CVMA APPROVED INTERNSHIP PROGRAM

[CVMA Office Use] Program Approval Date: _____________________ Approved by: _____________________

Renewal application? □ Yes □ No

To apply for CVMA approval of your internship program, send a completed application along with the annual application fee to the CVMA office.

Program approval shall be for one year.

Following the completion of the first program year and each subsequent year, the program may be evaluated utilizing a form completed by the participant and a form completed by each supervisor. On-site audits will be performed on a rotating basis at least once every five years. Random audits may be conducted at any time with or without cause.

Participants are encouraged to participate in the American Association of Veterinary Clinicians Veterinary Internship and Residency Matching Program, but this is not a CVMA requirement.

CVMA-Approved Internship Program Requirements

1. Annual renewal and evaluation.

2. Program length of at least one year.

3. A minimum of two board-certified specialists on the staff at the approved internship program facility who will act as supervisors for the intern(s).
   - “On the staff” is defined as being physically located at the facility a minimum of four days each seven-day work week for a minimum of forty-five (45) weeks per year. The minimum of four days shall consist of at least 28 hours on site.
   - Supervision by a board-certified specialist for an Internship Program is defined as the following: A board-certified specialist conducts daily face-to-face observation and review of the intern’s veterinary medical services. If illness or other circumstances prevent the supervisors from conducting this observation, a California-licensed veterinarian may conduct the daily face-to-face observation for a period not to exceed 14 days annually.

4. A board-certified specialist will be responsible for administering the internship program.

5. The Program Director and other supervising, on-staff specialists must be boarded by one of the following AVMA-recognized specialty colleges:
   - American College of Veterinary Anesthesiologists
   - American College of Veterinary Dermatology
   - American College of Veterinary Emergency and Critical Care
   - American College of Veterinary Internal Medicine (all specialties)
   - American College of Veterinary Ophthalmology
   - American College of Radiology
   - American College of Veterinary Surgeons
6. At least one of the board-certified specialists on staff must be boarded by one of the following AVMA-recognized specialties:
   - American College of Veterinary Internal Medicine (all specialties)
   - American College of Veterinary Surgeons
   - American College of Veterinary Emergency & Critical Care

7. If the Internship Program utilizes more than one facility, at least one specialist must be located at each facility for a minimum of four days each seven-day work week during the time an intern is present. The minimum of four days shall consist of at least 28 hours on site.

8. Structured exposure of interns to a well-identified, broadly based, and regularly rotating regimen of veterinary clinical experience, education, and training.

9. Supervision of, and direction and consultation for, interns on a daily and rotating basis from one of the staff specialists.
   (a) Supervision of daily clinical rounds.
      - Must be by one of the specialists on staff on at least four days of a seven-day work week.
      - If none of the specialists are available, a California licensed veterinarian can supervise the daily rounds for up to three days each week.
   (b) Journal or topic rounds will be held weekly.
   (c) On-site or telephone access to staff specialists at all times when the intern is on duty.

10. The program must include diagnostic imaging instruction and case review by a board-certified radiologist presented at least weekly for small animal interns and monthly for large animal interns. Telephone or electronic consultations with a board-certified radiologist should be available at all times.

11. A veterinary clinical pathology specialist must be available for consultation as needed. The specialist must be boarded by the AVMA-recognized American Association of Veterinary Pathologists, clinical pathology section. The Program Director shall identify how such specialists are utilized, the frequency of such exposure and identify the names of the board certified individuals providing such expertise.

12. A library must be available on the premises or by Internet and well supplied with recognized journals and relevant textbooks. A written description of available books and journals “on hand” shall be provided with the application each year.

13. Required Equipment or Services:
   - Blood pressure measurement
   - Clinical pathology capabilities:
     - CBC
     - serum
     - chemistries
     - blood gases
     - urinalysis
     - cytology
     - parasitology
     - microbiology
     - endocrinology

---
14. To maintain approved status, both the program participant(s) and supervisor(s) must agree to notify the CVMA in writing within 10 working days if the participant leaves the program or if the program is discontinued.

15. The employer/employee relationship is determined by the individual contracts for each hospital.

16. This document is to be provided to all interns in the internship program for their review at the start and finish of the program. Interns will be expected to sign the document at the initiation and completion of their program and such documents will be held for inspection by the CVMA for a minimum of five years. This will help to assure compliance and intern recognition of expected terms of the contract that the institution has with the CVMA and the California Veterinary Medical Board.
Application for CVMA Approval - Internship Program

1. Program Director (Must be an AVMA-recognized, Board Certified Specialist):
   
   Name __________________________________________________________________________
   Specialty College: ___________________________________________________________________

2. Location(s) of Training Program (Please complete all fields for primary location):
   
   Primary Facility ________________________________________________________________
   Address ________________________________________________________________
   City, State, Zip ___________________________________________________________
   Email __________________________________________________________________
   Phone ____________________________ Fax __________________________________

   Secondary Facility: ________________________________________________________
   Address ________________________________________________________________
   City, State, Zip ___________________________________________________________
   Email __________________________________________________________________
   Phone ____________________________ Fax __________________________________

   Supervising specialists located at each facility:

   _______________________________________________________________________
   _______________________________________________________________________

   Please attach additional pages with information on all other locations, if applicable.

3. Length of Training Program: ____________ (One year minimum)

   Program Dates: _______________ to ________________.
4. Please list second and all additional AVMA-recognized board-certified specialists that are on the staff. If applicable, please indicate where each specialist is located. At least one specialist must be located at each facility where the intern will be located. Please attach additional pages with this information, if necessary.

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty College</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. Please record all AVMA-recognized board-certified specialists responsible for supervision of clinical training that are only present part time. If off site, explain the situation and the method of providing direct contact with the intern. Attach additional pages if necessary.

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty College</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. Please record all diplomates of **non-AVMA-recognized** specialties and non-specialist California-licensed veterinarians responsible for supervision of clinical training. If off site, explain the situation and the method of providing direct contact with the intern. Attach additional pages if necessary.

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty College</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
7. Does the intern participate in daily clinical rounds?

☐ Yes   ☐ No

(a) Please indicate the number of days per week the clinical rounds are supervised by a specialist:

____________________

Clinical rounds may be supervised by a non-specialist, California-licensed veterinarian on three days each week.

(b) For renewal applications, please list the average number days per week the clinical rounds where supervised by someone other than one of the AVMA-recognized board certified specialists during the previous internship program year.

____________________

8. Are the supervising specialists available for emergency consultations on site or by telephone at all times when the intern is on duty?

☐ Yes   ☐ No

9. Is a board-certified radiologist accessible for diagnostic imaging consultation and formal teaching, weekly for small animal interns, and monthly for large animal interns?

☐ Yes   ☐ No

10. Is a veterinary clinical pathology specialist available for consultation?

☐ Yes   ☐ No

11. Are structured clinicopathologic conferences, journal clubs, or seminars held weekly?

☐ Yes   ☐ No

12. Please describe the conferences, etc. that are provided and the typical schedule.

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

13. Formal presentations are encouraged. Is the intern required to give one or more formal presentations to supervising diplomates, at a conference or in an educational setting, on a yearly basis?

☐ Yes   ☐ No
14. Please describe the veterinary library and any computer literature searching capabilities.

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
15. Please indicate the availability of the following facilities or equipment. Indicate if these are available at the primary training site, or at a different location.

<table>
<thead>
<tr>
<th>Equipment or Services</th>
<th>Available?</th>
<th>On Site?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Required Equipment or Services:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood pressure measurement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical pathology capabilities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• CBC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• serum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• chemistries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• blood gases</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• urinalysis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• cytology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• parasitology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• microbiology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• endocrinology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electrocardiography</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endoscopy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intensive care capabilities (normal operating hours)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intensive care capabilities (after hours)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard radiology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard ultrasonography</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Veterinary medical library with literature search capabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Recommended Equipment or Services:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brainstem Auditory Evoked Response</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiac catheterization capability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Color flow/Doppler ultrasonography</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computed tomography</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computerized medical records with searching capabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electroencephalography</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electromyography</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hemodialysis capability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Magnetic resonance imaging</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nerve conduction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nuclear medicine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiation therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total parenteral nutrition capability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urethral pressure profile &amp; cystometry</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

16. If any of the above equipment or facilities is available off site, please explain how the intern can access them for case management, research, or study.

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
17. A clinic research project is encouraged. Does your program require the intern to participate in a research project? If so, please describe the nature of the research project.

☐ Yes  ☐ No  ☐ Optional

Description:____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

18. Please provide a list of your current interns who have completed, or will be completing your training program this year, including the year that each individual’s training program started. **If at all possible, provide an email address**, mailing address and any information on the status of each individual with respect to the board certification process. Attach additional pages if necessary.

Name ________________________________________________________ Program Year __________________

EMAIL Address ______________________________________________________________________________

Mailing Address ______________________________________________________________________________

Board certification description ___________________________________________________________________

Name ________________________________________________________ Program Year __________________

EMAIL Address ______________________________________________________________________________

Mailing Address ______________________________________________________________________________

Board certification description ___________________________________________________________________

Name ________________________________________________________ Program Year __________________

EMAIL Address ______________________________________________________________________________

Mailing Address ______________________________________________________________________________

Board certification description ___________________________________________________________________

19. How are interns insured against malpractice claims?

____________________________________________________________________________________________
20. Please provide written documentation outlining the specifics of your internship program. Include a description of what is expected from the intern, a description of the daily routine, a description of exposure to specialists, what the intern can expect to gain from the program, etc. You may use a previously prepared description of your program, or prepare a new document. Please attach to this form.

Our practice meets all standards, laws, and regulations relating to the practice of veterinary medicine in California as listed in the California Veterinary Medicine Practice Act.

Signature _______________________________________________ Date ____________________________

California Veterinary License number_________________ Expiration date ___________

Send this completed application, along with the annual application/registration fee, to:

California Veterinary Medical Association
1400 River Park Dr., Ste. 100
Sacramento, CA 95815
Fax: 916-646-9156
RESIDENCY PROGRAM – CVMA APPROVAL

(CVMA Office Use)  

Program Approval Date: _____________________  
Approved by: _____________________

Date: _____________________ Renewal application? □ Yes □ No

To apply for CVMA approval of your residency program, send a completed application along with the annual application fee to the CVMA office.

Program approval shall be for one year.

The program will need to verify annually that they are continuing to participate in an approved specialty board program.

On-site audits may be performed on a rotating basis. If indicated for any reason, random audits may be conducted at any time with or without cause.

Participants are encouraged to participate in the American Association of Veterinary Clinicians Veterinary Internship and Residency Matching Program, but this is not a CVMA requirement.

CVMA-Approved Residency Program Requirements

1. Annual renewal and evaluation.

2. Program length of at least two years.

3. A minimum of two board-certified specialists on the staff at the approved residency program facility who will act as supervisors for the resident(s).
   a. “On the staff” is defined as: Being physically located at the facility a minimum of four days each seven-day work week for a minimum of forty-five (45) weeks per year. The minimum of four days shall consist of at least 28 hours on site.
   b. Supervision by a board-certified specialist for a Residency Program is defined as the following: A board-certified specialist conducts daily face-to-face observation and review of the resident’s veterinary medical services. If illness or other circumstances prevent the supervisors from conducting this observation, a California-licensed veterinarian may conduct the daily face-to-face observation for a period not to exceed 14 days annually.

4. Residency program is approved by a specialty board registered with the AVMA. Residency programs must meet all requirements of the sponsoring specialty board (e.g., an internal medicine resident is bound by the requirements of the ACVIM). The program will need to verify annually that it is continuing to participate in an approved specialty board program.
Residency Program Application

1. Program Director (Must be a Board-Certified Specialist):

   Name ________________________________________________________________

   Specialty College: ____________________________________________________

2. Location of Training Program (Please complete all fields for primary location):

   Facility Name _________________________________________________________

   Address __________________________________________________________________

   City, State, Zip _________________________________________________________

   Email _________________________________________________________________

   Phone ______________________ Fax __________________________

3. Length of Training Program: ____________ (Two year minimum)

4. Please list second and all additional AVMA-recognized board-certified specialists that are on the staff. If applicable, please indicate where each specialist is located. Please attach additional pages with this information if necessary.

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty College</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. Please record all other diplomates of listed specialties (see page 1, #5 for the listed specialties) responsible for supervision of clinical training that are only present part time. If off site, explain the situation and the method of providing direct contact with the intern. Attach additional pages if necessary.

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty College</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. Please record all diplomates of non-listed specialties (see page 1, #5 for the listed specialties) and non-specialist California-licensed veterinarians responsible for supervision of clinical training. If off site, explain the situation and the method of providing direct contact with the resident. Attach additional pages if necessary.

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty College</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Specialty College</td>
<td>Location</td>
</tr>
<tr>
<td>------</td>
<td>------------------</td>
<td>----------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. How are residents insured against malpractice claims?
__________________________________________________________________________________________
__________________________________________________________________________________________

8. List the AVMA-recognized specialty board that has approved your residency program:
________________________________________

9. Please attach documentation that your residency program is approved by a specialty board registered with the AVMA. Residency programs must meet all requirements of the sponsoring specialty board (e.g., an internal medicine resident is bound by the requirements of the ACVIM). The program will need to verify annually that it is continuing to participate in an approved specialty board program.

Our practice meets all of the standards, laws, and regulations relating to the practice of veterinary medicine in California as listed in the California Veterinary Medicine Practice Act.

Signature  ____________________________________________________ Date  ____________________________
California Veterinary License number____________________ Expiration date____________

Send this completed application, along with the annual application/registration fee, to:

California Veterinary Medical Association
1400 River Park Dr., Ste. 100
Sacramento, CA 95815
Fax: 916-646-9156
INTERNSHIP/RESIDENCY APPROVAL PROGRAM REGISTRATION FORM

Payment Information

Program Director: ____________________________________________________________

Primary Internship Program Location ($500 annually)

Facility Name ________________________________________________________________
Address _____________________________________________________________________
City, State, Zip ___________________________________________________________________

Secondary Internship Program Location ($250 annually)

Facility Name ________________________________________________________________
Address _____________________________________________________________________
City, State, Zip ___________________________________________________________________

Administrative/Inspection Application Fee:  ☐ $500

Additional Location Fee:  ☐ $250

TOTAL: $ ___________

Please enclose your check payable to CVMA or complete the credit card information below and FAX or mail to CVMA.

California Veterinary Medical Association
1400 River Park Drive, Suite 100, Sacramento, CA 95815
FAX 916-646-9156

MC/Visa/Discover/American Express

Credit Card # ________________________________________________________________
CVV Code _____________ Exp. Date _____________ Cardholder Name ________________
Billing Address _________________________________________________________________
City/State/ZIP _________________________________________________________________
Day Phone ________________________________________________________________
Signature ___________________________________________ Date ____________________