The American College of Veterinary Surgeons (ACVS) has established the following requirements for active membership status:

a. Have a satisfactory moral and ethical standing in the profession.

b. Be either a graduate of a veterinary college accredited by the American Veterinary Medical Association, or meet all requirements for licensure of foreign veterinary graduates as defined by the American Veterinary Medical Association, or be legally qualified to practice veterinary medicine in some state, province, territory or possession of the United States, Canada or some other country.

c. Have devoted a minimum of four years after graduation from veterinary school to special training and experience in veterinary surgery in a training program consisting of a 52-week internship or equivalent and 156 weeks of supervised training, postgraduate education and clinical experience in the science and practice of veterinary surgery and its supporting disciplines, including scientific publication. Training must occur under Diplomates of the ACVS participating actively in the program. An alternative training program must meet the same criteria but may be done over a longer time period.

d. Have successfully passed the certifying examination of the College. The examination, composed of written, practical and case-based questions, tests knowledge of all phases of surgery as well as competence in the selected area of large animal or small animal specialization.

To be eligible to sit for the examination, candidates must have successfully completed a 156-week ACVS residency program and have had their credentials application approved by the ACVS Board of Regents. Diplomates who desire to change their species of emphasis (i.e., are seeking Dual Certification) must have had their Dual Certification application approved by the ACVS Board of Regents.

Candidates sitting the examination for the first time (non-Dual Certification candidates) must take all three (3) sections. Candidates sitting the examination for the second or third time must take all sections not successfully completed previously. All three (3) portions of the examination must be successfully completed to become certified by the American College of Veterinary Surgeons. Candidates who have previously failed the oral section will now need to take the case-based examination instead. Candidates are allowed three (3) attempts to pass all sections of the examination, and there is no time limit within which candidates must sit for the examination. Candidates who pass all sections of the examination will be issued a certificate indicating that they are a Diplomate of the American College of Veterinary Surgeons and whether they passed the large or small animal examination.

Individuals who are board certified by the American College of Veterinary Surgeons in 2016 or later will be issued a time-limited certificate. Certificates will be good for five years. Diplomates with time-limited certificates will need to document continuous professional development through a variety of activities, such as attending or presenting at continuing education meetings, publishing manuscripts, serving on ACVS committees, and participating in resident training. The process for maintenance of certification will be posted on the ACVS website.

Candidates seeking Dual Certification who were board-certified in 2001 or later must take the case-based and practical portions in the new species. Dual certification candidates sitting the examination for the second or third time must take all sections not successfully completed previously. All required portions of the examination must be successfully completed to become dual certified by the American College of Veterinary Surgeons. Candidates are allowed three (3) attempts to pass all required sections of the examination, and there is no time limit within which candidates must sit for the examination. Candidates who pass all required sections of the examination will receive recognition of their dual certification status.

Candidates who fail one or more sections of the examination the first or second time and plan to retake those sections must notify the ACVS office of their intentions before December 15 in the year immediately preceding the next scheduled examination. Candidates should be sure that the ACVS office has their current addresses including email. Failed candidates will be assigned advisors who are current members of the Examination Committee to provide constructive comments regarding taking the examination again.

Failure to complete successfully all required sections of the examination after three (3) attempts will require submission of a new Credentials Application/Dual Certification Application to the Resident Credentialing Committee and complete re-examination of all required sections of the examination. The applicant should contact the ACVS office regarding current Credentials Application/Dual Certification Application requirements. The Examination Committee will provide a written critique of the applicant’s performance on previous examinations, including recommendations for future preparation.
2016 EXAMINATION SCHEDULE

Sunday, January 31:  6:00pm: Orientation Session: Attendance is not mandatory. All new examinees are encouraged to attend.
Monday, February 1:  8:30 – 11:00am Practical Examination
                    1:00 – 3:45pm: Case-based Examination
Tuesday, February 2:  8:00am – 12:00pm: Written Examination
                    1:00 – 5:00pm: Written Examination (continued)

The examination is held at the Catamaran Resort Hotel in San Diego, California.

EXAMINATION DESCRIPTION

The examination tests all phases of surgery in all species and types of animals as well as competence in areas of specialization. The examination is composed of three (3) sections: practical, case-based, and written. The practical and case-based examinations will be administered on the same day, and the written examination administered on an additional day. There are separate examinations for large and small animal examinees. The examinee must choose to take either the small or large animal examination. The general content (and the weight of each content area) for all three (3) test components has been determined by means of an analysis of the veterinary surgeon's occupation. In all, four hundred eighty-two (482) American College of Veterinary Surgeons (ACVS) Diplomates participated in the study that examined the importance of a variety of content areas for performance as a veterinary surgeon. Questions for the ACVS examination are made or reviewed by the Examination Committee of the American College of Veterinary Surgeons. Each question is validated by securing a reference source that corroborates the information in the question. The sources used include current veterinary textbooks, current veterinary medical and surgical journals, current medical texts and journals including, but not limited to, the included reading list.

1. Practical Examination

The practical section of the examination is designed to test recognition and interpretive skills. The questions are based on visual material of surgically-related diseases or conditions. Material might depict anatomic specimens, instruments, surgical diseases, pathologic and histologic specimens, and imaging studies. Upon viewing the material, the candidate will be asked to give information regarding diagnosis, method of treatment, interpretation of diagnostic imaging, or identification of instruments or equipment. The questions may require short written responses of one word, phrase, or sentences or selection of the correct answer from options provided. There will be twenty-five (25) case-oriented question sets, with four (4) minutes provided to answer the questions for each set. Candidates will be provided with forty-five (45) minutes to review their answers after all the questions have been presented. New questions are prepared each year by members of the Examination Committee to correspond to the topic areas in the examination blueprint. Examination Committee members and several members of the Board of Regents review all questions and visual materials for clarity and fairness. Each candidate’s practical examination is graded according to a pre-set scoring guide by multiple Examination Committee members who are blinded to individual candidate identity.

2. Case-based Examination

The case-based examination tests surgical principles and case management prior to, during, and after surgery. Candidates will be provided visual and written information regarding a case and will be asked to respond to questions in writing. There is no oral component to this examination. The examination is divided into two parts: 1) orthopedics/neurosurgery and 2) soft tissue surgery. Candidates should be prepared to answer questions covering all areas of surgical practice. Each part of the case-based examination will be administered over approximately sixty (60) minutes, with a twenty (20) minute break provided between the two parts. Questions are prepared each year by members of the Examination Committee. Examination Committee members and several members of the Board of Regents review all questions and visual materials for clarity and fairness. Each candidate’s case-based examination is graded according to a pre-set scoring guide by multiple Examination Committee members who are blinded to individual candidate identity.

3. Written Examination

The written examination consists of one hundred eighty (180) multiple choice questions, each with one correct answer. The questions will be administered in two (2), four (4)-hour examination periods of ninety (90) questions each. This part of the examination consists of questions covering the areas of gastrointestinal, cardiovascular, respiratory, musculoskeletal, urogenital, neurologic/special senses, integumentary, endocrine (for small animal only) and general surgery. Of these questions, approximately twenty-five percent (25%) are general in nature and not species specific. The remaining seventy-five percent (75%) pertain to either small or large animals, depending on which examination has been chosen. Within body systems, questions will be asked on the basic sciences (anatomy, physiology, pathology), surgical knowledge, etc. Non-system-specific questions will be asked pertaining to pharmacology and surgical and
anesthetic principles. The Examination Committee members develop new written questions each year. These questions are reviewed for relevance to the examination blueprint (included in this pamphlet), clarity and importance for competent practice. Approximately ten (10) pre-selected pilot questions also are included in each year's written examination. These questions are included to collect statistical information for determining whether they should be used as scored questions on future exams. They do not contribute to the total written examination score. The written examination is computer-scored.

EXAMINATION RULES

The integrity of the certification examination of the American College of Veterinary Surgeons will be maintained to ensure fairness to all candidates during testing. Any questions should be directed to Ann Loew, ACVS Chief Executive Officer, at (301) 916-0200 x108 or the Chair of the Examination Committee.

1. A candidate must submit a complete ACVS Certification Examination Contract with a notarized signature (Justice of the Peace accepted) for the certifying examination and must have his or her contract accepted by the American College of Veterinary Surgeons.

2. Regardless of whether a candidate requires accommodations for a disability, all candidates are required to submit the Accommodations for Examinees with Disabilities form on or before November 20, 2015 (no exceptions will be granted). If a candidate requires accommodations relating to a disability, the candidate must submit all supporting documentation (as detailed on the form) from an appropriate health care professional (e.g., physician, psychologist, psychiatrist) certifying the disability and the accommodation the candidate is requesting with the completed form. Candidates must return the Accommodations for Examinees with Disabilities form and supporting documentation for receipt at the ACVS office on or before November 20, 2015 (no exceptions will be granted).

3. Examination Fee: If a candidate has not taken any part of the examination before, the fee is $1,600. If a candidate has taken any part of the certifying examination in prior years or is seeking dual certification, the fee is $1,250. ACVS accepts checks drawn on a US bank and made payable to ACVS. Fees may be paid by credit card using the ACVS Examination Credit Card Payment Authorization form. ACVS accepts VISA and MasterCard. Payment is non-refundable after the submission deadline and must be sent with the contract packet.

First time candidate – $1,600
Repeat of any portion of examination – $1,250
Candidate for Dual Certification – $1,250

4. Candidates must return for receipt at the ACVS office on or before the December 15, 2015, deadline (no exceptions will be granted):

- a completed and notarized ACVS Certification Examination Contract.
- payment of the examination fee by check or the ACVS Examination Credit Card Authorization form.
- a digital photo of the candidate in .jpg or .tif format. The photo should be portrait style (head and shoulders) and of professional quality. The image file name must include the candidate’s last and first name (e.g., Smith_Jane.jpg). Candidates must email the digital photo to Lynne Marshall at lmarshall@acvs.org and clearly indicate in the subject line and body of the email that the photo is for the 2016 Examination. Candidates who provided a digital photo for the 2015 examination or are a candidate for Dual Certification do not need to submit a new photo.
- a stamped, self-addressed blank postcard. The ACVS office will return this card to the candidate on receipt of the packet. Receipt of this postcard confirms that the ACVS office received the packet, but it does not imply that the candidate has been accepted to sit the examination.
- a completed Reply and Checklist form. Candidates must indicate on the Reply and Checklist form which part(s) of the examination they intend to take and designate small or large animal. First-time candidates must take all required sections of the examination. Repeat candidates must take all portions of the examination that they have not passed. Dual Certification candidates must take the case-based and practical portions in their new species. Failure to complete successfully all required sections of the examination within three (3) attempts will require submission of a new Credentials Application/Dual Certification Application and complete re-examination of all required sections of the examination.

This packet of materials must be received by the ACVS office on or before Monday, December 15, 2015. ACVS strongly encourages candidates to submit documentation well before the deadline and to use a delivery service that provides tracking information. ACVS will not allow late submission of applications due to delivery service problems, insufficient postage, international customs, etc. Candidates must send examination materials to:
Within three weeks after the submission deadline, candidates will receive a registration confirmation email from the ACVS office. If a candidate submits a contract packet and does not receive a confirmation email from the ACVS office within three weeks, the candidate should contact the ACVS office immediately. **Note: Candidates are responsible for notifying the ACVS office of any address and email changes prior to and following the examination.** Each candidate should review carefully the information on the confirmation email, as this information will indicate the sections of the examination for which the candidate is registered, and it is the candidate’s responsibility to notify the ACVS office immediately of any perceived inaccuracies.

5. Candidates must be properly registered with the ACVS, listed on the test site roster and prepared to present a personal government issued photo identification card (e.g., driver’s license or passport) at the test site to take each section of the examination. No exceptions to this requirement will be made.

6. Candidates must attend the examination at the appointed time. Candidates should plan to arrive at the testing rooms approximately 15 minutes prior to the examination to allow sufficient time to check-in. Late arrivals cannot be admitted to the examination.

7. Giving or receiving assistance pertaining to information on the examination prior to, during, or after the test period is unethical and not permitted. (See page 13, Examination Security.)

8. The use of information aids or the recording of notes during the examination is not permitted.

9. Examination materials are not to leave the examination rooms.

10. No personal materials (e.g., pens, pencils, notes, language-translation dictionaries, books, tape recorders, cameras, cell phones, or calculators) are allowed in the examination rooms.
2016 ACVS EXAMINATION READING LIST

The following references and books are suggested reading for preparation for the 2016 Examination. Other textbooks and current references may be pertinent. Knowledge of basic and applied anatomy is assumed.

Selected References for Small Animal Surgery

   OR (12th Ed), 2011 (chapters are equivalent). Chapters 4-13, 16, 20, 22, 25, 29, 30, 36-42, 49, 60, 62-64, 70.

Selected References for Large Animal Surgery

Many journals contain articles pertaining to surgery (both human and veterinary) and should be perused for current literature. A partial list of veterinary journals includes:

**Journals for Small Animal Surgery Candidates**
- *American Journal of Veterinary Research*
- *Compendium (including web-only publications)*
- *Journal of the American Animal Hospital Association*
- *Journal of Veterinary Emergency and Critical Care*
- *Journal of American Veterinary Medical Association*
- *Journal of Veterinary Internal Medicine*
- *Veterinary Clinics of North America (Small Animal Practice)*
- *Veterinary Comparative Orthopedics and Traumatology*
- *Veterinary Surgery*

**Journals for Large Animal Surgery Candidates**
- *American Journal of Veterinary Research*
- *Equine Veterinary Journal & Supplements*
- *Equine Veterinary Education*
- *Journal of American Veterinary Medical Association*
- *Veterinary Clinics of North America (Equine Practice)*
- *Veterinary Surgery*

The majority of questions come from literature published in the last five years. For example, if you are taking the 2016 examination, questions will primarily come from literature published in the range of 01/01/11 – 12/31/15. Questions may also come from older articles considered significant and essential to the knowledge of the veterinary surgeon.
WRITTEN EXAMINATION BLUEPRINT

Section I. Questions will pertain to surgical diseases and conditions in:

a. Small Animal Exam: Domestic canine and feline, and non-species-specific
b. Large Animal Exam: Equine, food animal, small ruminant, camelid, and non-species-specific.

Section II. The test questions are distributed across four disciplines. The approximate percentage of questions devoted to each of several knowledge areas within each discipline is shown below:

<table>
<thead>
<tr>
<th>Discipline</th>
<th>% of SA Exam</th>
<th>% of LA Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Science</td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ Anatomy</td>
<td>9%</td>
<td>10%</td>
</tr>
<tr>
<td>■ Physiology</td>
<td>9%</td>
<td>8%</td>
</tr>
<tr>
<td>■ Pathobiology</td>
<td>7%</td>
<td>6%</td>
</tr>
<tr>
<td>Pharmacology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ Antimicrobials</td>
<td>4%</td>
<td>5%</td>
</tr>
<tr>
<td>■ Analgesics</td>
<td>3%</td>
<td>4%</td>
</tr>
<tr>
<td>■ Anti-Inflammatory Drugs</td>
<td>3%</td>
<td>4%</td>
</tr>
<tr>
<td>■ CV, Autonomic, &amp; GI Drugs</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>■ Fluid Therapy</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>Surgical &amp; Anesthetic Principles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ Tissue Handling / Hemostasis</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>■ Asepsis</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>■ Wound Healing</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>■ Instrumentation / Implants</td>
<td>7%</td>
<td>6%</td>
</tr>
<tr>
<td>■ Anesthesia</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>Surgical Knowledge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ Surgical Diagnosis</td>
<td>8%</td>
<td>10%</td>
</tr>
<tr>
<td>■ Surgical Treatment</td>
<td>9%</td>
<td>11%</td>
</tr>
<tr>
<td>■ Perioperative Care &amp; Complications</td>
<td>9%</td>
<td>8%</td>
</tr>
<tr>
<td>■ Prognosis</td>
<td>6%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Section III. Within the Basic Science and Surgical Knowledge categories, questions may focus on any of the systems listed below:

- Gastrointestinal
- Cardiovascular
- Respiratory
- Urogenital
- Musculoskeletal
- Neurology/Special Senses
- Integumentary
- Endocrine (SA only)
- General

Each question can be assigned to one knowledge area in a discipline. For example, a question might involve surgical diagnosis of urogenital disease in food animals.
SAMPLE QUESTIONS

Sample written, practical and case-based examination questions are available on the ACVS web site https://www.acvs.org/residents/sample-exam-questions.

The instructions that are read at the beginning of the practical and the case-based examinations are included to clarify the format of the examinations.

PRACTICAL EXAMINATION INSTRUCTIONS:

Each question will have a set of images shown for FOUR minutes. A ONE-minute warning will be given prior to changing the images. If you finish answering a question prior to the four-minute time limit, you MAY GO BACK to the previous questions, but you MAY NOT MOVE ON to the next question until instructed to do so. Make sure you can clearly see one screen that serves your part of the room so you can see all the images when a question is presented. All screens will display identical information. Is there anybody who is having difficulty seeing a screen?

At the beginning of each new question, we will state the number of the question being presented. However, the text of the question will not be read out loud.

If we experience technical difficulties when showing an image, the timer will be stopped and will resume after the problem has been corrected. You will receive the full amount of time allotted for that question.

For some images, particularly radiographs and ultrasound images, the lights will be dimmed for approximately one minute after you have had a chance to read the question. You will have approximately 30 seconds to read the question before the lights are dimmed. Videos will run continuously for the entire 4 minutes.

At the conclusion of the 25th question, you will be given an additional 45 minutes to review and complete your examination. Images will not be shown a second time. It may be prudent to take notes on questions you cannot completely answer during the four minutes each set of images is projected.

Warnings will be issued every 15 minutes and at FIVE minutes and ONE minute prior to the end of the examination.

If a question asks for a specific number of answers, only that number will be graded. For example, if a question asks for two answers and you provide three answers, we will look at only the first two answers. Minimize the use of abbreviations to make sure your answer is clearly understood. Commonly used medical abbreviations may be used; however, if you are concerned that the grader may not understand the abbreviation, then you should define it.

Please go through the packet of questions and make sure that you have twenty-five pages with questions on them. Be sure the candidate identification number on each page is your candidate identification number.

Raise your hand if you need additional pencils, have a question, or if you need to leave the room for any reason. We highly recommend that you not leave the examination for a restroom break during the portion when images are being shown since we will not revisit any images once they’ve been shown. However, if you need a restroom break during the 45-minute review period, summon a proctor by raising your hand and the proctor will accompany you to the restroom. When you have completed your exam, please raise your hand so that a proctor can check over your materials before you leave the room.

Are there any questions before we begin the exam?
CASE-BASED EXAMINATION INSTRUCTIONS:

The case-based examination tests surgical principles in case management prior to, during, and after surgery. Information about these cases is presented in the form of images, videos, and data. Visual information will be projected on the screens. Data and text will be given in your exam binder. Information given on the screen is not shown on the question page. **OBSERVE ALL INFORMATION PRESENTED ON THE SCREEN PRIOR TO ANSWERING QUESTIONS IN YOUR EXAM BINDER.**

On the front cover of your binder is a sticker that shows your candidate ID number. Please confirm at this time that the ID number on the cover of the binder is your ID number. If it is not your ID number, let a proctor know immediately.

The examination binder consists of questions with a total point value of 200. Each question will relate to a corresponding screen image. Each image presented on the screen will correspond with one page of the exam. The screen image will show the corresponding page number in your examination binder.

For some images, particularly radiographs and ultrasounds, the lights will be dimmed for approximately one minute after you have had a chance to read the question. You will have approximately 30 seconds to read the question before the lights are dimmed.

If a question asks for a specific number of responses, you will be graded on only the requested number of answers. Additional responses beyond the number requested will not be graded. For instance, if we ask you for one diagnosis and you give us two, we will grade only the first answer.

Minimize the use of abbreviations to make sure your answer is clearly understood. Commonly used medical abbreviations may be used; however, if you are concerned that the grader may not understand the abbreviation, you should define it.

You will have two, four, six, eight, ten, or twelve minutes to respond to the questions on each page. The time allotted for each page will be indicated on the top of the page, as well as the top of the corresponding screen image. A one-minute warning will be issued prior to moving to the next page.

If we experience technical difficulties while showing an image, the timer will be stopped and will resume after the problem has been corrected. You will still receive the full amount of time allotted for that question.

When the allotted time is up for each question, you will be instructed to turn the page in your binder to the colored plastic divider that follows. Once you turn to the plastic divider, you may NOT go further in the exam until instructed to do so. Therefore, when instructed to do so at the end of each question, you will turn the page to the plastic divider and wait for instructions before turning the plastic divider to the next test question.

**UNDER NO CIRCUMSTANCES ARE YOU ALLOWED TO MOVE FORWARD IN THE EXAMINATION UNTIL INSTRUCTED. FURTHERMORE, YOU MAY NOT RETURN TO A PREVIOUS PAGE OF QUESTIONS AT ANY TIME DURING THE EXAM. FAILURE TO FOLLOW THESE INSTRUCTIONS WILL RESULT IN DISQUALIFICATION FROM THE EXAM.**

Scrap paper has been supplied for you to take notes during the exam. You are encouraged to use the scrap paper throughout the exam. You can refer to the notes on your scrap paper for the entire duration of the exam. Your scrap paper will not be scored.

Raise your hand if you need additional pencils, have a question, or if you need to leave the room for any reason. We highly recommend that you do not leave the examination for any reason since questions cannot be revisited once they have been shown.

Are there any questions before we begin the exam?
EXPLANATION OF COMMON QUESTIONS ON THE CASE-BASED OR PRACTICAL EXAMINATIONS

Laboratory Data:

“Interpret the laboratory data” or “Interpret the abnormal values”: This means that you should indicate the most likely causes of each abnormality in this patient.

Case example:

<table>
<thead>
<tr>
<th>Test</th>
<th>Patient Values</th>
<th>Reference Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total protein (g/dl)</td>
<td>5.3</td>
<td>5.1 – 7.3</td>
</tr>
<tr>
<td>Albumin (g/dl)</td>
<td>3.0</td>
<td>2.6 – 3.5</td>
</tr>
<tr>
<td>Globulin (g/dl)</td>
<td>2.6</td>
<td>2.6 – 5.0</td>
</tr>
<tr>
<td>Alkaline phosphatase (U/L)</td>
<td>177</td>
<td>4.0 – 95</td>
</tr>
<tr>
<td>ALT (U/L)</td>
<td>363</td>
<td>26 – 200</td>
</tr>
<tr>
<td>Bilirubin (mg/dl)</td>
<td>0.25</td>
<td>0.1 – 0.3</td>
</tr>
<tr>
<td>CK (U/L)</td>
<td>211</td>
<td>92 – 357</td>
</tr>
<tr>
<td>BUN (mg/dl)</td>
<td>5</td>
<td>10 – 25</td>
</tr>
<tr>
<td>Creatinine mg/dl</td>
<td>0.7</td>
<td>0 – 1.3</td>
</tr>
<tr>
<td>Calcium (mg/dl)</td>
<td>9.6</td>
<td>9.5 – 11.8</td>
</tr>
<tr>
<td>Phosphorus (mg/dl)</td>
<td>4.5</td>
<td>3.3 – 5.8</td>
</tr>
<tr>
<td>Magnesium (mg/dl)</td>
<td>1.7</td>
<td>1.7 – 3.3</td>
</tr>
<tr>
<td>Glucose (mg/dl)</td>
<td>70</td>
<td>80 – 100</td>
</tr>
<tr>
<td>Cholesterol (mg/dl)</td>
<td>42</td>
<td>68 – 224</td>
</tr>
<tr>
<td>Bicarbonate (mmol/L)</td>
<td>18.6</td>
<td>13.9 – 30</td>
</tr>
<tr>
<td>Sodium (mEq/L)</td>
<td>148</td>
<td>146 – 160</td>
</tr>
<tr>
<td>Potassium (mEq/L)</td>
<td>4.8</td>
<td>3.5 – 5.9</td>
</tr>
<tr>
<td>Chloride (mEq/L)</td>
<td>118</td>
<td>108 – 125</td>
</tr>
</tbody>
</table>

1. Interpret the results of the chemistry profile.

Decreased BUN may be due to decreased production (e.g., hepatic insufficiency), lack of intake or increased loss.

Decreased cholesterol may be due to decreased production (e.g., hepatic insufficiency) or increased loss. Hypoglycemia may be due to decreased production (e.g., hepatic insufficiency) or poor sample handling. Increased alkaline phosphatase may be due to increased production from bone (young dog) or cholestasis. Increased ALT indicates hepatocellular injury/necrosis (leakage enzyme). Results suggestive of hepatic insufficiency.

NOTE: Reference ranges will be provided for complete blood counts and serum chemistry panels. Reference ranges might not be provided for other laboratory data, such as blood gas analysis, electrolyte panels or fluid analysis.
Diagnostic Imaging Studies

“List the radiographic abnormalities” or “List the radiographic findings”: This means that you should concisely describe each abnormality that you see on the radiographs. Be sure to indicate the side for lesions that can be bilateral. If you observe no abnormalities, then you should state this.

“What is the radiographic diagnosis?” This means to indicate the most specific conclusion that you can make from the radiographic findings.

Case example:

Radiographic abnormalities: The left osseous bulla is thickened and has increased soft tissue density.

Radiographic diagnosis: Left otitis media

“Assess the fracture repair”: This means that you should critique the repair including both positive and negative comments. This includes evaluation of the alignment, apposition or reduction, and apparatus or implants. For example:

Case example:

Alignment is good. Reduction is not adequate because there is a gap at the fracture site. The most distal screw is too long.
DETERMINATION OF PASSING SCORE

Written Examination: Prior to test administration, the passing score is determined for the written examination using a procedure called "criterion-referencing." In a criterion-referenced test, the decision about whether a given candidate passes or fails is based on whether he or she demonstrates criterion level job knowledge and skill on the examination, rather than a predetermined percentage of the candidates taking the examination at that time. The procedures for setting a criterion-referenced passing score are well established. The process involves the collection of judgments regarding the difficulty of each examination item. Difficulty judgments for the examination items are estimates of the probability that a minimally-qualified candidate will answer each item correctly. In this context, a "minimally-qualified" candidate possesses just enough knowledge and skill to be a Diplomate of the ACVS. Difficulty judgments are made by a mix of practitioners and academicians serving on the Examination Committee and Board of Regents. The criterion-referenced passing score of the ACVS written examination is never raised after the test has been administered.

Practical and Case-based Examinations: The Border Group Method is used to set the passing score for the practical and case-based examinations. The Border Group Method is a two (2) step process. In the first step, three (3) score categories are created: a pass, fail, and border group. These categories are based on practical and oral/case-based examination scores for the past ten (10) years. The second step in the process is a decision exercise for setting the exact pass score within the border group. The decision exercise involves reviewing examinations within the border group relative to established criterion level performance. In this way, a final pass score will be established based on the actual performance of candidates on the examination. All steps in the Border Group Method will be performed so that the decision makers are blind to the candidates’ names.

REPORTING OF RESULTS

Results of the ACVS examination are customarily emailed to all candidates within six (6) weeks after completion of the examination. Results will indicate whether the candidate passed or failed each component of the exam (i.e., the written, practical, and case-based). For candidates who fail the written component, the report also will include performance on the various topical areas within the examination. Information regarding overall performance will be available from an appointed advisor for any candidate who fails a component of the examination. Advisors will not discuss performance on individual test items but may offer suggestions for improving performance on subsequent examinations.

APPEAL PROCEDURE

A candidate for membership in the College who disagrees with a determination by the American College of Veterinary Surgeons regarding the acceptance or rejection of credentials and/or the results of the certifying examination may appeal such determination by submission of a written petition for reconsideration. This written petition may be submitted only on the grounds that the determination: (a) disregarded the established criteria, (b) failed to follow the stated procedures, or (c) failed to consider relevant information and documentation presented. A written petition must include a statement of the grounds for reconsideration with supporting documentation and be sent to the Chair of the Board of Regents in care of the ACVS office. The ACVS office must receive the petition within 90 days of the date on which the ACVS decision was announced. The Chair of the Board of Regents, with the advice and assistance of the ACVS office, is responsible for initially handling all notices of appeals, ensuring that they are forwarded to the correct committees or persons, or responding that the appeal will not be considered because it fails to meet the criteria set forth in the Protocol for Processing Appeals and Grievances. A copy of this Protocol is available through the ACVS office.

If the appeal meets the criteria for processing, the Chair, subject to review and approval by the Executive Committee, will initially present relevant information concerning all appeals to the Internal Review Committee (IRC). The Internal Review Committee shall consist of the past chairs of the Resident Credentialing and Examination Committees (the immediate past chairs who were not involved in the determination at issue), the Ombuds, two Diplomates appointed by the Board of Regents, and the Chief Executive Officer as a non-voting member. The IRC reviews the factual information and the background with respect to all appeals from credentials determination by the Resident Credentialing Committee and exam results authorized by the Examination Committee. A Board of Regents conference will be arranged for review and determination after the Chair of the Board of Regents receives the results of a recommendation of the IRC. A quorum of voting Regents must participate in all such meetings or conferences and determinations are made by majority vote. The affected party(ies) may be invited to meet with the Board of Regents. The ACVS Board of Regents will meet in executive session to reach a final decision. The Board of Regents' decision will be sent to the affected person(s) within 60 days of receipt of the appeal.

If the ACVS declines to reconsider or amend its determination to the satisfaction of the affected candidate, the candidate may request mediation under the current procedures of the AVMA American Board of Veterinary Specialties (ABVS) and the ACVS Protocol for Processing Appeals and Grievances.
EXAMINATION SECURITY

1. Procedures in the Event of Unethical Behavior

   a. The validity of results awarded candidates for their performance on the American College of Veterinary Surgeons examination is protected by every means available. The American College of Veterinary Surgeons will not report results, which it has determined, are invalid (i.e., do not represent a reasonable assessment of the candidate's knowledge or competence sampled by the examination). The performance of all candidates is monitored and may be analyzed statistically for purposes of detecting invalid results.

   b. If evidence by observation or statistical analysis suggests that one or more candidates' results may be invalid because of unethical behavior by one or more candidates prior to, during, or after the examination, the American College of Veterinary Surgeons may change the time and place of the examination or may withhold the results pending further investigation. The affected candidates will be so notified.

   c. Examples of unethical behavior affecting the validity of results, which would necessitate the rescheduling of the examination or the withholding of results pending further investigation, would include, but not be limited to the following: (i) copying of answers from another candidate; (ii) permitting one's answers to be copied; (iii) unauthorized possession, reproduction, or disclosure of materials, including examination questions or answers, before, during, or after the examination; and (iv) other evidence indicating the security of the examination had been breached.

   d. In the event candidates are observed engaging in unethical behavior, the proctor(s) will make carefully written notes, including the party(ies) involved, time, examination section, etc., but will not disrupt the examination by confronting the candidate(s). Notification of unethical behavior will be at the earliest possible time following completion of the examination. The candidate(s) will be advised of the procedure for imposing sanctions and informed that results may be withheld as invalid.

   e. On analysis of all available information in such circumstances, the American College of Veterinary Surgeons will make a determination as to the validity of the results in question and will notify the affected candidates. If it is determined that the results in question are invalid, they will not be released. Notification of that determination may be made by legitimately-interested third parties.

   f. In such circumstances, the American College of Veterinary Surgeons will make every effort to withhold the results of only those candidates directly implicated in the unethical behavior. In some instances, the evidence of unethical behavior is sufficiently strong to cast doubt on the validity of all results, and this evidence may not enable the American College of Veterinary Surgeons to identify the particular candidates involved therein. In such circumstances, the American College of Veterinary Surgeons reserves the right to withhold the results of candidates not directly implicated in the unethical behavior and, if necessary, require such candidates to take an additional examination at a later date under conditions that will ensure the validity of all results.

   g. Candidates or other persons who are directly implicated in an unethical behavior affecting the validity of the examination results are subject to additional sanctions, including being barred permanently from all future examinations, termination of participation in an ongoing examination, invalidation of results of the examination, withholding or revoking certification, being prosecuted for violation of copyright laws, or other appropriate action. Candidates or other persons subject to such additional sanctions will be provided with written notice of the charges and an opportunity to respond to such charges in accordance with the procedures set forth in the Procedure or Imposition of Sanctions on Candidates Accused of Unethical Behavior section of this information pamphlet.

   h. Candidates or other persons who engage in other forms of unethical behavior, which may not directly affect the validity of examination results, are also subject to the foregoing additional sanctions. Examples of such unethical behavior include, among other things: false statements to, or submission of, falsified documents to the American College of Veterinary Surgeons; the use of any falsified American College of Veterinary Surgeons’ documents or the submission of such documents to other persons; or the offer of any financial or other benefit to any persons, officer, employee, proctor, or other agent or representative of the American College of Veterinary Surgeons in return for any right, privilege, or benefit which is not usually granted by the American College of Veterinary Surgeons to other similarly situated candidates or persons. Candidates or other persons subject to such additional sanctions will be provided with written notice of the charges and an opportunity to
respond to such charges in accordance with the procedures set forth in the Procedure or Imposition of Sanctions on Candidates Accused of Unethical Behavior section of this information pamphlet.

2. Procedure or Imposition of Sanctions on Candidates Accused of Unethical Behavior

   a. If the American College of Veterinary Surgeons has reason to believe that a candidate engaged in unethical behavior which may affect the validity of any examination results or in any other unethical conduct, the American College of Veterinary Surgeons shall provide written notice to the accused which will include: (i) the suspected unethical activity; (ii) the opportunity to defend against the charges in writing or at a hearing before a Special Committee of the American College of Veterinary Surgeons; and (iii) the sanction or sanctions which the American College of Veterinary Surgeons may impose if the accused fails to defend against the charges or, if after considering the defense, the Special Committee determines that the accused actually engaged in unethical behavior.

   b. Within twenty (20) days after receiving aforementioned notice, the accused shall advise the Chief Executive Officer of the American College of Veterinary Surgeons, in writing, whether he or she wishes to defend against the charges and, if so, whether he or she wishes to make such a defense in writing or at a hearing. If the accused fails to respond, the American College of Veterinary Surgeons may impose on the accused any of the sanctions identified in the Examination Contract.

   c. Within twenty (20) days after receipt of the accused's request for an opportunity to defend against the charges, the Chief Executive Officer of the American College of Veterinary Surgeons shall provide the accused with a written summary of the incriminating evidence, including copies of any relevant documentary evidence. If the accused has requested an opportunity to defend against the charges in writing only, the accused shall file his or her written defense with the American College of Veterinary Surgeons within thirty (30) days after issuance of the Chief Executive Officer's written summary of evidence. The Special Committee of the American College of Veterinary Surgeons shall issue its written decision as soon as possible thereafter. If a hearing has been requested, the American College of Veterinary Surgeons shall schedule the hearing at a mutually convenient time and place before a Special Committee within thirty (30) days after issuance of the American College of Veterinary Surgeons' written summary of evidence, and the Special Committee shall issue its written decision as soon as possible thereafter.

   d. A Special Committee consisting of three (3) Diplomates appointed by the Chair of the Board of Regents of the American College of Veterinary Surgeons who were not involved in the investigation of the allegations against the accused shall rule on the accused's defense and, if necessary, preside at the hearing. A transcript of the hearing, if any, shall be kept.

   e. The written decision of the Special Committee may be appealed in writing by the accused to the entire Board of Regents of the American College of Veterinary Surgeons within fifteen (15) days of the accused's receipt of such decision. The entire Board of Regents will review all of the evidence considered by the Special Committee, but it will not consider any evidence not previously presented to the Committee. The entire Board of Regents may affirm or reverse the decision of the Special Committee, remand the matter to the Special Committee for further consideration with precise instruction as to the basis of such reconsideration, or modify the sanctions imposed by the Special Committee. No person who served on the Special Committee shall vote or otherwise participate in the Board of Regents' review of the Special Committee's written decision.

   f. All notices or other correspondence directed to the American College of Veterinary Surgeons or the Special Committee should be sent to the office of the American College of Veterinary Surgeons, 19785 Crystal Rock Drive, Suite 305, Germantown, MD 20874-4700.