

American College of Veterinary Nutrition



Training Program Application Form (and Standard Program Renewal Form)

You must obtain ACVN approval of this program before initiating training. ACVN may require supporting evidence for any statements made. Please submit the completed application electronically to:

American College of Veterinary Nutrition

c/o Sally Perea, Secretary

Email: sally.perea@royalcanin.com with copy to acvnassistant@gmail.com

Standard Programs are approved for a period of 5 years, while Alternate Programs are specific to the trainee. The fee is \$250 for initial Training Program Applications and \$125 for Standard Program Renewal review¹.

1. Name: _____ Date: _____

2. Program type: Alternate Standard (new) Standard (5 year review)

3. Primary Mentor: _____
(Must be a Diplomate of ACVN)

4. Primary Mentor's Contact Information: _____

Department: _____

Hospital/University: _____

Street Address: _____

City, State/Province, Zip code, Country: _____

Phone: _____ Fax: _____

E-mail: _____

¹ Applications will not be reviewed without an accompanying application fee. Funds must be in U.S. dollars – the preferred method of payment is via PayPal to our ACVN Treasurer: lpweeth@yahoo.com. If payment must be by check, the address is: Dr. Lisa Weeth, ACVN Treasurer, PO Box 661265, Los Angeles, CA 90066-9465

For alternate track applicants (standard track applicants and program renewals skip to #6):

Street Address: _____

City, State/Province, Zip code, Country: _____

Phone: _____ E-mail: _____

Veterinary college from which you graduated: _____

Date of graduation from veterinary college: _____

Internship (or equivalent private practice experience) location and date:

| | |
|--|--|
| Hospital/University: | |
| Address: | |
| City, State/Province, Zip code, Country: | |
| Dates (start-end): | |

5. Have the applicant and Primary Mentor read and understood the current Training Program requirements as outlined in the bylaws and Training Program Information Guide?

Yes No

6. Program registered in: Small Animal Large Animal Comparative

7. Location of Training Program:

Primary Site:

Secondary Site (If applicable):

Other Sites (Off-site, if applicable):

8. Standard and Alternate Training Programs must span a minimum of 2 years and no longer than 6 years (with exceptions in the case of concurrent PhD programs). Please describe the structure of the proposed program and whether a graduate degree is required or optional. If an advanced degree is required or optional, please include how the graduate training is incorporated into the clinical training program.

9. Is this training program part of a combined program designed to accomplish training in both veterinary clinical nutrition as well as another specialty?

Yes No

If yes, please provide an additional document listing the second specialty and the details of the combined program. Please describe in detail how the requirements of the ACVN residency training program will be satisfied, including a breakdown by week of training time to be counted toward each specialty training program.

10. Please list the members (including relevant credentials) of the Training Advisory Committee:

1. (Primary Mentor)

2.

3.

11. Have each of the members of the Training Advisory Committee listed above read and understood the current Training Program requirements as outlined in the bylaws and Training Program Information Guide?

Yes No

12. The ACVN requires that board certified specialists in nutrition as well as other disciplines must be on-site and available for consultation. Please provide an additional document listing all Diplomate specialists available for consultation in the areas of internal medicine, anatomic pathology, radiology, dermatology, surgery, toxicology, ophthalmology, anesthesiology, emergency/critical care, clinical pharmacology, clinical pathology, and/or theriogenology. If off-site, please explain the arrangements for contact with the trainee.

13. Please list any other current ACVN trainees participating in the training program, as well as any who have been enrolled or completed the program within the last five years.

| Name | Program start date | Program end date or current | Status: Granted Diplomate status, stage of credentialing, and/or separated from program |
|------|--------------------|-----------------------------|--|
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14. The trainee is required to spend a minimum of 52 weeks on clinical nutrition rotations under the direct supervision (as defined in the Training Program Information Guide) of an ACVN Diplomate. Please describe the specific nature of this contact (frequency, in person vs. remote via videoconference/telephone/etc).

15. Please describe the structure of the training program. Specify the numbers of weeks the trainee will spend on clinical service (a minimum of 52 weeks on veterinary clinical nutrition rotation) and engaged in writing, teaching, research or other relevant activities (a minimum of 52 additional weeks including vacation time and professional meeting attendance). If the trainee will spend any additional weeks on clinical rotations (nutrition or electives) under the supervision of other specialists, please specify. Provide additional detail as needed.

| | Approximate time or number of weeks per year |
|--|--|
| Clinical service: | |
| -- clinical rotation (veterinary nutrition) | |
| -- clinical rotation (other services; specify) | |
| Teaching: | |
| -- clinical | |
| -- lectures | |
| -- laboratories | |
| Continuing education (specify in #21 below) | |
| Research | |
| Vacation | |
| Other (specify) | |

16. Describe how the trainee will participate in patient management, including receiving, diagnostics, case management and decision making, client communication, case follow-up, and communication with referral veterinarians under the supervision of a Diplomate of the ACVN.

17. Is a complete and retrievable medical record using the Problem Oriented Veterinary Medical Record System maintained for each individual patient?

Yes No (if no, please describe below)

18. Will the trainee participate in clinical nutrition rounds on a daily basis while on clinical nutrition rotations? Is a supervising Diplomate available for rounds?

Yes No (if no, please describe how rounds are attended and supervised below)

19. The ACVN requires that training program facilities have diagnostic and therapeutic facilities consistent with the current standard of specialty care for the medical practice in which they are engaged, including access to the medical literature. Please indicate the availability of the following facilities or equipment. Indicate if these are available at the primary training site, or at a different location.

| | Available? | | Location of equipment | |
|------------------------------------|------------|----|-----------------------|-----------------|
| | Yes | No | On-site | Other (specify) |
| Standard radiography equipment | | | | |
| Ultrasonographic equipment | | | | |
| Color flow/Doppler equipment | | | | |
| Cardiac catheterization capability | | | | |

| | | | | |
|--|--|--|--|--|
| Endoscopy equipment | | | | |
| --gastrointestinal | | | | |
| --bronchoscopy | | | | |
| --cystoscopy | | | | |
| --rhinoscopy | | | | |
| --laparoscopy | | | | |
| --thoracoscopy | | | | |
| Clinical pathology capability (CBC, serum chemistry, blood gases, UA, cytology, parasitology, microbiology, endocrinology) | | | | |
| Serum osmolality measurement | | | | |
| Colloid oncotic pressure measurement | | | | |
| Electrocardiography | | | | |
| Nuclear medicine | | | | |
| Computed tomography equipment | | | | |
| Magnetic resonance imaging | | | | |
| Radiation therapy | | | | |
| Computerized medical records (with searching capability) | | | | |
| Veterinary and medical library (with searching capability) | | | | |
| Internet access | | | | |
| Intensive care facility | | | | |
| Urethral pressure profile and cystometrography | | | | |
| Hemodialysis capability | | | | |
| Parenteral nutrition capability | | | | |
| Feeding tube use: | | | | |
| --nasoenteral | | | | |
| --esophagostomy | | | | |
| --gastrostomy (endoscopic) | | | | |
| --gastrostomy (non- endoscopic) | | | | |
| --enterostomy | | | | |
| Body composition / energy expenditure: | | | | |
| --DEXA | | | | |
| --bioelectrical impedance | | | | |

| | | | | |
|--|--|--|--|--|
| --dueterium oxide | | | | |
| --calorimetry | | | | |
| Please explain arrangements for access to any off-site equipment or procedures for case management, research or study. | | | | |
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20. Please provide the approximate number of cases managed with the following nutritional support modalities at the training site(s).

| Enteral nutrition: | Number of cases per year |
|--|--------------------------|
| --nasogastric | |
| --pharyngostomy | |
| --esophagostomy | |
| --gastrostomy (endoscopic) | |
| --gastrostomy (non-endoscopic, non-surgical) | |
| --gastrostomy (surgical) | |
| --enterostomy | |
| Parenteral nutrition: | |
| --central parenteral nutrition | |
| --peripheral parenteral nutrition | |

21. The ACVN requires that training programs include on-going continuing education (including some combination of: conferences, journal club, morbidity and mortality rounds, and/or seminars). Please describe in detail the frequency and nature of these programs in the proposed program, including any major veterinary medical, nutritional, or medical conferences.

22. Is the trainee required to give one or more formal presentations at a conference or in an educational setting on a yearly basis?

Yes (if yes, please describe below) No

23. Does the training program require a research project?
 Yes (if yes or if optional, please describe below) No

24. Are one or more publications required as part of the training program?
 Yes (if yes or if optional, please describe below) No

25. The ACVN requires that Primary Mentors evaluate trainees and their progress in a standardized fashion at least annually, including review of case logs. Please describe the frequency and nature of performance and progress reviews.

- Note: By submitting this application/renewal form, you agree to notify the ACVN Secretary via email before making any changes or alterations to the approved training program. These would include, but are not limited to: alterations in program duration, transfer to another program, or enrolling in a graduate program or concurrent residency. Unapproved changes or alterations may result in delay or denial of progression through the credentialing process.

- You should receive a decision regarding acceptance of your program via email within 90 days of receipt. Should you not receive timely acknowledgments, it is your responsibility to contact the ACVN Secretary and determine the progress of your program review. Please retain copies of all documents sent and correspondences with the ACVN for your records.

- If you have special needs as addressed by the Americans with Disabilities Act and need assistance with any portion of the application process, please inform the ACVN Secretary.