

AIMVT APPLICATION PART 1 INSTRUCTIONS



2023 APPLICATION YEAR FOR EXAMINATION IN 2024



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 August 2022 demonstrated an overall application acceptance rate of 35%, averaged over the 2016-2021 application period.

AIMVT understands that the VTS application process can be a daunting task. The most successful applicants surround themselves with a supportive team of individuals. One member of your team should be an AIMVT mentor; 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. In addition, we have [application tips](#) from past applicants that you may find helpful. The Credentialing Committee has recorded several [webinars](#) as well.

The AIMVT Executive Board has adopted a two-part application process. These instructions are for Part 1 of the application which includes applicants' [professional history](#), proof of credentialing, [continuing education](#), and a sampling of [Case Logs](#).

Part 1 of the application must be submitted ***NO LATER THAN 11:59 pm PT March 15, 2023.***

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 are noted, the application will be denied.

AIMVT APPLICATION PART A CHECKLIST

- Completed [AIMVT Application Part 1 Application](#) including:
 - A digital copy of the applicant's diploma if the applicant graduated from an AVMA-accredited veterinary technology program, if applicable
 - 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
 - Knowledge sign-off
 - Waiver and Indemnity Agreement
 - Part 1 Application Payment

- Sample [Case Logs](#)

PROFESSIONAL HISTORY AND EMPLOYMENT

The minimum work experience required to apply for certification as a VTS in Internal Medicine is at least three years **AND** 6,000 hours as a credentialed veterinary technician in the field of Internal Medicine. This experience must be completed within five 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 specialty area.**

A NOTE FOR AUSTRALIAN APPLICANTS!!!

While most Australian states do not require registration in order to work as a veterinary nurse or technician, AIMVT requires that all applicants be registered by an appropriate regulatory authority.

In Western Australia, contact the [Veterinary Surgeons' Board](#) to complete your registration.

In other Australian states, voluntary registration with the [Veterinary Nurses' Council of America](#) will meet this requirement.

You must be a registered veterinary nurse or technician in Australia for all of the years of work you submit as part of your professional history for AIMVT (a minimum of three years and 6000 hours).

CONTINUING EDUCATION

The applicant must have a minimum of 40 hours of continuing education (CE) taken or attended within five 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 specialty:

- 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 required CE hours must be in the applicant's specialty (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 specialty-specific 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 Part 1 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.

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, 2022 through September 30, 2023.

For Part 1 of the application, applicants must submit four (4) Case Logs for review. This will allow the Credentialing Committee to provide feedback on the Logs, which applicants can use as they work to complete Part 2 of the application.

There is a character limit in the Case Presentation section of the Case Log form equivalent to one page of single-spaced text. In order to help applicants keep their 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.

Dog Breed Spelling in the Case Logs and Case Reports

The AIMVT Executive Board has adopted the AKC convention for spelling of dog breeds, where every word in the name of the breed is capitalized, including "Dog" if applicable. For example, either "German Shepherd" or "German Shepherd Dog" are acceptable. "German Shepherd dog" is not. "GSD" is also not acceptable. When there is a doubt, refer to the [AKC listing](#) for that specific breed. And remember above all to be **CONSISTENT!**

The Case Presentation Section

This section is designed to give context to the application reviewers on the presenting signs and pertinent history, as well as diagnostics and other interventions performed. This is the area where applicants will list the advanced skills they performed and assisted with, along with the required cross-referencing and citations in a narrative form.

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. In Part 2 of the application, 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 specialty 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 (General and Production), 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. In Part 2 of the application, applicants will be required to cross-reference skills cited in the Case Logs to the Advanced Skills list.

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**
 - balanced crystalloid solution is acceptable – Plasmalyte, LRS, Normosol are **NOT**
 - bland diet, kidney-support diet, liver-support diet, commercial kibble, etc. are acceptable – using the brand names of any veterinary prescription or over the counter diet 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.

- 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.

Requirements for Laboratory Values Reported in Case Logs and Case Reports

When lab work is performed, the applicant must identify the parameters measured; it is not acceptable to write that a clinician ordered a "Chem 8" or "bloods" or "a NOVA", for example. It is not necessary to report every serum chemistry, CBC, or other laboratory value measured – this is a judgment call for the applicant to make, based on the patient, their clinical signs, and the disease process that is the subject of the Log or Report. However, every value that the applicant chooses to include in the Log or Report must include the applicable reference range. When values are abnormal or outside of the reference range provided, the applicant must explain the abnormality and how it correlates to the patient's clinical signs or diagnosis.

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, 2022 – September 30, 2023), information from those visits should also be included, or an explanation as to why follow-up did not occur. If advanced skills are performed during the follow-up visits, those should be included in the Case Presentation section.

Whenever available, the ultimate resolution of the case should be included in the outcome section. Reasonable follow-up is expected – it is not necessary to contact clients persistently throughout the application year if the outcome is clear.

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. 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.

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
- ACVIM American College of Veterinary Internal Medicine
- 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 or 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
- CO₂ 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
- DACVIM Diplomate of the ACVIM
- DC direct current
- dL deciliter(s)
- DNA deoxyribonucleic acid
- DV dorsoventral (in relation to radiographic views)
- DVM Doctor of Veterinary Medicine

• ECG / EKG	electrocardiogram or electrocardiographic
• EDTA	ethylenediaminetetraacetic acid
• EEG	electroencephalogram
• ELISA	enzyme-linked immunosorbent assay
• EMG	electromyography
• °F or 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 / h / hr	hour(s)
• Hct	hematocrit
• Hg	mercury
• Hgb	hemoglobin
• HPF	high power field
• ID	intra dermal
• IFA	indirect fluorescent antibody
• IM	intramuscular
• IN	intranasal
• in	inch
• IP	intraperitoneal
• IU	International Unit (for lab values and drug concentrations)
• 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

- O2 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
- PPE personal protective equipment
- 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(s)
- SC / SQ subcutaneous
- SDMA symmetric dimethylarginine
- SGOT serum glutamic-oxaloacetic transaminase
- SGPT serum glutamate-pyruvate transaminase
- SID once a day
- T1, T2 ... thoracic vertebrae
- T3 triiodothyronine
- T4 thyroxine
- T.Bili total bilirubin
- temp temperature
- TID three times a day
- TSH thyroid stimulating hormone
- u unit (for laboratory reporting and drug concentrations)
- UA urinalysis
- VD ventrodorsal (in relation to radiographic views)
- WBC white blood cell
- wk week(s)
- wt weight
- y / yr year(s)