

# AIMVT APPLICATION INSTRUCTIONS



## 2021 APPLICATION YEAR FOR 2022 EXAMINATION



Thank you for your interest in veterinary technician specialty (VTS) credentialing in veterinary internal medicine. Our mission is to promote the interest in and advance the skills of Veterinary Technicians within the disciplines of veterinary internal medicine by providing cutting edge continuing education, working with veterinarians to advocate superior patient care, client education, and consumer protection. The AIMVT will further the recognition of credentialed specialty technicians as leaders in the profession of veterinary internal medicine nursing.

Eligibility requirements for examination are detailed in the AIMVT [Constitution](#) and [Bylaws](#). Although meticulous and comprehensive, they are intended to assure the public and the profession that technicians certified by AIMVT are truly qualified and deserving. Please note that an analysis performed in February 2020 demonstrated an overall application acceptance rate of 42%, averaged over the previous five years (2014-2019 applications).

AIMVT understands that the VTS application process can be a daunting task. We believe that the help of an Academy mentor can be very beneficial for applicants. If you would like to be paired with a mentor, please visit the [Mentorship](#) page and contact the Mentor Committee at [mentors@aimvt.com](mailto:mentors@aimvt.com). In addition, we have [application tips](#) from past applicants that you may find helpful.

All applications must be submitted ***NO LATER THAN 11:59p PT September 30, 2021.***

***It is imperative that applicants carefully read and fully understand these requirements. Submitted applications will be reviewed for completeness and adherence to these instructions. If any deficiencies in the Core Requirements are noted, the application will be denied without review of either Case Logs or Case Reports.***

## AIMVT APPLICATION CHECKLIST

- Two [letters of recommendation](#) submitted confidentially on the Cognito Form found [HERE](#) by the recommender. Letters of recommendation should be submitted **NO LATER THAN** September 1, 2021.
  
- Completed [AIMVT Core Application Form](#) including:
  - A digital copy of the applicant's diploma if the applicant graduated from an AVMA-accredited veterinary technology program
  - Digital copies of the applicant's credential to practice as a veterinary technician for **every year** of [work](#) submitted as part of the application
  - Digital copies of certificates of attendance for [continuing education](#) classes submitted as part of the application
  - Three (3) [Exam Questions](#)
  - Advanced Knowledge Sign Off
  - Waiver and Indemnity Agreement
  - Application Payment
  
- Completed [Advanced Skills](#) List specific to the applicant's area of specialization
  
- Completed [Case Log](#) Form
  
- Four in-depth [Case Reports](#), submitted as PDF files, and following the AIMVT [outline](#)

## LETTERS OF RECOMMENDATION

Letters of Recommendation are submitted directly by the Recommender using our [online submission form](#). This form is entirely confidential, and the information contained in the Letter of Recommendation will not be shared with the applicant. It is extremely important that the form be completed in its entirety.

Per the Academy's By-Laws, **TWO** letters of recommendation are required to be submitted as part of the application. These letters must come from a VTS (Internal Medicine), or a Diplomate of the American College of Veterinary Internal Medicine.

- Until there are sufficient numbers of the aforementioned, letters of recommendation will be accepted from the following:
  - VTS members of AVTAA, AVTCP, or AVECCTN
  - Diplomates in Anesthesia/Analgesia (DACVAA), Emergency & Critical Care (DACVECC), Surgery (DACVS), Clinical Practice (DABVP), or Radiation Oncology (DACVR-O)
  
- If no Diplomate or VTS is available from the Colleges or Academies listed above, AIMVT will accept **one** of the two required letters of recommendation from a licensed DVM with a letter from them stating that no Diplomate or VTS is easily available for the candidate to utilize. ([AIMVT Bylaws](#): Article 3, Section 4f)

All Letters of Recommendation must be submitted **NO LATER THAN** September 1, 2021

## PROFESSIONAL HISTORY AND EMPLOYMENT

The minimum work experience required to apply for certification as a VTS in Internal Medicine is at least three (3) years **AND** 6,000 hours as a credentialed veterinary technician in the field of Internal Medicine. This experience must be completed within five (5) years prior to application. In addition to the completion of the Professional History and Employment section of the Core Application Form, further verification of work hours may be required in the form of pay stubs or a letter from your employer(s).

Of the 6,000 hours (minimum) of work as a credentialed veterinary technician in the field of veterinary internal medicine required to qualify for application, the applicant must have a ***minimum of 4,500 contact hours in their specific subspecialty.***

## CONTINUING EDUCATION

The applicant must have a minimum of 40 hours of continuing education (CE) taken or attended within five (5) years of the application date. Over-submission of hours is encouraged in cases of disqualification of any CE submitted deemed as unacceptable or not relevant by the Credentialing Committee.

The content of qualifying CE must meet the definition of Internal Medicine and the applicant's subspecialty:

- All specialties of AIMVT include:
  - Advanced knowledge of wellness and preventative medicine;
  - Detailed knowledge of complex, acute and chronic disease states;
  - Thorough knowledge of the anatomy, pathology, and pathophysiology of animals.
  
- Small Animal Internal Medicine (SAIM)
  - The specialty branch of veterinary medicine concerned with non-surgical diseases in small animals.
  
- Large Animal Internal Medicine (LAIM)
  - The specialty branch of veterinary medicine concerned with the study, care, and treatment of medical and surgical diseases in large animals.
  
- Cardiology
  - The specialty branch of veterinary medicine concerned with the study of the structure, function, and disorders of the heart and circulatory system in both health and disease.
  
- Neurology
  - The specialty branch of veterinary medicine concerned with:
    - The study, care, and treatment of medical and surgical diseases of the nervous system, including the central, peripheral, and autonomic systems.
    - The study, care, and treatment of medical and surgical neuromuscular disorders and diseases.
  
- Oncology
  - The specialty branch of veterinary medicine concerned with the study of the physical, chemical, and biological properties of cancer and tumors, including the origin, development, diagnosis, treatment, and prevention of malignant neoplasms.

A minimum of 70% of the CE hours submitted must be in the applicant's subspecialty (minimum of 28 CE hours). Up to 30% of the CE hours may be in general internal medicine topics. To determine if the CE is internal medicine, it is often useful to check the credentials of the speaker – look for Diplomates in Internal Medicine, or VTS members of AIMVT as presenters. Be sure to evaluate the content of the CE to evaluate and confirm that it is an internal medicine topic, particularly when looking for subspecialty CE.

All CE must be completed within the five years immediately preceding the application submission deadline. CE must meet RACE (Registry of Approved Continuing Education) certification requirements or its equivalent (as determined by the AIMVT Credentialing Committee). Please visit [The AAVSB](#) for more information on RACE certification.

A detailed listing of individual lectures attended is required, along with proof of attendance of each CE lecture or conference submitted for credit. Scanned copies of attendance certificates must be uploaded as part of the core application requirements. Further verification of CE attendance such as receipts or proceedings may be required. Online CE is acceptable, as long as it is presented by a VTS or Diplomate and meets the other above-listed criteria.

CE attended prior to the applicant's receipt of their credential as a veterinary technician will be **DISQUALIFIED**. Additionally, the applicant may **NOT** submit their own lectures or presentations for CE credit.

## EXAM QUESTIONS

The applicant must submit three potential examination questions, specific to the subspecialty to which they are applying. These questions should represent a thoughtful representation of the applicant's advanced skills and knowledge. The applicant is encouraged to submit questions from different domains to provide a broad representation of their knowledge base.

Subspecialty exam domains:

- [Cardiology](#)
- [Large Animal IM](#)
- [Neurology](#)
- [Oncology](#)
- [Small Animal IM](#)

Please review the Academy's [guidelines](#) for writing exam questions for more information. Applicants may also find it useful to refer to the reading list for their subspecialty for references for their exam questions.

Subspecialty reading lists:

- [Cardiology](#)
- [Large Animal IM](#)
- [Neurology](#)
- [Oncology](#)
- [Small Animal IM](#)

## ADVANCED SKILLS

All candidates seeking specialization as a Veterinary Technician Specialist in Internal Medicine must provide documentary evidence of advanced competence in their sub-specialty through clinical experience, as demonstrated by mastery Advanced Skills.

**"Mastery" is defined as the ability to perform the skill with a high degree of success in different species and patients, with different disease conditions, and with minimal to no coaching or supervision.**

A **MINIMUM** of 80% of the Advanced Skills must be mastered. Mastery is attested to by someone who has also mastered this skill and will affirm your mastery with their signature. The credentials required for the attestant depend on how much time the applicant spends working in their subspecialty:

- Option 1: if the applicant works 75% or more in their subspecialty, **any** DVM, Diplomate, or a VTS member of AIMVT, AVTAA, AVTCP, or AVECCTN may attest to their mastery of the Advanced Skill.
- Option 2: If the applicant works 55 – 74% of their time in their subspecialty, **only** a Diplomate or VTS in their subspecialty may sign off on their mastery of the Advanced Skill.

Applicants must cross-reference mastered Advanced Skills to their [Case Logs](#) (this does **not** apply to Cardiology applicants). Neurology applicants must cite **EVERY** mastered Advanced Skill within their Case Logs. Other subspecialties are required to cite a **MINIMUM** of 50% of their mastered Advanced Skills within their Case Logs.

Commonly used Advanced Skills should be cited sufficiently to demonstrate proficiency (5-10 times) and distributed across the Case Log, so that the cited skill is referenced in as wide variety of patients and cases as possible. For more information, please review the [Case Logs](#) instructions included in this packet.

Advanced Skills submission forms can be found by clicking the link:

- [Cardiology](#)
- [Equine IM](#)
- [Large Animal IM](#)
- [Neurology](#)
- [Oncology](#)
- [Small Animal IM](#)

## CASE LOGS

The Case Log portion of the AIMVT Application is the applicant's opportunity to demonstrate the number and variety of patients seen in the practice of their subspecialty, as well as to **demonstrate mastery** of the [Advanced Skills](#). Cases selected **should reflect management of patients in the [area of the applicant's subspecialty](#)**. Case Logs may only include cases from October 1, 2020 through September 30, 2021. Cases must be entered sequentially, beginning with the earliest date and proceeding to the last date.

**A minimum of 50 cases must be logged.** Multiple visits by the same patient count as only ONE case, unless the patient presents for an entirely new diagnosis. If the applicant performs Advanced Skills during subsequent visits, those skills can be included in the initial Case Log. Over-submission of Case Logs is encouraged, in case of disqualification. The maximum number of allowable Case Logs is **75**.

There is a character limit in the Case Presentation section of the Case Log form equivalent to a page of single-spaced text. In order to help applicants with keeping Case Logs concise, AIMVT provides an [Approved Abbreviation List](#). These abbreviations may be used without the need to expand them on first mention. Any term **NOT** found on the Approved Abbreviation List **MUST** be expanded on first mention in both the Case Logs and the Case Reports.

### Citing Advanced Skills in the Case Logs

Every effort to document a wide variety of Advanced Skills should be reflected in the Logs. Applicants are encouraged to select cases that demonstrate more than one Advanced Skill. It is recognized that the veterinary technician has little control over the practice case load, yet the applicant is encouraged to demonstrate as much diversity as reasonably possible. As stated above, commonly used Advanced Skills should be cited sufficiently to demonstrate the applicant's proficiency (5-10 times) and distributed across the Case Logs, so that the cited skill is referenced in as wide variety of patients and cases as possible. Every effort should be made to ensure that advanced skills are not cited excessively, as the purpose of the Case Logs is to demonstrate the **diversity** of both patients and diseases seen in your practice.

Do not cite Advanced Skills in the Case Logs **ONLY** by their number: you must write out all skills performed. Please refer to the Advanced Skills List for each subspecialty to confirm what is required to be listed in the Log citing that skill; unless the Advanced Skills List requires it, it is not necessary to provide detailed information as to how a mastered skill was performed. Applicants in Equine, Large Animal IM, Neurology, Oncology, and Small Animal IM must include the skill number in parentheses after writing the skill performed or assisted with. For example:

*[SAIM]: The applicant drew blood, placed it into a citrate tube (blue top) and performed a prothrombin time (PT) test and an activated partial thromboplastin time (aPTT) test (37) to evaluate coagulation.*

*[Neuro]: The applicant assisted the DACVIM (Neuro) with brainstem auditory evoked response (BAER) testing on the patient (27).*

Including the skill number is not a requirement for Cardiology applicants.

Every time an applicant cites an Advanced Skill in a Case Log, the applicant must include the skill number in parentheses, as shown above. Advanced Skills must be included in each Case Log in order for the Log to count towards the required minimum number of Logs.

**Equine, LAIM, Oncology, and SAIM Applicants:** You are required to cross-reference a minimum of 50% of the mastered skills within your Case Logs. This means that a minimum of 50% of the signed-off skills must be cited in at least one and up to ten Case Logs.

**Neurology Applicants:** You are required to cross-reference **EVERY** mastered skill within your Case Logs in at least one and up to ten Case Logs.

The advanced skills list online form must include the Case Log number(s) in which the advanced skill is cited. Every time an advanced skill is cited in a Case Log, the applicant must place the corresponding advanced skill number next to that skill. For example, if you perform body condition scoring in every Case Log, the corresponding number should be listed next to that skill each time.

Emphasis should be on quality rather than quantity, although a sufficient caseload must be available to provide experience with all common types of cases found within the applicant's subspecialty. Demonstrating a diversity of patients, disease processes, and advanced skills is paramount to a successful application.

### Requirements for Medications Appearing in the Case Logs

All medications listed in the Case Logs must include:

- **GENERIC** name of the medication. Trade and brand names are **NOT** acceptable.
  - For example, maropitant is acceptable – Cerenia is **NOT**; amoxicillin + clavulanic acid is acceptable – Clavamox is **NOT**.

- Dosage
  - The amount of drug (e.g., g, mg, mcg) prescribed per body weight or body surface area (BSA) of the patient.
  - For example, the usual injectable dosage of maropitant is 1 mg/kg.
  - **ACTUAL** dosages should be reported in the Case Logs and Reports
    - For example, if an 8 kg patient was prescribed amoxicillin + clavulanic acid and 125 mg tablets were dispensed, the dosage should be reported as 15.6 mg/kg.
- Dose
  - The total amount of the medication administered to the patient.
  - For example, if the patient is 8 kg and the dosage of maropitant is 1 mg/kg, the dose is 8 mg; the dosage of amoxicillin + clavulanic acid is 15.6 mg/kg, the dose is 125 mg PO BID.
- Route
- Frequency (not required for one-time doses)

**ONCOLOGY APPLICANTS** must also include the concentration of the medication and the volume administered to the patient. For example:

*The DACVIM (Onco) ordered maropitant at 1 mg/kg. Maropitant concentration is 10 mg/mL. The dose for the patient was 8 mg and the applicant drew up and administered 0.8 mL IV.”*

**EVERY** medication that appears in the Case Log **MUST** include ALL required information. For example, it is **NOT** acceptable to write, “Induced anesthesia”; the applicant must provide the names, dosages, doses, and routes of every medication used to induce anesthesia.

## Outcomes

The Outcome section of the Case Log should include information regarding the progression of the case, including discharge of the patient from the applicant’s care. The Credentialing Committee expects this section to include client education performed, as well as every medication sent home with the patient, with all of the required information listed [above](#). In cases of euthanasia, the reasons behind the client’s decision must be included. If follow-up visits occur during the application period (October 1, 2020 – September 30, 2021), information from those visits should also be included, or information as to why follow-up did not occur. Whenever available, the ultimate resolution of the case should be included in the outcome section.

## Case Log Examples

**Please note:** these examples are from previous years with different submission guidelines and formats used. Since some Advanced Skills lists have been edited and expanded, the numbers in these examples may not correlate to the current list. These are provided merely as examples, not necessarily perfect representations of ideal Case Log entries.

- [Cardiology](#)
  - [Cardiology Case Logs – Variation](#)
  - [Cardiology Consensus Statement – Respiratory Cases](#)
- [Equine IM](#)
- [Large Animal IM](#)
- [Neurology](#)
- [Oncology](#)
- [Small Animal IM](#)

## Case Log Expectations

It is the expectation of the Credentialing Committee that Case Logs be completely free of errors. Commonly seen errors in previous years include:

- Grammar errors
- Misspellings/typos
- Listing clinical signs instead of differential diagnoses
- Use of trade/brand names of medications
- Missing required drug information
- Incorrect calculations
- Incomplete outcomes

Attention to detail and careful proofreading are an absolute necessity for professional applications. Because the application is evaluated in a step-wise fashion – core requirements first, Case Logs and Advanced Skills second, Case Reports last – it is **CRUCIAL** that the Case Logs submitted are of high quality and demonstrate that the applicant practices at a high level within their facility.

## Case Log Submission Forms

- [Cardiology](#)
- [Equine IM](#)
- [Large Animal IM](#)
- [Neurology](#)
- [Oncology](#)
- [Small Animal IM](#)

## CASE REPORTS

The Case Report portion of the AIMVT Application is the applicant's opportunity to demonstrate their advanced knowledge within their subspecialty. Applicants must submit four in-depth Case Reports and each Report must be based on a case within the Case Logs. The cases selected should demonstrate the applicant's expertise in the management of a variety of patients treated within their subspecialty.

Case Reports must be written in the third-person and must follow the [AIMVT Case Report Outline](#). Cases selected for Case Reports are not required to be rare or unusual. Diseases commonly seen in the applicant's practice are acceptable. Case selection should be based on the applicant's ability to demonstrate advanced knowledge and skills.

To demonstrate the applicant's advanced knowledge, Case Reports must include a **detailed** discussion of the disease process, diagnostics, treatments, goals of therapy, and the applicant's mastery of the advanced skills. This is critical.

Case Reports must be a minimum of 5 pages and a maximum of 10 pages. If an applicant wishes to include laboratory reports, outside specialist reports, ultrasound reports, or other information germane to the Report, these must be added as appendices to the Case Report, in the same PDF document. Appendices do **NOT** count towards the total page count.

A [weighted scale](#) will be used to score your case report.

### References

Case Reports must include a minimum of three (3) references. Anytime an applicant paraphrases a text or other reference, a citation must be used. When in doubt, cite your source! References should be as current as possible.

Please use the Endnote function in Word for your references, do NOT add them as Footnotes. The reference list does **NOT** count towards the total page count.

References should be formatted according to the American Psychological Association's (APA) citation guidelines. For information on citations, please visit [BibMe](#).

## Case Report Expectations

It is the expectation of the Credentialing Committee that Case Reports be completely free of errors. Commonly seen errors in previous years include:

- Grammar, spelling, non-approved abbreviations, and typographical errors
- Listing clinical signs instead of differential diagnoses
- Incomplete discussion of differential diagnoses or the diagnostic plan
- Medication errors including:
  - Use of trade/brand names
  - Missing required drug information
  - Missing routes of administration
  - Missing drug classes or mechanisms of action
  - Incorrect calculations
- Lack of explanations of exam findings, lab results (both normal and abnormal), or treatment response
- Lack of justifications for choices made during the diagnostic or treatment process
- Incomplete outcomes
- Failure to demonstrate advanced knowledge of mastered advanced skills
- Inadequate disease, pathology, or pathophysiology discussion
- Failure to discuss the pathophysiology of the diagnosis in the specific patient who is the subject of the Report
- Failure to demonstrate how the applicant's advanced skills and knowledge impacted the outcome of the case.

Attention to detail and careful proofreading are an absolute necessity for professional applications. Case Reports should be of the highest quality, ready for publication in scholarly veterinary technician publication.

## Plagiarism

Per [Oxford University](#):

“Plagiarism is presenting someone else’s work or ideas as your own, with or without their consent, by incorporating it into your work without full acknowledgement.”

Plagiarism in any form – whether intentional or unintentional – is absolutely unacceptable.

## Case Report Examples

The Reports provided here are merely examples, not necessarily perfect representations of ideal Case Reports, but a representation of superior work by previous applicants.

- [Cardiology](#)
- [Large Animal IM / LAIM Example 2](#)
- [Neurology](#)
- [Oncology](#)
- [Small Animal IM](#)

## Case Report Submission

Case Reports must be submitted as PDF documents. All appendices and attachments must be included with the Report in ONE file. Please name your PDF with your first initial, last name, and Case Report number. For example:

*L Hughston Case Report 1.pdf*

You can submit your Case Reports online [HERE](#).

## AIMVT APPROVED ABBREVIATION LIST

The following are accepted abbreviations that do not require expansion in your application (both Case Logs and Case Reports). If an abbreviation does **NOT** appear on this list, it **MUST** be expanded on first mention.

- Ab antibody
- AC alternating current
- ACT activated clotting time
- AGID agar gel immunodiffusion
- ALKP alkaline phosphatase
- ALT alanine aminotransferase
- AST aspartate aminotransferase
- AV atrio-ventricular
- BID twice a day
- BP blood pressure
- bpm beats per minute (**NOT** “breaths per minute”)
- BUN blood urea nitrogen
- BW body weight
- °C degree(s) Celsius
- C1, C2... cervical vertebrae
- C/M castrated male
- CBC complete blood count
- cc cubic centimeter(s)
- cm centimeter(s)
- CNS central nervous system
- CO<sub>2</sub> carbon dioxide
- CPD citrate-phosphate-dextrose
- CPD-A citrate-phosphate-dextrose-adenine
- CPK creatinine phosphokinase
- CPR cardiopulmonary resuscitation
- Crea / CREA creatinine
- CRI continuous rate infusion
- CSF cerebrospinal fluid
- CT computed tomography
- d day
- DC direct current
- dL deciliter(s)
- DNA deoxyribonucleic acid
- DV dorsoventral (in relation to radiographic views)
- ECG / EKG electrocardiogram or electrocardiographic
- EDTA ethylenediaminetetraacetic acid
- EEG electroencephalogram
- ELISA enzyme-linked immunosorbent assay

• EMG	electromyography
• °F	degree(s) Fahrenheit
• F/S	female/spayed
• FeLV	feline leukemia virus
• FIP	feline infectious peritonitis
• FIV	feline immunodeficiency virus
• g	gram(s)
• GGT	gamma-glutamyl transferase
• h	hour
• Hct	hematocrit
• Hg	mercury
• Hgb	hemoglobin
• HPF	high power field
• hr	hour(s)
• ID	intra dermal
• IFA	indirect fluorescent antibody
• IM	intramuscular
• IN	intranasal
• in	inch
• IP	intraperitoneal
• IV	intravenous
• kg	kilogram(s)
• L1, L2...	lumbar vertebrae
• L	liter(s)
• lb	pound(s)
• LPF	low power field
• m	meter
• M/N	male/neutered
• MCH	mean corpuscular hemoglobin
• MCHC	mean corpuscular hemoglobin concentration
• MCV	mean corpuscular volume
• min	minute(s)
• mcg	microgram(s)
• mg	milligram(s)
• mL	milliliter(s)
• mm	millimeter(s)
• mo	month(s)
• MRI	magnetic resonance imaging
• NPO	nothing by mouth (nil per os)
• NSAID	non-steroidal anti-inflammatory drug
• O <sub>2</sub>	oxygen
• OD	right eye (oculus dexter)
• OS	left eye (oculus sinister)
• OU	both eyes

- oz ounce
- PCV packed cell volume
- PDA patent ductus arteriosus
- PE physical exam
- pH measure of the acidity of a solution
- PMI point of maximum intensity
- PRN as required / as needed
- PO by mouth (per os)
- PTH parathyroid hormone
- q every
- QD once a day
- QID four times a day
- QOD every other day
- RBC red blood cell
- rDVM referring Doctor of Veterinary Medicine
- RER resting energy requirement
- RNA ribonucleic acid
- rpm respirations per minute
- Rx take, receive – used to indicate a prescription or treatment
- s second
- SC / SQ subcutaneous
- SDMA symmetric dimethylarginine
- SGOT serum glutamic-oxaloacetic transaminase
- SGPT serum glutamate-pyruvate transaminase
- SID once a day
- T4 thyroxine
- T3 triiodothyronine
- T.Bili total bilirubin
- temp temperature
- TID three times a day
- TSH thyroid stimulating hormone
- UA urinalysis
- VD ventrodorsal (in relation to radiographic views)
- WBC white blood cell
- wk week
- wt weight
- y / yr year