



AMERICAN COLLEGE OF THERIOGENOLOGISTS (ACT)

**General Information Guide (GIG) Effective
September 1, 2025**

The information contained in this General Information Guide (GIG) reflects current procedures and guidelines for individuals interested in certification by the American College of Theriogenologists (ACT or the “College”).

Information contained within the GIG is subservient to the Constitution and Bylaws (CBL) of the ACT. As ACT policies and procedures are subject to periodic review, changes to the CBL will also be reflected in periodic updates to the GIG.

Whereas every reasonable effort has been made to ensure accuracy, if there are any questions or any concerns about proposed or actual changes that could impact certification, Supervising Diplomates and/or candidates should contact the ACT office at:

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TABLE OF CONTENTS

- A. THE AMERICAN COLLEGE OF THERIOGENOLOGISTS
- B. ADMISSION REQUIREMENTS
- C. TRAINING
 - C.1. ACT TRAINING ROUTES
 - C.2. TRAINING REQUIREMENTS FOR ALL TRAINEES
 - C.3. TRAINING PROGRAM REQUIREMENTS
- D. REGISTRATION
 - D.1. RESIDENCY PROGRAM REGISTRATION
 - D.2. TRAINEE REGISTRATION
- E. TRAINING PROGRESS
 - E.1. TRAINING PROGRESS
 - E.2. PROGRESS REPORTS
- F. PETITION TO CANDIDCY
 - F.1. CREDENTIALING
 - F.2. CREDENTIALS PACKET
 - F.3. REQUESTS FOR SPECIAL ACCOMMODATIONS
- G. RE-APPLICATION
 - G.1. RE-APPLICATION AFTER FAILURE TO COMPLETE TRAINING
 - G.2. RE-APPLICATION AFTER CREDENTIALING FAILURE
 - G.3. RE-APPLICATION AFTER FAILURE TO SIT EXAMINATION OR FOLLOWING EXAMINATION FAILURE
- H. EXAMINATION
 - H.1. EXAMINATION REGISTRATION
 - H.2. EXAMINATION FORMAT
 - H.3. EXAMINATION PREPARATION
 - H.4. EXAMINATION ADMINISTRATION
- I. ACT DIPLOMATE CERTIFICATE

A. THE AMERICAN COLLEGE OF THERIOGENOLOGISTS

The ACT was created in 1971 to advance knowledge and competence in undergraduate, graduate, and post-graduate education, research and clinical service in theriogenology and to:

- a. establish a certifying organization to recognize veterinarians as specialists in the discipline of theriogenology; and
- b. establish requirements for postgraduate education and experience prerequisites for certification as specialists in theriogenology; and
- c. examine and certify veterinarians seeking Diplomate status as specialists in theriogenology and encourage scientific investigation and research.

B. ADMISSION REQUIREMENTS

To be granted certification as ACT Diplomate, veterinarians must fulfill the following requirements:

- B.1.** Be a graduate of a college or school of veterinary medicine accredited by the American Veterinary Medical Association (AVMA); or possess a certificate issued by either the Educational Commission for Foreign Veterinary Graduates (ECFVG) or the Program for the Assessment of Veterinary Educational Equivalence (PAVE); or otherwise, be legally qualified to practice veterinary medicine in some state, province, territory, or possession of the United States, Canada or another country.
- B.2.** After graduating from a college or school of veterinary medicine, complete the education, training and experience requirements of one of the following training routes (see training requirements under Section C).
 - B.2.a.** Residency Training Route
 - B.2.b.** Alternate Training Route
 - B.2.c.** Graduate Degree Training Route
- B.3.** Successfully petition to candidacy for Diplomate.
- B.4.** Successfully pass the Certifying Examination.
- B.5.** Demonstrate unquestionable moral character and impeccable professional behavior.

C. TRAINING

C.1. ACT TRAINING ROUTES

C.1.a. General Requirements

C.1.a.1 Residency Program Director – The Residency Program Director for ACT approved residency programs shall be a Diplomate of the ACT or European College of Animal Reproduction (ECAR) or Fellow of the Australian and New Zealand College of Veterinary Scientists (ANZCVS, Animal Reproduction).

- C.1.a.1.i.** The Director is responsible for overseeing an ACT Residency program at a given site. The Director should be familiar with GIG requirements and is responsible for ensuring program compliance.
- C.1.a.1.ii.** There shall be only one (1) Residency Program Director at any site.
- C.1.a.1.iii.** The Residency Program Director must have at least a 50% clinical service appointment.
- C.1.a.1.iv.** The ACT office will direct all communication concerning the training program to the Residency Program Director.

C.1.a.2 Training Advisor – A Training Advisor shall be a Diplomate of either the ACT or ECAR or Fellow of the ANZCVA (Animal Reproduction).

- C.1.a.2.i.** All trainees, regardless of training route, should identify one (1) Training Advisor, who supervises the trainee’s training program. For Residency training, any qualified veterinarian affiliated with the program may serve as Training Advisor, including the Residency Program Director. The primary mentor for Alternate training and the mentor for Graduate Degree training routes are the Training Advisors for these programs.
- C.1.a.2.ii.** The Training Advisor is a resource for providing the trainee with the tools, experience, and appropriate knowledge base.
- C.1.a.2.iii.** The Training Advisor is responsible for attesting and signing off on all documentation submitted by their trainee verifying the completion of training program requirements.
- C.1.a.2.iv.** The Training Advisor, along with the trainee, shall submit an annual progress letter and General Self-Assessment.
- C.1.a.3** Direct supervision is defined as a person working at “arm’s length” or at the same premises as the trainee. Direct supervision documentation shall include, at a minimum, the dates, hours and activities performed by the trainee, and the signature of the supervisor.
- C.1.a.4** A week is defined as equivalent to a minimum of five (5) working days.

C.1.b. Residency Training Route

- C.1.b.1.** Trainees in the Residency Training Route must have completed a minimum of one (1) year of post-graduate (DVM or equivalent) clinical veterinary practice or internship prior to starting a residency training program.
- C.1.b.2.** An ACT approved Residency Training program shall include two (2) Diplomates of either the ACT or ECAR or Fellows of the ANZCVS (Animal Reproduction). At least one (1) Diplomat or Fellow must be a full- time [1.0 Full Time Equivalent (FTE)] employee affiliated with the Residency Training program, whereas the second Diplomat or Fellow may be a half-time (0.5 FTE or greater) employee affiliated with the Residency Training program. Each of the diplomates must have at least a 50% clinical appointment. Any other arrangement to meet this requirement must be reviewed and approved by the Training and Credentialing Committee (TCC) and ACT Executive Board.
- C.1.b.3.** A Residency training program shall consist of a minimum of 104 weeks of supervised training and clinical experience in the science and practice of theriogenology.
- C.1.b.4.** During the 104-week training program, at least sixty (60) weeks shall be spent providing theriogenology clinical service under the direct supervision of Diplomates of the ACT or ECAR or Fellow of the ANZCVS (Animal Reproduction).
- C.1.b.5.** During the 104-week training program, at least twelve (12) weeks should be provided for academic activities outside of clinical duty, including research, manuscript preparation, teaching, graduate studies, continuing education, special rotations, or study preparation for the Certifying Examination.
- C.1.b.6.** Trainees are entitled to at least two (2) weeks of vacation during every 52 weeks (1 year) of training.

C.1.c. Alternate Training Route

- C.1.c.1.** Trainees in the Alternate Training Route shall have completed a minimum of four

(4) years of post-graduate (DVM or equivalent) experience with a major emphasis in theriogenology prior to starting an alternate training program.

- C.1.c.2.** An ACT approved Alternate Training Route program shall include two (2) Diplomates of either the ACT or ECAR or a Fellow ANZCVS (Animal Reproduction). One of these mentors will be designated as the primary mentor and the other as the secondary mentor.
- C.1.c.3.** An Alternate training program shall consist of a minimum of 104 weeks of mentored training in the science and practice of theriogenology.
- C.1.c.4.** Prior to or during the mentored training program, the trainee shall spend at least eight (8) weeks receiving training in clinically relevant techniques in theriogenology under the direct supervision of Diplomates of the ACT or ECAR or Fellows of the ANZCVS (Animal Reproduction). Direct supervised training may be gained prior to or after registration of the alternate route training program with the ACT but shall occur following graduation from veterinary school. Supervised clinical training experiences shall be verified by a letter from the supervising Diplomate or Fellow and submitted with the credentials packet.

C.1.d. Graduate Degree Training Route

- C.1.d.1.** Trainees in the Graduate Degree Training Route shall have completed a minimum of three (3) years (with an Msc degree) or one (1) year (with a PhD degree) of post-graduate (DVM or equivalent) experience with a major emphasis in theriogenology prior to starting a graduate degree training program.
- C.1.d.2.** An ACT approved Graduate Training Route program shall include one (1) Diplomate of either the ACT or ECAR or a Fellow ANZCVS (Animal Reproduction).
- C.1.d.3.** A Graduate Training program shall consist of a minimum of 52 weeks of mentored training in the science and practice of theriogenology.
- C.1.d.4.** During or after the Graduate Training program, the trainee shall spend at least eight (8) weeks receiving training in clinically relevant techniques in theriogenology under the direct supervision of Diplomates of the ACT or ECAR or Fellows of the ANZCVS (Animal Reproduction). No more than six (6) weeks may be spent under any one mentor. Supervised clinical training experiences shall be verified by a letter from the supervising Diplomate or Fellow and submitted with the credentials packet.

C.2. TRAINING REQUIREMENTS FOR ALL TRAINEES

C.2.a. Clinical Case Records

- C.2.a.1. Clinical Skills** – Trainees shall submit a self-assessment of relevant clinical activities in which he/she participated during the training program and acquired clinical skills.
- C.2.a.2. Case Log** – Trainees are required to submit a log of their theriogenology cases for the duration of their training program. Activity log templates are available on the ACT website.

C.2.b. Publication

- C.2.b.1.** Trainees shall publish one (1) peer-reviewed manuscript related to the discipline of theriogenology in an approved journal (see ACT website for list of approved journals).
- C.2.b.1.** The trainee shall be the first author of the manuscript.

- C.2.b.2.** Publications may be original research, a clinical case report, or an in-depth review article. Abstracts are not acceptable to fulfill this requirement.
 - C.2.b.3.** Trainees may be allowed to sit the Certifying Examination prior to proof of publication, but Diplomate certificates shall not be issued until proof of publication is provided to the ACT.
 - C.2.b.4.** To fulfill the publication requirement, proof of publication shall be submitted to the ACT by July 31 of the second year following successful completion of the Certifying Examination. If this deadline is not met, the trainee must follow the Procedure for Re-Application after Credentialing Failure and complete the Certifying Examination again.
- C.2.c. Teaching** – During the training program, trainees shall give at least one presentation/lecture in the field of theriogenology to a veterinary group or a veterinary student group. Examples of acceptable presentations or lectures include veterinary undergraduate or graduate courses or local, regional/national/international continuing education meetings. Quality, accuracy and depth of the material presented and submitted must be approved by the Training Advisor.
- C.2.d. Continuing Education** – A minimum of thirty (30) hours Continuing Education pertaining to the field of theriogenology shall be completed during the training program and within the two years immediately prior to taking the certifying examination. A “unit” of CE shall be defined as at least 45 minutes of instruction from (i) national or international scientific meetings, (ii) meetings or webinars approved for CE credit by a regulatory licensing board with jurisdiction in that area or (iii) other formal continuing education activities pre-approved by the TCC.

C.3. TRAINING PROGRAM REQUIREMENTS

- C.3.a.** Medical library: Access to a library containing recent textbooks and current journals relating to theriogenology and its supporting disciplines must be accessible. Online access or use of a “virtual library” is acceptable.
- C.3.b.** Medical records: A complete and retrievable medical records system must be maintained.
- C.3.c.** Imaging services: Appropriate diagnostic imaging equipment must be available.
- C.3.d.** Clinical pathology: Clinical pathology services must be available on site or otherwise readily accessible.
- C.3.e.** Anatomic pathology: Gross pathologic examination and histopathologic examination of surgical and necropsy tissues must be available either on site or otherwise readily accessible.
- C.3.f.** Surgical facilities: The operative suite must be consistent with current concepts of aseptic surgery and standard of care for services provided. Access to a referral facility meeting these specifications is acceptable.
- C.3.g.** Anesthesia and anesthesia monitoring: The ability to provide anesthesia appropriate to meet the standard of care for the cases managed at the facility must be available. Access to a referral facility providing these services is acceptable.

D. REGISTRATION

D.1. RESIDENCY PROGRAM REGISTRATION

- D.1.a.** The Residency Program Director (see Section C) shall submit a registration form to the ACT office for review and written approval at least ninety (90) days prior to a trainee beginning training program.
- D.1.b.** Once a Residency Program is approved, Program Directors shall submit an annual report of the training program, including any changes within the program that would result in inability to comply with the GIG. The annual progress report is an assessment of the availability or capacity of the program to continue to uphold training requirements and is due July 31.

D.1.c. Residency Program registrations and annual reports are reviewed by the TCC. Failure to comply with the GIG or failure to submit the annual report will place the residency training program in jeopardy of loss of approval.

D.2. TRAINEE REGISTRATION

D.2.a. Trainee registration may only be submitted electronically. A link to the Prolydian submission system can be found on the ACT website.

D.2.b. All trainees must pay a one-time registration fee.

D.2.c. The TCC will review registrations for completeness and make recommendations to the ACT Executive Board regarding acceptance or rejection based on compliance with candidacy requirements. Trainees will have 30 days of being notified to correct any deficiencies revealed during review.

D.2.d. Substantive requirements specified in the GIG at the time of registration will apply for the duration of the trainee's certification process. Non-substantive changes to the GIG will be applied to all trainees regardless of when the training program was registered.

D.2.e. Residency Training Route – residency route trainees shall register with the ACT office within ninety (90) days of the initiation of an ACT-approved residency program.

D.2.f. Alternate Training Route

D.2.f.1 Alternate route trainees shall submit a 104-weeks mentored study plan to the ACT office by the deadline posted on the ACT website.

D.2.f.2 Proposed study programs will be reviewed and feedback provided to trainees within ninety (90) days following the posted deadlines.

D.2.f.3 The proposed study plan shall include a cover letter in which the trainee specifically describes how they propose to fulfill the requirements outlined in Section C. The proposed personalized study program shall contain adequate details describing how the mentor will be involved in guiding preparation and study.

D.2.f.4 Two (2) letters of support shall accompany the plan of study. One shall be from an active Diplomate of the ACT willing to serve as the primary mentor (Training Advisor) for the trainee's alternate route training program; The second letter may be from an ACT Diplomate, a Diplomate of the European College of Animal Reproduction (ECAR), or Fellow of the ANZCVS, Animal Reproduction, willing to serve as the secondary mentor.

D.2.g. Graduate Degree Training Route

D.2.g.1 Graduate degree route trainees shall submit a 52-weeks mentored study plan to the ACT office by the deadline posted on the ACT website.

D.2.g.2 Proposed study programs will be reviewed and feedback provided to trainee within ninety (90) days following the posted deadlines.

D.2.g.3 The proposed study plan shall include a cover letter in which the trainee specifically describes how they propose to fulfill the requirements outlined in Section C. The proposed personalized study program shall contain adequate details describing how the mentor will be involved in guiding preparation and study.

D.2.g.4 One (1) letter of support from an active Diplomate of the ACT willing to serve as the mentor (Training Advisor) for the trainee shall accompany the plan of study.

E. TRAINING PROGRESS

E.1. TRAINING PROGRESS

- E.1.a.** All trainees, regardless of the training route, shall submit an annual report on training progress. A report is not required if the trainee submits a petition for candidacy instead.
- E.1.b.** Annual progress reports are due on November 30.
- E.1.c.** Training progress reports may only be submitted electronically. A link to the Prolydian submission system can be found on the ACT website.
- E.1.d.** The trainee is responsible for ensuring that the required training is documented and that the reports are accurately completed.
- E.1.e.** The Training Advisor is responsible for guiding the trainee with documentation and reporting, and for reviewing all documentation submitted to the ACT.
- E.1.f.** Failure to submit the annual report will place the trainee in jeopardy of loss of approval.

E.2. PROGRESS REPORTS

- E.2.a. Annual training progress report** – A report outlining experiences and expectations from within the program, the strengths, and weaknesses, and if / how their expectations are or are not being met should be prepared. The report shall be completed and signed by the trainee and the Training Advisor. A link to annual training progress report can be found at the ACT website.
- E.2.b. Clinical skills self-assessment** – Applicants shall keep track of their clinical skills using a self-assessment form. The self-assessment form shall be completed and signed by the trainee and the Training Advisor. A link to the clinical skills self-assessment can be found at the ACT website.

F. PETITION TO CANDIDCY

F.1. CREDENTIALING

- F.1.a.** To be considered eligible to sit the Certifying Examination, a Credentials Packet, including a Petition to Candidacy with all required supporting materials and documentation shall be submitted to the ACT.
- F.1.b.** Credentials Packages are due on November 30.
- F.1.c.** Credential Packets may only be submitted electronically. A link to the Prolydian submission system can be found on the ACT website.
- F.1.d.** All trainees must pay a submission fee.
- F.1.e.** The trainee is responsible for ensuring that the Credential Package is accurate and complete.
- F.1.f.** The Training Advisor is responsible for guiding the trainee with documentation and reporting, and for reviewing all documentation submitted to the ACT.
- F.1.g.** The TCC will review application packets for completeness and make recommendations to the ACT Executive Board regarding acceptance or rejection based on compliance with candidacy requirements. Trainees will have 30 days of being notified to correct any deficiencies revealed during review.
- F.1.h.** After successful petition to candidacy, trainees can register for the Certifying Examination.
- F.1.i.** Trainees failing to meet all credentialing requirements may re-apply the following year by submitting an updated credentials packet and the appropriate submission fee.
- F.1.j.** An affected party has the right to appeal against adverse decisions by the College. The process for appeals is described in the Constitution and Bylaws of the ACT.

F.2. CREDENTIALS PACKET

- F.2.a.** Applicants are responsible for following all application instructions and procedures as well as using all required forms and formats to prepare their application packets. Some templates and forms are available on the ACT website.
- F.2.b.** All items submitted by the Trainee must be in the English language or an official translation.
- F.2.c. Document checklist** – The document checklist shall be used to ensure all required documents are included in the packet. Incomplete packets will not be approved. The checklist shall be completed and signed by the trainee.
- F.2.d. Petition to candidacy** – The petition to candidacy to take the certification examination shall be completed and signed by the trainee. The petition shall also be signed by the Training Advisor.
- F.2.e. Personal Biography** – A personal biography shall be included in the credentials packet. The biography shall adhere to the example format provided by the College. A biography in different format will not be accepted.
- F.2.f. Curriculum Vitae** – A current curriculum vitae (CV) shall be included in the credentials packet. The CV shall adhere to the example format provided by the College. A CV in a different format will not be accepted.
- F.2.g. Diploma, Certificate or License** – Applicants shall submit legible, high-resolution copies of one of the following:
- Diploma or certificate verifying graduation from an accredited college or school of veterinary medicine.
 - Certificate issued by the Educational Commission for Foreign Veterinary Graduates (ECFVG).
 - Certificate issued by the Program for the Assessment of Veterinary Educational Equivalence (PAVE).
 - License to practice veterinary medicine in a state, province, territory, or possession of the United States, Canada.
- F.2.h. Graduate Studies Transcripts** – Applicants specifically who are enrolled in the Graduate Degree Training Route or in a master’s degree with their traditional residency training program post DVM are to submit as a part of their credentials packet a transcript of all graduate studies completed.
- F.2.i. Satisfactory Completion or Progress Letter** – Applicants shall submit a letter from their Training Advisor attesting to the applicant’s satisfactory completion of or progress to date in their approved training program. The Training Advisor will provide a synopsis of the applicant’s activities in preparing for the examination, paying particular attention to how the applicant satisfactorily completed, or failed to satisfactorily complete, the proposed study program. The letter should be submitted electronically
- F.2.j. Letters of Reference** – Applicants shall submit a Letter of Reference from two (2) ACT Diplomates other than their Training Advisor. The applicant will provide their references with a copy of the letter template and request a letter be prepared in the format indicated. These letters should be submitted electronically.
- F.2.k. Publication** – Applicants shall submit a copy of first author, peer reviewed, manuscript. A letter of acceptance for print from the editorial office is also acceptable. The publication shall be involving the topic of theriogenology. A list of approved journals is available on the ACT website. No Diplomate certificate shall be issued prior to receiving acceptable proof of publication.
- F.2.l. Teaching** – Applicants shall keep track of their teaching activities and submit a teaching form. The teaching form shall be completed and signed by the trainee. The form shall also be signed by the training advisor.

F.2.m. Continuing Education – Applicants shall keep track of their continuing education (CE) and submit a CE form. The CE form shall be completed and signed by the trainee.

F.2.n. Clinical skills self-assessment – Applicants shall keep track of their clinical skills using a self-assessment form. The self-assessment form shall be completed and signed by the trainee. The form shall also be signed by the training advisor.

F.2.o. Confidentiality Agreement – Applicants shall complete, sign and submit a Confidentiality Agreement in their credentials packet.

F.3. REQUESTS FOR SPECIAL ACCOMMODATIONS

Consistent with legal requirements and best practices in assessment, ACT is committed to ensuring that trainees with disabilities can access the ACT exam. Accommodations alter the way that the exam is administered without affecting the skills that the exam is designed to measure. ACT only alters testing conditions when necessary for a trainee to access the exam; providing accommodations in other cases can result in inaccurate scores and unfair score comparisons across trainees.

F.3.a. General Disability Documentation Guidelines – In making accommodation decisions, ACT gives substantial weight to (a) a history of prior accommodations on similar exams and (b) the recommendations of qualified professionals who have evaluated trainees. However, in some cases, more detailed medical or psychological data may be needed to show evidence of accommodation need. Neither past receipt of accommodations nor a recommendation from a professional can automatically guarantee accommodations on the ACT Exam. Finally, ACT may share disability documentation with consultants who have expertise in diagnosis and management of disabilities, to obtain an independent opinion regarding a trainee’s needs. ACT will review any documentation that is submitted, but the following documents are often helpful to ACT in making accommodations decisions:

- a. Documents showing past receipt of accommodations in K-12 schooling, higher education institutions, and on prior standardized tests used for admissions or certification
- b. Documents showing performance on prior tests or in educational settings with and/or without accommodations
- c. Letters from qualified professionals (e.g., physicians, psychologists, psychotherapists, etc.) recommending accommodations, with data-based explanations for the recommendations
- d. Reports from diagnostic assessments showing detailed data that support the diagnosis of disability conditions and the identification of accommodation needs

Professionals who can provide documentation:

- a. Professionals preparing and providing documentation must have comprehensive training and experience in the relevant specialty and hold appropriate licensure and/or certification.
- b. Documentation from a family member or someone with a personal relationship with the trainee (although they may be qualified by training and licensure) will not be accepted.
- c. Documentation must be in English, typed on official letterhead with the title and credentials (including licensure information) of the professional writing the report, dated, and signed.

Documentation should be current, and what counts as “current” depends on the type of disability:

- a. Psychological disabilities such as anxiety and mood disorders are often episodic and may even remit fully, either spontaneously or with effective treatment. Therefore, at least a brief updated assessment that is less than one year old is typically needed.
- b. Neurodevelopmental disabilities (e.g., ADHD, autism, and specific learning disabilities such as dyslexia) have functional impacts that can change considerably over time.

Generally, a full evaluation from the past 3 to 5 years is needed to obtain current information on the trainee's functioning.

- c. Sensory, orthopedic, and general medical disabilities vary greatly in how much they change over time. More recent documentation is always preferred, but in some cases, where the impact of disabilities is unlikely to change over time, older documentation may be sufficient.

Certain types of disabilities raise specific documentation issues; the guidelines below are not meant to be exhaustive, but to address some of the more common disability types seen in accommodation requests.

F.3.b. Specific Documentation Guidelines: Psychological Disabilities

- F.3.b.1.** To establish the presence of a disorder (such as generalized anxiety disorder or major depressive disorder), a current report from a psychiatric assessment or psychological evaluation may be sufficient. Specific assessment tools may include clinical and structured interviews, behavioral observations, and symptom rating scales or questionnaires. Diagnosticians should consider all relevant factors that could impact assessment data (e.g., cultural and linguistic factors, effort and motivation, etc.) and explain why any diagnoses are warranted.
- F.3.b.2.** Psychological disabilities do not generally link automatically to accommodation needs, and so specific evidence (and explanations from a qualified professional who evaluated the trainee) is often helpful in establishing accommodation needs. Note that accommodations are provided to trainees who cannot otherwise access the ACT exam, but accommodations are not provided solely to reduce psychological discomfort.
- F.3.b.3.** Test anxiety is not generally considered to be a psychological disorder, as it is a common reaction to tests.

F.3.c. Specific Documentation Guidelines: ADHD (including "ADD")

- F.3.c.1.** Trainees should provide evidence from a psychological, neuropsychological, or psychiatric assessment showing that the full official diagnostic criteria for attention-deficit/hyperactivity disorder (ADHD) are met. Often this evidence comes in the form of a detailed report from the assessment that includes actual assessment data (e.g., scores from diagnostic tests). Brief letters summarizing the assessment may not always contain adequate information.
- F.3.c.2.** Because ADHD is a neurodevelopmental disorder, and it starts in childhood, childhood records of symptoms and/or associated functional impairment is very helpful to have. This might include report cards, disciplinary records, and records from early medical or psychological evaluations. Even if the initial diagnosis of ADHD occurred in adulthood, evidence of childhood symptoms and/or impairment is important.
- F.3.c.3.** Individuals with ADHD vary in their skills in areas (such as reading) needed to access tests. Specific objective evidence of these skill levels is often helpful to submit. This evidence may come from a diagnostic evaluation or from prior real-world tests.
- F.3.c.4.** Many individuals with ADHD benefit greatly from medication. Although determination of disability is made without reference to the effects of medication, ACT's determination of accommodation needs considers what the trainee's needs are when taking any medication that will be taken the day of the ACT Exam.

F.3.d. Specific Documentation Guidelines: Learning Disabilities (including dyslexia)

- F.3.d.1.** Trainees should provide evidence from a psychological, neuropsychological, or psychoeducational assessment showing that the full official diagnostic criteria for a learning disability are met. Often this evidence comes in the form of a detailed report from the assessment that includes actual assessment data (e.g., scores from diagnostic cognitive and achievement tests). Brief letters summarizing the assessment may not always contain adequate information.
- F.3.d.2.** Learning disabilities are neurodevelopmental disorders that begin in childhood. Therefore, childhood evidence of academic problems (or of special education services) is very helpful to have.

F.3.e. Specific Documentation Guidelines: Visual Disabilities

- F.3.e.1.** Trainees should provide evidence from a vision evaluation showing that one or more recognized disorders is present, or that the trainee is otherwise substantially limited in their ability to see. A full report of the data from the vision evaluation is helpful to submit, where available. Brief letters from a healthcare provider may not always provide sufficiently detailed information.
- F.3.e.2.** Visual disabilities may begin at any point in an individual's life, but if the onset of a trainee's vision problems was early in life, it is often helpful to have records from that point as well as a more recent update.

F.3.f. Specific Documentation Guidelines: Medical Disabilities

- F.3.f.1.** Trainees should submit a statement from a qualified healthcare professional with expertise in the trainee's condition(s), naming any recognized diagnostic categories, describing the evidence showing that the trainee meets the criteria for those diagnoses, and explaining the evidence underlying any accommodation recommendations. Clinic notes showing visits to healthcare professionals often do not contain all of the needed information.
- F.3.f.2.** If diagnostic tests have been conducted, a copy of the results from these tests may be helpful to submit.

G. RE-APPLICATION

G.1. RE-APPLICATION AFTER FAILURE TO COMPLETE TRAINING

- G.1.a.** Trainees failing to successfully complete their training program, regardless of training route, may re-apply to register in a new training program by submitting a new training registration and the appropriate re-application fee.
- G.1.b.** Failure to petition for exam candidacy within five (5) years following the initial training program registration is considered a failure to complete the training program and trainees are required to re-apply to register in a new training program.

G.2. RE-APPLICATION AFTER CREDENTIALING FAILURE

- G.2.a.** Applicants failing to meet credentialing requirements may re-apply the following year by submitting an updated credentials packet and the appropriate re-application fee.

G.3. RE-APPLICATION AFTER FAILURE TO SIT EXAMINATION OR FOLLOWING EXAMINATION FAILURE

- G.3.a.** After successful credentialing, trainees have five (5) years of eligibility and may retake the Certifying Examination up to three (3) times without petitioning the Executive Board and re-submitting a new credentialing package.
- G.3.b.** Trainees failing to pass the Certification Examination within five (5) years after credentials

approval or after three (3) attempts must petition the Executive Board to again be accepted to take the Certifying Examination and re-submit a new credentialing package. To successfully petition to candidacy, the trainee shall meet the requirements specified in the GIG at the time of their petition.

H. EXAMINATION

All trainees seeking certification as an ACT Diplomate must take and pass a comprehensive examination in theriogenology. The certifying examination is based on the professional competence expected of Diplomates based on a job task analysis conducted periodically by the College. The examination reflects the breadth and depth of knowledge in the field of theriogenology.

H.1. EXAMINATION REGISTRATION

H.1.a. Trainees who successfully petitioned to candidacy can register to sit the next Certifying Examination.

H.1.b. The deadline for registering for the Certifying Examination can be found on the ACT website.

H.1.c. All trainees must pay an examination fee.

H.2. EXAMINATION FORMAT

H.2.a. The examination covers all animal species commonly seen by Diplomates.

H.2.b. The examination consists of 100 multiple-choice questions (200 points), 20 essay questions (200 points), and 45 to 50 practical questions (100 points).

H.2.c. Trainees are expected to express themselves fully to demonstrate depth of knowledge and specialization when answering essay questions. Practical questions include pictures or short video-clips that only require short answers.

H.3. EXAMINATION PREPARATION

H.3.a. The examination is prepared by the ACT Certifying Examination Committee appointed by the ACT Executive Board. The committee consists of seven (7) Diplomates. Members of the Examination Committee are appointed according to species of interest and professional affiliations to ensure diversity and balance within the committee. The Examination Committee maintains the examination database, composes questions, and creates and administers the certifying examination.

H.3.b. The Examination Committee's Chair and Vice-Chair select the potential questions for the examination to reflect the species and knowledge domains identified in the job task analysis. The entire committee then critically reviews every question. Questions are reviewed for content, scientific soundness, clarity and grammar. Detailed grading rubrics for essay and practical questions are created and reviewed, including rationale and point distribution.

H.3.c. The questions selected by the Examination Committee are scored by another independent committee (Angoff Scoring Committee). The Scoring Committee is appointed by the ACT Executive Board and consists of six to ten (6 to 10) Diplomates. This committee shall be working with the assistance of a psychometrician.

H.3.d. Members of the Scoring Committee are appointed according to species of interest and professional affiliations to ensure diversity and balance, in accordance with the current Job Task Analysis. The Scoring Committee sets the examination passing point.

H.3.e. Members of the Angoff Scoring Committee use the Modified Angoff Method to score all selected exam questions. Accordingly, each committee member independently indicates how many minimally qualified trainees would answer each question correctly or how many points the trainee would obtain on essay and practical questions. The average rating across all committee

members becomes the predicted difficulty for each exam question. The sum of the predicted difficulty values for each exam question across all questions is the passing point for the exam.

H.4. EXAMINATION ADMINISTRATION

- H.4.a.** The Certifying Examination is administered no more than once each year but is administered at least once during each two (2) year period. The Certifying Examination is given over two (2) days.
- H.4.b.** The examination is administered entirely in electronic format using a web-based tool. Trainees are assigned an identification number, and identities are not revealed to members of the Examination Committee until the grading process is completed and the successful/unsuccessful trainees are determined.
- H.4.c.** Multiple-choice questions are built within the testing tool and graded automatically.
- H.4.d.** Each essay and practical question is evaluated by two members of the Examination Committee and graded according to pre-established rubrics. If essay grades differ by more than two points, the two evaluators review the question together. The average grade from the two evaluators is used as final.
- H.4.e.** The trainees' final grades are reviewed relative to the passing point set by the Angoff Scoring Committee.
- H.4.f.** Every effort is made to notify trainees of whether they passed or failed one (1) month from the completion of the Certifying Examination.

I. ACT DIPLOMATE CERTIFICATE

A trainee only becomes a Diplomate upon completion of all requirements in the GIG. An ACT Diplomate Certificate may not be awarded until all requirements are met and approval has been granted by the ACT Executive Board. Certificates are awarded at a time and place, and in a manner determined appropriate by the ACT Executive Board.