



CVMA APPROVED INTERNSHIP PROGRAM

(CVMA Office Use) Program Approval Date:

Approved by:

Date: _____ 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

- American Veterinary Dental College
 - American College of Theriogenologists
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

Electrocardiography
Endoscopy
Intensive care capabilities (normal operating hours)
Intensive care capabilities (after hours)
Standard radiology
Standard ultrasonography

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.

Name	Specialty College	Location

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.

Name	Specialty College	Location

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.

Name	Specialty College	Location

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 were 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.

Equipment or Services	Available?	On Site?
Required Equipment or Services:		
Blood pressure measurement		
Clinical pathology capabilities:		
<ul style="list-style-type: none"> • CBC • serum • chemistries • blood gases • urinalysis • cytology • parasitology • microbiology • endocrinology 		
Electrocardiography		
Endoscopy		
Intensive care capabilities (normal operating hours)		
Intensive care capabilities (after hours)		
Standard radiology		
Standard ultrasonography		
Veterinary medical library with literature search capabilities		
Recommended Equipment or Services:		
Brainstem Auditory Evoked Response		
Cardiac catheterization capability		
Color flow/Doppler ultrasonography		
Computed tomography		
Computerized medical records with searching capabilities		
Electroencephalography		
Electromyography		
Hemodialysis capability		
Magnetic resonance imaging		
Nerve conduction		
Nuclear medicine		
Radiation therapy		
Total parenteral nutrition capability		
Urethral pressure profile & cystometry		

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 _____

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.

Name	Specialty College	Location

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.

Name	Specialty College	Location

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.

Name	Specialty College	Location

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 _____