	<i>Blackwell's Five Minute Behavior Consult: Canine and Feline Behavior</i> www.blackwellprofessional.com	2018	
Landsberg GM, Hunthausen WL, Ackerman L	<i>Behavioural Problems of the Dog and Cat (3rd edition)</i> , www.elsevier.com	2013	
Overall KL	<i>Manual of Clinical Behavioral Medicine for Dogs and Cats</i> , Mosby, www.elsevier.com	2013	
Domestic Species Specific Behavior			
AUTHOR/EDITOR	TITLE AND PUBLISHER WEBSITE	YEAR	*
Appleby M, Mench J, Hughes B	<i>Poultry Behaviour and Welfare</i> , www.cabi-publishing.org	2004	
Albright JL, Arave CW	<i>The Behaviour of Cattle</i> , www.cabi-publishing.org	1997	
Bradshaw JW	<i>The Behaviour of the Domestic Cat, (2nd edition)</i> www.cabi-publishing.org	2013	*
Coppinger R, Coppinger L	<i>Dogs: a Startling New Understanding of Canine Origin, Behavior and Evolution</i> , Scribner, www.simonsays.com	2001	
Broom DM, Fraser AF	<i>Domestic Animal Behaviour and Welfare (4th edition)</i> , Oxford University Press, www.oup.com	2007	*

Houpt KA	<i>Domestic Animal Behavior for Veterinarians and Animal Scientists (6th edition)</i> https://www.wiley.com/WileyCDA/Brand/id-	2018	*
Lindsay SR	<i>Applied Dog Behavior and Training; Iowa State University Press, Volumes 1-3,</i> www.iowastatepress.com	2000-2005	
McDonnell S	<i>The Equid Ethogram, a Practical Field Guide to Horse Behavior,</i> www.eclipsepress.com	2003	*
McGreevy P	<i>Equine Behavior: A Guide for Veterinarians and Equine Scientists (2nd edition)</i> www.elsevier.com	2012	*
Miklosi A	<i>Dog Behavior, Evolution, and Cognition</i> Oxford Press	2015	*
Scott FP, Fuller JL	<i>Genetics and the Social Behavior of the Dog,</i> www.press.uchicago.edu (Reprint of 1965)	1998	
Serpell J	<i>The Domestic Dog: its Evolution, Behaviour, and Interactions with People;</i> www.cambridge.org/us	2017	*
Turner DC, Bateson P (eds)	<i>The Domestic Cat: the Biology of Its Behaviour (3rd edition);</i> www.cambridge.org/us	2014	*
Waring, George	<i>Horse Behavior (2nd edition), Noyes Publications</i>	2007	

Lab/Zoo Animals/Exotic/Wild Animals			
AUTHOR/EDITOR	TITLE AND PUBLISHER WEBSITE	YEAR	*
Estes RD	<i>The Behavior Guide to African Mammals, Including Hoofed Mammals, Carnivores, Primates</i> , U. of California Press, 20 th Anniversary edition, www.ucpress.edu	2012	*
Hosey G, Melfi V, and Pankhurst S	<i>Zoo Animals: behaviour, management, and welfare (2nd edition)</i> Oxford University Press	2013	
Kleiman DG, Allen ME Thompson KV, <i>et al</i> (eds)	<i>Wild Mammals in Captivity: Principles and Techniques</i> , (2 nd edition), www.press.uchicago.edu	2012	
Luescher AU (ed)	<i>Manual of Parrot Behavior</i> www.blackwellprofessional.com	2006	*
Quesenberry K, Carpenter JW	<i>Ferrets, Rabbits and Rodents: Clinical Medicine and Surgery</i> , (3 rd edition), WB Saunders, www.elsevier.com	2011	
Tynes V (ed)	<i>Behavior of Exotic Pets</i> Blackwell Publishing	2010	*
Wolfensohn S, Honess P	<i>Handbook of Primate Husbandry and Welfare</i> Blackwell Publishing	2005	
Ethology/Genetic			

AUTHOR/EDITOR	TITLE AND PUBLISHER WEBSITE	YEAR	*
Alcock J	<i>Animal Behavior: An Evolutionary Approach (10th ed.)</i> ; www.sinauer.com E-Book available: (www.coursesmart.com/9780878932252),	2013	*
Grandin T	<i>Genetics and the Behavior of Domestic Animals (2nd edition)</i> , Academic Press; www.elsevier.com	2013	
Wilson EO	<i>Sociobiology: The New Synthesis (25th anniversary edition)</i> ; www.hup.harvard.edu	2000 (1975 reprint)	*
Quantification of Behavior			
AUTHOR/EDITOR	TITLE AND PUBLISHER WEBSITE	YEAR	*
Lehner PN	<i>The Handbook of Ethological Methods (2nd edition)</i> , www.cambridge.org	1998	
Martin P, Bateson P	<i>Measuring Behaviour: An Introductory Guide (3rd edition)</i> ; www.cambridge.org	2007	*
Dawkins MS	<i>Observing Animal Behaviour : Design and Analysis of Quantitative Data</i> , Oxford University Press	2007	*
Animal Welfare			
AUTHOR/EDITOR	TITLE AND PUBLISHER WEBSITE	YEAR	*

Appleby MC, Hughes BO, Elson	<i>Animal Welfare</i> , (2 nd edition) www.cabi-publishing.org	2011	
Broom DM, Fraser AF	<i>Domestic Animal Behavior and Welfare</i> (4 th edition), Oxford University Press www.oup.com	2007	*
Fraser D	<i>Understanding Animal Welfare: The Science in its Cultural Context</i> Universities Federation for Animal Welfare (UFAW) Publication www.wiley.com/wiley-blackwell	2008	
Grandin T	<i>Improving Animal Welfare: A Practical Approach</i> www.cabi-publishing.org	2010	
Kaliste E	<i>The Welfare of Laboratory Animals</i> Springer	2004	
Mason G, Rushen J (eds)	<i>Stereotypic Animal Behavior: Fundamentals and Applications to Welfare</i> www.cabi-publishing.org	2008	*
Mellor D, Patterson-Kane E, Stafford KJ	<i>The Sciences of Animal Welfare</i> Wiley-Blackwell	2009	
Moberg G, Mench JA	<i>The Biology of Animal Stress: Basic Principles and Implications for Animal Welfare</i> www.cabi-publishing.org	2000	*

Reinhardt V	<i>Comfortable Quarters for Laboratory Animals (9th edition)</i> www.awionline.org	2002	*
Reinhardt V	<i>Taking Better Care of Monkeys and Apes</i> www.awionline.org	2008	*
Rochlitz I	<i>The Welfare of Cats</i> Springer	2007	
Rodan I, Heath S	<i>Feline Behavioral Health and Welfare, (1st edition)</i>	2015	*
Young RJ	<i>Environmental enrichment for captive animals</i> Blackwell Publishing	2003	
Miller L, Zawistowski S, Editors	<i>Shelter Medicine for Veterinarians and Staff, (2nd edition)</i> Blackwell Publishing	2013	

IV. B. Other Suggested Readings Because scientific knowledge expands and changes, Candidates are also expected to remain *current* regarding scientific literature pertinent to the veterinary behavior field. This includes research in a variety of fields beyond clinical veterinary behavior. The Candidate should possess the ability to determine whether an article is of clinical significance or not. **Journals** listed below are particularly significant. Papers relevant to clinical case management should be emphasized. The list should not be considered all-inclusive.

Animal Behaviour
Animal Cognition
Animal Welfare
Anthrozoos
Applied Animal Behaviour Science
BMC Veterinary research

Journal of the American Veterinary Medical Association
Journal of Applied Animal Welfare Science
Journal of Comparative Psychology
Journal of Feline Medicine and Surgery
Journal of Veterinary Behavior: Clinical Applications and Research
PlosOne
Veterinary Clinics of North America (recent behavior editions)
Veterinary Record

IV.B.1. Candidates are expected to be familiar with the *classic* and *current* behavior literature from various journal sources.

IV.B.2. *Classic* behavior literature includes seminal scientific articles whose findings are particularly significant, frequently referenced or may strongly influence later developments. Examples of articles that may be considered classic or seminal papers are included below. The list should *not* be considered all-inclusive.

IV.B.2.1. Hughes, D., Moreau, R.E., Overall, K.L., Van Winkle, T.J. Acute hepatic necrosis and liver failure associated with benzodiazepine therapy in six cats, 1986-1995. JVECC 1996; 6(1): 13-20.

IV.B.2.2. Patronek, G.J., Slater, M., Marder, A. Use of a number-needed-to-ban calculation to illustrate limitations of breed-specific legislation in decreasing the risk of dog-bite related injury. JAVMA 2010; 237(7): 788-792.

IV.B.2.3. Reisner, I.R., Houpt, K.A., Hollis, N.E., Quimby, F.W. Friendliness to humans and defensive aggression in cats: The influence of handling and paternity. Phys. & Beh. 1994; 55(6): 1119-1124.

IV.B.2.4. Stella, J.L., Lord, L.K., Buffington, C.A.T. Sickness behaviors in response to unusual external events in healthy cats and cats with feline interstitial cystitis. JAVMA 2011; 238:67-73.

IV.B.2.5. Waisglass, S.E., Landsberg, G.M., Yager, J.A., Hall, J.A. Underlying medical conditions in cats with presumptive psychogenic alopecia. JAVMA 2006; 228:1705-1709.

V. APPEALS PROCEDURE

ARTICLE X – ACVB BY-LAWS Appeals Procedure

Section 1: Procedure for Appeal of Adverse Decision

a) Adverse decisions by the American College of Veterinary Behaviorists may include, but are not limited to:

- 1) Denial of certification of an individual.
- 2) Denial of adequacy of credentials.
- 3) Denial of a proposed residency program.
- 4) Suspension of certification.
- 5) Failure of the examination.

b) In the event of an adverse decision by the College, the College shall advise the affected person or the SD of the affected residency program of the procedure for

appealing the adverse decision. An affected party desiring to appeal the adverse decision must adhere to the following procedure:

- 1) Grounds for Reconsideration or Review: The affected party may petition for reconsideration or review of the College's decision on the grounds that the College has ruled erroneously by:
 - (a) Disregarding the established College criteria for certification or approval.
 - (b) Failing to follow its stated procedures.
 - (c) Failing to consider relevant evidence and documentation presented.
- 2) Petition for Reconsideration
 - (a) An affected party may petition the College to reconsider its decision by filing with the College a written petition for reconsideration which shall include a statement of the grounds for reconsideration and documentation, if any, in support of the petition.
 - (b) Such petition must be received in the College Executive Director's office within 90 days of the date they announce the adverse decision.
 - (c) The President shall name an Appeals Panel of three (3) diplomates to review the petition. The Panel may review only written materials, meet by telephone conference or electronically, or at the discretion of the Chair of the Appeals Panel may call a special meeting to hear arguments from both sides of the issue. Travel for the affected party will be at other than ACVB expense.
 - (d) The Appeals Panel will meet in executive session to reach a final decision. This decision will be transmitted to the Board of Regents for information. The decision will then be delivered in writing by certified mail to the affected person or college not more than 30 days after it is made.
 - (e) Upon completion of steps (a) through (d) above, if the affected party is not satisfied with the final decision, he or she may request mediation by the American Board on Veterinary Specialties (ABVS) of the American Veterinary Medical Association.
 - (f) The Chairperson of ABVS will call a meeting of the parties in dispute or their representatives. The meeting will be held at AVMA headquarters and will be chaired by the Chairperson of ABVS. The parties in dispute will be guided to seek equitable solutions. Travel for the parties in dispute will be at other than AVMA expense.

VI. FEE STRUCTURE

VI.A. Individuals are encouraged to check the website for updated versions of the Applicant Packet. This is updated yearly on *September 1*.

VI.B. Any monies sent from outside the United States must be in the form of a money order payable in United States dollars.

VI.C. Any materials submitted electronically that have accompanying fees will be held in the office until receipt of the fee. At that time appropriate reviews will be initiated.

VI.D. Registration with ACVB for individuals who have been accepted into a TBRP or who are intending to begin a NTBRP shall be one hundred dollars (\$103).

VI.E. Application to ACVB by those in a NTBRP for consideration of the Applicant's specific program is included with the registration fee of one hundred dollars (\$103).

VI.E.1. Additional applications of proposed training programs, following the first rejection, shall be seventy-five dollars (\$77).

VI.E.2. There shall be no refund for rejection of any application or for discontinuation of the traditional or non-traditional program.

VI.E.3. Reactivation of a program must be accompanied by seventy-five dollars (\$77) reactivation fee.

VI.E.4. A print version of a successful non-traditional training program is available upon request for a fee of fifty dollars (\$51).

VI.F. Candidates submitting case reports for review must include a case report evaluation fee of two hundred dollars (\$206) at the time of submission of the first case report. This fee covers the evaluation of all case reports.

VI.G. Application to sit the ACVB certifying examination shall be fifty dollars (\$51).

VI.G.1. This fee is an administrative fee for consideration of the Application for Examination and must be included with the application.

VI.G.2. There will be no refund for Candidates who do not pass the application process.

VI.G.3. Payment of this fee may be combined with the examination fee listed below.

VI.H. Examination fee shall be three hundred dollars (\$309).

VI.H.1. This fee is due on or before **March 1** of the year the Candidate is intending to sit the examination.

VI.H.2. The fee will be refunded if the Candidate does not pass the Application for Examination process, including the final acceptance of a scientific publication.

VI.H.3. There shall be no refund for withdrawal from the Application for Examination process or failure to pass the examination.

VI.H.4. There shall be no refund for Candidates who are physically unable to be present for the examination. Under certain instances described under the examination application section, the fee can be applied toward the next examination.

VI.I. Candidates who successfully pass the ACVB certifying examination and are accepted for ACVB membership will be given the option of paying two hundred dollars (\$206) as the initial dues or they may submit ten (10) questions of specified format within two (2) months.

VI.I.1. *Note: Annual dues for ACVB diplomates are currently three hundred dollars (\$327 for 2019 increasing 3% annually) payable **August 1** each year.*

VII. BY-LAWS PERTAINING TO TRAINING

VII.A. ACVB By-Laws relating to Training are addressed in ARTICLE V Certification and ARTICLE VI Residency Programs

ARTICLE V-- ACVB BY-LAWS

Certification

Section 1: Requirements for Admission to Examination for Certification

- a) A candidate must: (1) be a graduate of a school or college accredited or approved by the American Veterinary Medical Association (AVMA), or (2) have in his/her possession a certificate of accreditation in veterinary medicine from the Educational Commission for Foreign Veterinary Graduates (ECFVG) of the AVMA, or (3) be legally qualified to practice veterinary medicine in some state, province, territory, or possession of the United States, Canada, or other country.
- b) A candidate must meet the examination requirements established by the ACVB.
- c) Individuals wanting to sit the examination shall procure, by written request to the Executive Director, a copy of the official application form and the prerequisites for taking the specialty examination.
- d) A candidate cannot submit credentials for certification earlier than October of the second year of a 2-year residency or in the third year of a 3-year residency. The Credentials Committee shall review the suitability of the candidate's credentials.
- e) Completed application forms, supporting documents, and application fee shall be submitted to the Executive Director on or before March first of the year in which the Candidate intends to sit the examination.
- f) Candidates approved by the Credentials Committee to sit the examination shall be notified and apprised of the date, time, place, and format of the examination at least 120 calendar days before the date of the examination.

Section 2: Certifying Examination

- a) The Certifying Examination will be offered once annually.
- b) The examination will be given over two consecutive days. It will be a written examination including both short and long answers which cover the basics of behavioral principles, basics of the behavior of various species, and the clinical application of behaviors in various species.
- c) A minimum score as defined by the Examination Committee and approved by the Board of Regents must be achieved on the examination in order to pass.

d) All candidates will receive written notification of their performance on the examination within 45 calendar days of the examination, and all notices will be sent at the same time. The individual candidates will be notified of the results by email.

e) Credentials of candidates who pass the examination will be forwarded to the President by the Chairperson of the Examining Committee.

f) The candidate must pass the examination for certification. If the candidate fails the examination, he/she may pay the appropriate fee and retake the examination. Individuals who do not pass the examination within 8 years of the application to sit the examination must submit supplemental materials to the ACVB to prove their training remains current in the discipline of animal behavior.

g) After passing the examination, the candidate must submit a copy of his/her residency certificate or a letter from the supervising ACVB Diplomate stating that the candidate has satisfactorily completed the training program

ARTICLE VI—ACVB BY-LAWS

Residency Programs

Section 1: Guidelines for Traditional Behavioral Residency Programs

The residency program shall be a minimum of 24 months in length following at least one year of training (internship or its equivalent) in veterinary practice. Traditional programs lasting two years will only be approved for residents with sufficient previous education in animal behavior. Determination of whether an individual is qualified for a two (2) year residency program is to be made by the SD, based on guidelines developed by the ACVB Specialty Training Committee. The program should be at a veterinary medical facility with a strong faculty in a variety of disciplines and specialties and a program of animal behavior recognized by the College. Behavior training must be directly supervised for at least 18 months by at least one ACVB certified Diplomate. Existing recognized traditional behavioral residency training programs will be periodically reevaluated by the ACVB Specialty Training Committee. Programs should be reevaluated after 10 years from the last evaluation, if the program director believes the program has substantially changed from the original proposal, or when a new program director is named.

A standard residency is designed to educate the resident primarily in veterinary behavioral science and also in the related disciplines of anatomy, clinical pathology, ethology, internal medicine, neurology, neuroscience, neurosurgery, pathology, pharmacology, physiology, and psychology. The emphasis should be divided with approximately 50% in behavioral sciences, 25% in related basic science, and 25% in related clinical science. If a M.S. or Ph.D. program is included, the residency training program must be at least three years in length with at least

50% of time devoted to clinical training. The following provide specific emphases of the residency program.

a) Broad Background

The residency should provide intensive training in behavioral therapy including major responsibility for the care of patients. The candidate should acquire a broad working knowledge of anatomy, pathology of all body systems, physiology, internal medicine, an in depth knowledge of the nervous system, and physiological determinants of behavior. While clinical training will, in most cases, emphasize domestic and laboratory animals, experience with other species should be encouraged.

b) Caseload

Although the number of cases seen may vary among programs, emphasis should be on quality rather than quantity. A sufficient caseload must be available to provide experience with all types of problem and abnormal behavior in as many different species as possible. The resident should have primary responsibility for cases, including receiving, diagnosis, management, client communication, and case follow-up. The resident should be encouraged to provide consultation on behavioral problems faced by members of other services and clinicians of the hospital. Patient care and case work-up should constitute 65-75% of the resident's time. Behavior cases under the care of a behavior resident must be reviewed regularly by an ACVB Diplomate. Consultation with other qualified faculty should be encouraged, but cannot replace regular review by the Diplomate.

c) Attendance at Seminars; Teaching Experience

In-depth knowledge of a specialty cannot be gained by patient care alone. Comprehensive knowledge of the field should be gained by regular attendance and participation in seminars, rounds, and case conferences, and by attendance at one or more national meetings of relevant professional societies. Experience in teaching the specialty, by conducting clinical specialty rounds, presentation of patients to colleagues in seminars, and preparation of lectures should be encouraged. Sufficient time free from clinical responsibilities should be available to the resident for attending seminars, developing research, course work, and self-study. Guidance and evaluation of these activities should come from an ACVB Diplomate.

d) Course Work

Desirable comprehensive behavior residency needs training beyond case work. Residents are required to complete a minimum of six (6) training modules. Modules should include some combination of college upper division graduate level offerings in animal behavior (zoology or psychology departments), comparative psychology, developmental psychology, physiological psychology, neuroscience, learning theory, behavior modification, psychopharmacology, and client counseling; clinical experiences in specialty level services; and off-site courses where appropriate. An

organized self-study program should be developed by the resident, in consultation with the supervising Diplomate. A comprehensive reading list should be provided by the supervising Diplomate to the resident at the start of the program including standard texts in general animal behavior, behavioral therapy, and behavior of domestic animals. Important current and past empirical, clinical, and review papers should be recommended.

e) Research

Experience in research, either clinical or laboratory, is valuable in fostering habits of scholarship and critical thinking. Development of a suitable research project, including design, execution, evaluation, and publication is essential. Publication or proof of acceptance of at least one scientific paper in the area of animal behavior to a refereed journal is required for acceptance of credentials. Single case reports will not be allowed as substitutes for a scientific paper, but their publication should be encouraged.

f) Inquiries and Submission of Credentials

All inquiries and requests for registration forms, lists of traditional residencies, and specialty credentials packets should be made through the Executive Director of the ACVB. Completed credentials packages (fees, case reports, letters of reference, etc.) should be mailed directly to the ACVB Executive Director.

Section 2: Guidelines for Non-traditional Behavioral Training Program

The review and evaluation of individual non-traditional training programs are the responsibility of the Specialty Training Committee of the College.

The candidate must request evaluation of his or her program and obtain written evaluation from the Specialty Training Committee. Proposed programs must include clinical specialty practice with active and regular utilization of behavioral techniques. This evaluation should occur as soon as possible in the training program.

An eligible Applicant must satisfy the training and experience requirements by one of the following methods:

a) Participate in a mentored training program that includes the similar experiences to those expected in a traditional program. These experiences include an internship or equivalent experience, sufficient clinical behavior training in a mentoring relationship with an ACVB Diplomate, as well as other areas of emphasis as described under traditional behavioral residency programs.

The candidate must submit, with the application, a written statement containing all information necessary and required to judge his/her qualifications including letters of evaluation by ACVB Diplomates, publications, and other evidence of professional experience, training and competence. The requirements and recommendations listed in Section 1 a)-e) under Guidelines for Traditional Residency Programs apply equally as well to non-traditional programs, including exposure to other subjects as outlined in Section 1, attendance at professional meetings, and acceptance of a scientific behavior paper by a refereed journal.

VIII. ACVB Role Delineation Document (RDD)

(Adopted July 9, 2015)

VIII.A. TASK 1: History and ethology = 7% of total

VIII.A.1. Ethology = 28%

VIII.A.1.1. Important people and their contributions to ethology

VIII.A.1.2. Ethological scientific methods

VIII.A.1.3. Terminology

VIII.A.1.4. General concepts of ethology (e.g. observer effects, sign stimulus)

VIII.A.2. Sociobiology = 20%

VIII.A.2.1. Important people and their contributions to sociobiology

VIII.A.2.2. Terminology

VIII.A.2.3. General concepts of sociobiology (e.g. territoriality, k-limited populations)

VIII.A.3. Behavioral ecology = 21%

VIII.A.3.1. Important people and their contributions to behavioral ecology

VIII.A.3.2. Terminology

VIII.A.3.3. General concepts of behavioral ecology (e.g. divergent and convergent evolution)

VIII.A.4. Domestication = 31%

VIII.A.4.1. Process of domestication

VIII.A.4.2. Features that contribute to the process of domestication

VIII.A.4.3. Terminology (e.g. tame, domestic, wild, feral)

VIII.A.4.4. Important people and their contributions to the study of domestication (e.g. Belyaev, Coppinger)

VIII.A.4.5. Wild ancestors of domestic species

VIII.B. TASK 2: Behavioral Biology = 8% of total

VIII.B.1. Anatomy = 14%

VIII.B.1.1. Neuroanatomy

VIII.B.1.2. Gross

VIII.B.1.3. Cellular

VIII.B.1.4. Embryonic

VIII.B.1.5. Molecular

VIII.B.1.6. Endocrine anatomy

VIII.B.1.7. Sensory anatomy

VIII.B.1.8. Other

VIII.B.2. Pathology = 14%

VIII.B.2.1. Neuropathology

VIII.B.2.2. Gross pathology

VIII.B.2.3. Histopathology

VIII.B.2.4. Endocrine system pathology

VIII.B.2.5. Reproductive pathology

- VIII.B.2.6. Sensory pathology
- VIII.B.2.7. Other pathology
- VIII.B.3. Physiology = 23%**
- VIII.B.3.1. Neurophysiology
- VIII.B.3.2. Molecular neurophysiology
- VIII.B.3.3. Neurotransmitters
- VIII.B.3.4. Endocrine physiology
- VIII.B.3.5. Reproductive physiology
- VIII.B.3.6. Sensory physiology (e.g. olfaction, audition)
- VIII.B.3.7. Stress physiology
- VIII.B.3.8. Sleep physiology
- VIII.B.3.9. Other
- VIII.B.4. Behavioral genetics = 16%**
- VIII.B.4.1. Animal models (e.g. knockout mice)
- VIII.B.4.2. Heritability of behavioral traits
- VIII.B.5. Emerging topics Biological rhythms = 10%**
- VIII.B.6. Sexual difference in behavior = 14%**
- VIII.B.6.1. Effects of neutering
- VIII.B.6.2. Differences between male and female
- VIII.B.6.3. Gestational influences (e.g. freemartin)
- VIII.B.7. Epigenetics = 9%**
- VIII.B.7.1. Emerging topics

VIII.C. TASK 3: Pharmacology = 14% of total

- VIII.C.1. Behavioral pharmacology = 55%**
- VIII.C.1.1. Knowledge of drug classes
- VIII.C.1.2. Pharmacokinetics
- VIII.C.1.3. Pharmacodynamics
- VIII.C.1.4. Mechanism of action
- VIII.C.1.5. Contraindications
- VIII.C.1.6. Side effects
- VIII.C.1.7. Drug interactions
- VIII.C.1.8. Indications for use
- VIII.C.1.9. Doses and dosing schedule
- VIII.C.1.10. Non-drugs
- VIII.C.1.11. Nutraceuticals (e.g. Anxitane®)
- VIII.C.1.12. Supplements
- VIII.C.1.13. Pheromones
- VIII.C.1.14. Other (e.g. lavender)
- VIII.C.2. Non-behavior pharmacology = 26%**
- VIII.C.2.1. Knowledge of drug classes
- VIII.C.2.2. Mechanism of action
- VIII.C.2.3. Contraindications
- VIII.C.2.4. Side effects
- VIII.C.2.5. Drug interactions

- VIII.C.2.6. Indications for use
- VIII.C.2.7. Secondary behavioral effects
- VIII.C.2.8. Non-drugs
- VIII.C.2.9. Nutraceuticals (e.g. Cosequin®)
- VIII.C.2.10. Supplements
- VIII.C.2.11. Other
- VIII.C.3. Legal and ethical implications of medications = 19%**
- VIII.C.3.1. Extra-label use of medications
- VIII.C.3.2. Controlled substances
- VIII.C.3.3. Abuse potential
- VIII.C.3.4. Performance-enhancing drugs (e.g. race horses, show dogs)
- VIII.C.3.5. Inappropriate use of medications without concurrent behavior modification
- VIII.C.3.6. Veterinarian-patient-client relationship

VIII.D. TASK 4: Learning and Cognition = 12% of total

- VIII.D.1. Learning = 56%**
- VIII.D.1.1. Classifications of learning
 - VIII.D.1.1.1. Operant
 - VIII.D.1.1.2. Classical
 - VIII.D.1.1.3. Complex
 - VIII.D.1.1.4. Habituation
 - VIII.D.1.1.5. Observational
- VIII.D.1.2. Methods of behavior change
 - VIII.D.1.2.1. Environmental management
 - VIII.D.1.2.2. Reinforcement
 - VIII.D.1.2.3. Punishment
- VIII.D.1.3. Reinforcement
 - VIII.D.1.3.1. Schedules
 - VIII.D.1.3.2. Forms
 - VIII.D.1.3.3. Unwanted outcomes
- VIII.D.1.4. Punishment
 - VIII.D.1.4.1. Forms
 - VIII.D.1.4.2. Unwanted outcomes
- VIII.D.1.5. Setting events
- VIII.D.1.6. Establishing operations
- VIII.D.1.7. Food aversion learning
- VIII.D.2. Cognition = 27%**
- VIII.D.2.1. Imitation
- VIII.D.2.2. Theory of mind
- VIII.D.2.3. Self-recognition
- VIII.D.2.4. Emerging topics
- VIII.D.3. Species-comparative learning = 17%**

VIII.E. TASK 5: General Medicine and Diagnostic Evaluation = 10% of total

VIII.E.1. Inter-relationships between medical and behavioral problems = 50%

VIII.E.1.1. Neurological

VIII.E.1.2. Gastrointestinal

VIII.E.1.3. Dermatological

VIII.E.1.4. Cardiovascular

VIII.E.1.5. Endocrine

VIII.E.1.6. Urogenital

VIII.E.1.7. Musculoskeletal

VIII.E.1.8. Sensory systems

VIII.E.1.9. DAMNIT scheme

VIII.E.1.10. Medical problems manifesting as behavioral

VIII.E.1.11. Behavior problems manifesting as medical

VIII.E.2. Diagnostic evaluation = 31%

VIII.E.2.1. Clinical pathology

VIII.E.2.2. Imaging

VIII.E.2.3. Physical examination

VIII.E.2.4. History

VIII.E.2.5. Observation

VIII.E.2.6. Specialty consultation

VIII.E.3. Preventative medicine = 19%

VIII.E.3.1. Individual animal

VIII.E.3.2. Group/herd health

VIII.E.3.3. Emerging topics

VIII.F. TASK 6: Clinical Animal Behavior Problems = 19% of total

VIII.F.1. Prevention of problem behaviors = 17%

VIII.F.1.1. Genetic counseling

VIII.F.1.2. Socialization

VIII.F.1.3. Training

VIII.F.1.4. Client education

VIII.F.1.5. Medical management

VIII.F.1.6. Animal selection

VIII.F.1.7. Tools and non-pharmacological products

VIII.F.1.8. Environmental management

VIII.F.2. Categories of problem behaviors = 14%

VIII.F.2.1. Aggression

VIII.F.2.2. Fears/phobias/anxieties

VIII.F.2.3. Repetitive

VIII.F.2.4. Cognitive

VIII.F.2.5. Eliminative

VIII.F.2.6. Ingestive

VIII.F.2.7. Reproductive

VIII.F.2.8. Maintenance

VIII.F.2.9. Separation-related

VIII.F.2.10. Attention-seeking

- VIII.F.2.11. Destruction
- VIII.F.2.12. Vocalization
- VIII.F.2.13. Self-directed
- VIII.F.2.14. Nuisance
- VIII.F.2.15. Other
- VIII.F.3. Diagnosis of problem behaviors = 20%**
- VIII.F.3.1. Diagnostic evaluation
- VIII.F.3.1.1. Clinical pathology
- VIII.F.3.1.2. Imaging
- VIII.F.3.1.3. Physical examination
- VIII.F.3.1.4. History
- VIII.F.3.1.5. Observation
- VIII.F.3.1.6. Specialty consultation
- VIII.F.3.2. Problem list
- VIII.F.3.3. Differential diagnoses
- VIII.F.3.4. Interpretation and evaluation of results of diagnostic procedures
- VIII.F.4. Behavioral and medical intervention = 22%**
- VIII.F.4.1. Client and owner education
- VIII.F.4.2. Management
- VIII.F.4.3. Behavior modification
- VIII.F.4.4. Drug therapy
- VIII.F.4.5. Tools and non-pharmacological products
- VIII.F.4.6. Humane hierarchy of intervention
- VIII.F.4.7. Specialty referral
- VIII.F.4.8. Alternative medicine
- VIII.F.5. Prognosis = 11%**
- VIII.F.5.1. Owned animal
- VIII.F.5.2. Non-owned animal
- VIII.F.6. Behavioral evaluations = 9%**
- VIII.F.6.1. Temperament tests
- VIII.F.6.2. Behavior assessment tests
- VIII.F.7. Research models of disease = 7%**
- VIII.F.7.1. Human diseases that are models/correlates for animal diseases
- VIII.F.7.2. Animal models for human diseases
- VIII.F.7.2.1. Spontaneous
- VIII.F.7.2.2. Induced

VIII.G. TASK 7: Research and Statistics = 7% of total

- VIII.G.1. Evaluation of scientific literature = 42%**
- VIII.G.1.1. Background/literature cited
- VIII.G.1.2. Statistics
- VIII.G.1.3. Hypothesis testing
- VIII.G.1.4. Accuracy of conclusions
- VIII.G.1.5. Ethical considerations
- VIII.G.1.6. Disclosure of conflict of interest

VIII.G.2. Research methodology = 36%

VIII.G.2.1. Observational

VIII.G.2.2. Interventional

VIII.G.2.3. Epidemiological

VIII.G.2.4. Clinical trial

VIII.G.2.5. Statistical methods

VIII.G.2.6. Retrospective

VIII.G.2.7. Case-control

VIII.G.2.8. Other

VIII.G.3. Animal care and use = 22%

VIII.G.3.1. Ethics

VIII.G.3.2. IACUC

VIII.G.3.3. Human-subjects committee

VIII.G.3.4. Clinical trials committee

VIII.G.3.5. Appropriateness of models

VIII.G.3.6. 3 R's

VIII.G.3.7. Housing

VIII.G.3.8. Social

VIII.G.3.9. Enrichment

VIII.G.3.10. Transportation

VIII.G.3.11. Health

VIII.G.3.12. Husbandry

VIII.H. TASK 8: Animal Welfare = 7% of total

VIII.H.1. Application of Five Freedoms and 3 R's = 15%

VIII.H.2. Pain = 18%

VIII.H.2.1. Pain behaviors

VIII.H.2.2. Scoring systems

VIII.H.2.3. Alleviation of pain

VIII.H.3. Management = 18%

VIII.H.3.1. Transportation

VIII.H.3.2. Husbandry

VIII.H.3.3. Housing

VIII.H.3.4. Social

VIII.H.3.5. Enrichment

VIII.H.3.6. Health

VIII.H.4. Welfare assessments = 14%

VIII.H.4.1. Standardized audits

VIII.H.4.2. Assessment methods

VIII.H.4.3. Quality of life

VIII.H.5. Euthanasia = 10%

VIII.H.5.1. AVMA guidelines

VIII.H.5.2. Ethical issues in euthanasia

VIII.H.6. Training and handling methods = 25%

VIII.H.6.1. Companion animals

- VIII.H.6.2. Production animals
- VIII.H.6.3. Laboratory animals
- VIII.H.6.4. Working and assistance animals
- VIII.H.6.5. Captive wildlife

VIII.I. TASK 9: ACVB Diplomate's Role in the Veterinary Profession = 4% of total

- VIII.I.1.** Client communication = 20%
- VIII.I.2.** Expert witness = 5%
- VIII.I.3** Education of others = 14%
- VIII.I.3.1. Clients
- VIII.I.3.2. Veterinarians
- VIII.I.3.3. Veterinary students
- VIII.I.3.4. Stakeholders (e.g. media, public, industry, shelter/rescue)
- VIII.I.3.5. Establish standards for the core behavior knowledge of veterinarians = 10%
- VIII.I.4.** AVMA Principles of Veterinary Medical Ethics = 6%
- VIII.I.5.** The Veterinarian's Oath = 4%
- VIII.I.6.** Professional development = 8%
- VIII.I.6.1. Commitment to fostering the growth of ACVB
- VIII.I.6.2. Commitment to lifelong learning
- VIII.I.7.** Promote and teach low-stress handling = 16%
- VIII.I.8.** Human-animal bond = 10%
- VIII.I.8.1. Positive human-animal bond
- VIII.I.8.2. Inappropriate bond (e.g. hoarding, abuse, neglect)
- VIII.I.9.** Public health topics = 7%
- VIII.I.9.1. Animal-inflicted injuries
- VIII.I.9.2. Zoonotic diseases
- VIII.I.9.3. Effects on human health
- VIII.I.9.4. Other

VIII.J. TASK 10: Species-specific Topics = 7% of total

- VIII.J.1.** Knowledge for domestic species = 78%
- VIII.J.1.1. Parental
- VIII.J.1.2. Reproductive
- VIII.J.1.3. Social structure and communication
- VIII.J.1.4. Ingestive
- VIII.J.1.5. Eliminative
- VIII.J.1.6. Maintenance and comfort
- VIII.J.1.7. Development
- VIII.J.1.8. Interspecific behaviors
- VIII.J.1.9. Problem behaviors
- VIII.J.2.** Knowledge for wild, feral, and hybrid animals = 22%
- VIII.J.2.1. Comparative behavior to domestic species, where appropriate
- VIII.J.2.2. Basic social behaviors for other species

- VIII.J.2.3. Other
- VIII.J.3. Specific species groups**
- VIII.J.3.1. Canine
- VIII.J.3.2. Feline
- VIII.J.3.3. Equine
- VIII.J.3.4. Porcine
- VIII.J.3.5. Bovine
- VIII.J.3.6. Camelid
- VIII.J.3.7. Small ruminants (ovine and caprine)
- VIII.J.3.8. Cervidae
- VIII.J.3.9. Avian
- VIII.J.3.10. Domestic fowl
- VIII.J.3.11. Non-human primates
- VIII.J.3.12. Rodents
- VIII.J.3.13. Lagomorph
- VIII.J.3.14. Mustelid
- VIII.J.3.15. Reptiles
- VIII.J.3.16. Amphibians
- VIII.J.3.17. Marine mammals
- VIII.J.3.18. Pachyderms
- VIII.J.3.19. Zoo animals
- VIII.J.3.20. Wildlife animals
- VIII.J.3.21. Other species

VIII.K. TASK 11: Emerging Topics in Animal Behavior = 5% of total

VIII.K.1. Examples include:

- VIII.K.1.1. Popular trainers and their methodology
- VIII.K.1.2. Celebrity trends
- VIII.K.1.3. Trap-neuter-return

IX. ACVB Recertification Requirements

(Adopted July 9, 2015).

The American College of Veterinary Behaviorists has established a program for recertification of Diplomates.

Purpose: The recertification process is designed to ensure all Diplomates meet the professional responsibility to remain uniquely competent in their activities as veterinary behavior specialists.

Participation: Commencing January 1, 2016 certification as a Diplomate of the American College of Veterinary Behaviorists is time-limited. Recertification will be required for all individuals certified in or after 2016. Diplomates of the College who were certified prior to 2016 are encouraged, but not obligated, to participate in this re- certification process.

Recertification Interval: Recertification of Diplomates will be required at ten (10) year intervals commencing January 1st of the first calendar year following initial board certification with expiry of certificates on Dec. 31st 10 years hence. Activities in excess of

the re-certification requirements may not be applied (carried over) to subsequent 10 year cycles.

Criteria for Renewal of Certification: Renewal of Certification may be obtained in two ways:

1. Successfully passing the ACVB board certification examination will result in the extension of the certificate for an additional 10 years.
2. Documenting continuing professional development activities in the field of veterinary behavioral medicine by accumulating at least 100 points during the prior 10 year certification period. Points can be accumulated by the following activities:

Section A: *Behavioral Cases/Clinical Practice*
Maximum 30 points/10 years

Number of behavioral cases seen or supervised (e.g. resident supervision) in any given calendar year	Points per year
200 +	5 points
100-199	4 points
50-99	3 points
25-49	2 points
10-24	1 point

Section B: *Attendance at Behavioral Continuing Education Programs/Advanced Coursework*

Minimum 20 points/10 years and Maximum 70 points/10 years

Continuing education/coursework should reflect behavioral content or content in allied fields related to behavioral medicine.

- 1 point accrued for each 3 hours of attendance at behaviorally relevant CE or advanced coursework.

Section C: *Behavioral Research & Consultation*
Maximum 30 points/10 years

Activities in this category reflect behavior related research and its subsequent peer-reviewed publications and behavior related consultation services with organizations, companies and/or other businesses.

- 1 point per 80 hours of behavioral related services delivered such as, but not limited to, research design/implementation, expert witnessing or consultation services to a company/entity.

- 10 points per primary (first) author original research manuscript publication in a peer reviewed journal
- 5 points for authorship other than first author of an original research manuscript in a peer-reviewed journal
- 1 points per manuscript reviewed for peer reviewed journal publication

Section D: *Behavioral Publications other than Original Research*
Maximum 30 points/10 years

To be considered for this category, the content of the publication must have behavioral relevance. Publication is defined as any medical publication including but not limited a book chapter, continuing education article, e-content, etc.

- 10 points per year serving as editor of a behavioral journal
- 4 points per year serving as a co-editor of a journal
- 10 points for serving as a book or proceedings editor
- 20 points for authoring or co-authoring a book
- 4 points for authoring or co-authoring a book chapter
- 1 point for authoring an article
- 2 points for authoring or co-authoring the equivalent of one hour of instructional videotape, CD/DVD, on-line educational content, etc.

Section E: *Delivery of Behavioral Education*
Maximum 30 points/10 years

This section includes the delivery of scientific behavioral content to audiences (including veterinary students) for educational purposes and resident mentoring.

- 1 point per hour of educational content delivered
- 5 points per year for provision of primary mentorship to an ACVB Resident

Section F: ACVB Service/Participation
Maximum 30 points/10 years

Role	Points
President	10 points/year
Board of Regents	5 points/year
Executive Director	10 points/year
Committee Chair/Co-Chair	5 points/year
Committee Member	2 points/year
Task Force Participation	1 point/year
Liaison	1 point/year
Submission of acceptable exam questions (“acceptable” is at the discretion of the Exam Committee)	1 points/4 questions
Attendance at the ACVB General Membership Meeting	1 point/meeting

Section G: Other*

Maximum 20 points/10 years

****Please reserve the use of this section for situations where the 100 point total was not met by activities in Sections A-F***

If there were other activities, not noted in the above options, that the candidate felt demonstrated a commitment to ongoing proficiency in the field of animal behavior, please list with a brief description of activity and estimated time spent on that activity. The general guidelines are used for point assignment:

- For creative or focused processes & service to ACVB, 8 hours = 1 point.
- For routine activities/ participation where there is significant content review/repetition, 80 hours= 1 point.

X. ACVB FORMS

The attached forms are used at various stages of the training process. It is the Applicant's responsibility to ensure the most current Candidate Packet and associated forms are being used.

Applicant Evaluation – See
Pg. 29

[Application for
Examination](#)

[Registration for Individuals Beginning Training](#)
[Request for Special Accommodations for the Examination](#)
[Verification of Continuance in an ACVB Residency](#)

Non Traditional Behavior Residency Program Checklist

XI. APPENDIXES

XI.A. Important summary information regarding timelines for all residents

XI.A.1. For non-traditional programs:

XI.A.1.1. From the time of registration with a mentor and submitting an intent to complete a non-traditional residency, a non-traditional resident has 18 months to submit a program proposal to the specialty training committee (STC).

XI.A.1.2. Once a program is accepted by the STC, the resident must submit the completed program documentation within 8 years to the STC.

XI.A.2. For both traditional and non-traditional programs:

XI.A.2.1. All applicants have 10 years to apply to sit the exam from the time of registering with ACVB.

XI.A.2.2. After the first submission of the application to sit the examination, all residents have 8 years to pass the exam.

XI.B. NTBRP Sample Timeline

XI.B.1. Phase I: Initiation of Training

XI.B.1.1 Find SD and agree to mentorship contract

XI.B.1.2. Submit form (and \$100) to ACVB – must apply to sit exam by 10 years from this date.

XI.B.1.3. Submit plan for non-traditional residency program within 18 months of submitting initiation form to ACVB (include \$100). Resubmit (with \$75) if needed until approval gained.

XI.B.2. Phase II: Residency

XI.B.2.1. Yearly: Attend National Conference - ACVB Behavioral Symposium or similar

XI.B.2.2. Submit continuation form each December

XI.B.2.3. Clinical Cases following mentoring guidelines – Must have 400 cases to submit completed residency documents.

XI.B.2.4. Courses/Didactic Learning and Gain Non-Core Species Experience as outlined in training plan.

XI.B.2.5. Case Reports (submit \$200 to ACVB)

XI.B.2.5.1. Case report 1: If wished to be revised, consider submitting at least 18 months prior to anticipated exam date.

XI.B.2.5.2. Consider submitting case reports by September 1st the year prior to anticipated exam date in order to allow time to submit additional cases, if necessary.

XI.B.2.5.3. Note: Must have 3 PASSED case reports to apply to sit the exam, so if a case report submitted does not pass, the resident will have to postpone taking the exam.

XI.B.2.6. Research Project

XI.B.3. Phase III: Submission of Completed Residency Documents

XI.B.3.1. Submit completed training program materials to ACVB.

XI.B.3.1.1. Deadline is March 1st of each year.

XI.B.4. Phase IV: Submission of Credentials – Application for Exam

XI.B.4.1. Deadline for applications: March 1st of each year. (submit \$50 application fee and \$300 exam fee to ACVB). ACVB to notify if approved to sit exam by July 1st.

XI.B.4.1.1. Must pass the entire examination process within 8 years of the initial examination application.

XI.C. Examples of how to fulfill requirements of Modules (as referred to in ACVB By-Laws Article VI, Section D

XI. C.1. The ACVB By-Laws, Article VI, Section D Course Work Desirable state that a “*comprehensive behavior residency needs training beyond case work. Residents are required to complete a minimum of six (6) training modules.*” The section listed below gives **examples** of possible methods to fulfill those requirements.

XI.C.2. Animal Behavior

XI.C.2.1. On-line courses

XI.C.2.2. Upper level/graduate level college class(es) and/or labs

XI.C.2.3. Other

XI.C.3. Comparative Psychology

XI.C.3.1. Online course

XI.C.3.2. Upper level/graduate level college class(es) and/or labs

XI.C.3.3. Other

XI.C.4. Developmental Psychology

XI.C.4.1. Online course

XI.C.4.2. Upper level/graduate level college class(es) and/or labs

XI.C.4.3. Other

XI.C.5. Physiological Psychology

XI.C.5.1. Online course

XI.C.5.2. Upper level/graduate level college class(es) and/or labs

XI.C.5.3. Other

XI.C.6. Neuroscience

XI.C.6.1. Online course

XI.C.6.2. Upper level/graduate level college class(es) and/or labs

XI.C.6.3. Other

XI.C.7. Learning Theory/Behavior Modification

XI.C.7.1. Online course

XI.C.7.1.1. Susan Friedman's Living and Learning with Animals for Professionals

XI.C.7.2. Upper level/graduate level college class(es) and/or labs

XI.C.7.3. Other

XI.C.8. Psychopharmacology

XI.C.8.1. Online course

XI.C.8.1.1. Neuroscience Education Institute

<http://www.neiglobal.com/AboutNEI/tabid/89/Default.aspx>

XI.C.8.2. Upper level/graduate level college class(es) and/or labs

XI.C.8.3. Other

XI.C.9. Client Counseling

XI.C.9.1. Online course

XI.C.9.2. Upper level/graduate level college class(es) and/or labs

XI.C.9.3. Shadowing a licensed clinical social worker or other qualified professional in the allied mental health positions

XI.C.9.4. Other

XI.C.10. Clinical Experiences at Specialty Level Services

XI.C.10.1. The specialist must be board-certified in the field you are studying during the experience.

XI.C.10.2. A biography must be provided for each specialist.

XI.C.10.3. Examples of specialty services include but are not limited to: Internal Medicine, Surgery; Neurology; Dermatology; Large Animal Medicine; Equine Medicine; Zoo Medicine; etc.

XI.C.11. Off-site Courses or Experiences

XI.C.11.1. These courses/experiences must be facilitated/taught by a DACVB, Diplomate in another recognized veterinary specialty and/or a PhD

XI.C.11.2. A biography must be provided for each specialist.

XI.C.11.3. Examples of specialty services include but are not limited to: Farm Animal; Exotics; Zoo Animal; Laboratory Animal; etc.

XI.C.11.3.1. Dr. Sue McDonnell's Equine Short Course on Equine Behavior