

AMERICAN BOARD OF VETERINARY OPHTHALMOLOGY

PO Box 1311 - Meridian, Idaho 83680

Ph (208) 466-7624 | Fx (208) 895-7872 | www.abvo.us



PROVISIONAL RESIDENT APPLICATION (2017)

Definitions

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| Guidelines: | A set of written instructions developed and regularly updated by the ABVO Credentials Committee to guide Examination Applicants, Provisional Residents, and Supervising Diplomates through the ABVO credentialing process. |
| Residency: | A residency training program approved by the ABVO Residency Committee. |
| Resident: | A veterinarian who has been accepted into an ABVO-approved residency by the sponsoring program, who has been accepted by the ABVO Credentials Committee as an ABVO-approved resident, who is actively engaged in the residency program. |
| Supervising Diplomate: | An ACVO Diplomate registered with the ABVO Residency Committee as a “Supervising Diplomate” for any part of any of an ABVO-approved resident’s program. |
| Provisional Resident: | A veterinarian who has been accepted into an ABVO-approved residency by the sponsoring program who is applying to the ABVO Credentials Committee to be accepted as an ABVO-approved resident. |
| Examination: | The ABVO Certifying Examination. |
| Examination Applicant: | A veterinarian applying to the ABVO Credentials Committee to take the ABVO Certifying Examination. |
| Certified Copy: | A photocopy of a document in its entirety, accompanied by the following sworn and signed statement: “I swear or affirm under the penalties of perjury that the submitted documents are true and correct copies of <u>[insert document name]</u> .” The signature on this statement must be acknowledged by a court clerk, lawyer, or notary public. |

Guidelines for Provisional Resident Application

1. A Provisional Resident Application must be submitted by all Provisional Residents wishing to become ABVO-approved Residents. Time spent in a residency program will not count toward the minimum 36-month requirement until the Provisional Resident has been accepted by the ABVO Credentials Committee as an ABVO-approved Resident.
2. Prior to submission of this form, a Residency Training Program Application must have been submitted to and approved by the ABVO Residency Committee and by the Provisional Resident’s prospective Supervising Diplomate(s).
3. The ABVO reserves the right to verify any data provided and to request further data.
4. It is the responsibility of each Provisional Resident to state under penalty of perjury that the information they provide is, to the best of their knowledge and belief, true and correct.
5. Typing one’s name in the space marked “Digitally signed” constitutes an electronic signature.
6. All forms and attachments must be typed, not handwritten.
7. All forms and attachments must be sent as pdf documents attached to an email that arrives at the ABVO office ([ABVO Office](#)) at least 30 days prior to beginning the proposed residency program.
8. All required fees must be paid by credit card using the secure online website:
<https://www.mtgs-etc.com/registration/mi/abvo/credentials/ABVOcredentials.asp>

Please submit this form and any attachments to the ABVO office at [ABVO Office](#) and pay online all required fees so as to ensure RECEIPT of all materials at least 30 days prior to beginning proposed residency program. Revised 11/2016

9. The ABVO Office will make every effort to acknowledge receipt of materials via return email within two business days, but the responsibility for confirming receipt of materials by the ABVO Office is the Applicant's. Having sent an email to the ABVO Office does not guarantee receipt.
10. Forms or attachments received after the deadline, incomplete forms, submissions not using original and current versions of all forms, and failure to pay all fees will render the Provisional Resident's application incomplete. An incomplete Provisional Resident Application may not be accepted.

Appeal of Adverse Decisions

A complete description of the credentialing process and appeals of adverse decisions is included in the ABVO Policies and Procedures document and on the ABVO.us website. Applicants, Provisional Residents, and Supervising Diplomates are encouraged to read this document. A brief summary of the appeals process is included here:

1. A Supervising Diplomat, Provisional Resident, Resident, Applicant, or Candidate may, at their option, petition the ABVO to reconsider any adverse decision regarding residency training, credentialing, or certification.
2. Adverse decisions by an ABVO Committee may include, but are not limited to: denial of certification of an individual, denial of adequacy of credentials of an individual, denial of approval of a Residency or Resident, or revocation of approved status of a Resident, Supervising Diplomat or Residency.
3. The affected party desiring to appeal an adverse decision must adhere to the following procedures:
 - (a) The appeal for reconsideration must be written and shall include a statement of the grounds for reconsideration and documentation, if any, in support of the appeal.
 - (b) Appeals should be on the grounds that the ABVO or one of its Committees has ruled erroneously by disregarding the current Policies and Procedures of the ABVO or relevant ABVO Committee, or failing to consider relevant evidence and documentation presented.
4. The ABVO Board shall appoint an ACVO Diplomat to chair an ad hoc Committee ("Reviewing Body"). The Reviewing Body will consist of a public member and four ACVO Diplomates, none of whom is currently serving on the ABVO Board or as a member of an ABVO Committee, and none of whom have perceived or real conflicts of interest with the appellant. The Chairperson shall select the remaining committee members.
5. The Reviewing Body may seek further information in any form from the appellant, ABVO Committee, ABVO Board, or any other resource. The appellant or other relevant individuals may, at the discretion of the Reviewing Body, be invited to appear at a meeting of the Reviewing Body or to participate in a conference call with the Reviewing Body.
6. The Reviewing Body may, at its discretion, re-review or arrange re-review of any portion or all of the material involved in the adverse decision(s) in question. The re-review will be guided by current Policies and Procedures of the ABVO and its Committees. The Reviewing Body will report their decision to the ABVO Board. The original decision will be changed only if the Reviewing Body unanimously agrees that the decision being reviewed should be changed.

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1. **Your full name:** _____

2. **Have you ever practiced veterinary medicine using any other name?** Yes* No
**If "Yes", provide all names previously used:*

3. **Have you previously applied to become an ABVO-approved Resident?** Yes* No
** If "Yes", provide an explanation on a separate page, emailed along with this application.*

4. **Have you ever had an application to become an ABVO-approved Resident declined?** Yes* No
** If "Yes", provide an explanation on a separate page, emailed along with this application.*

5. **Contact details at which you want the ABVO to correspond with you:**
(It is your responsibility to keep this information updated with the ABVO office.)

Postal Address:

Email address:

Telephone:

6. **Name of all Institution(s)/Practice(s) at which any of the 36 months (or more) of residency training you are claiming will have been conducted.** *(If more space is needed, please append a separate page):*

- a. _____
- b. _____
- c. _____

7. **Name of all Supervising Diplomates (including the Corresponding Supervising Diplomate) for your proposed residency program. The Supervising Diplomates for each Provisional Resident are identified by the mentors themselves on the Residency Training Program Application. Please obtain this information from them.** *(If more space is needed, please append a separate page)*

- a. _____
- b. _____
- c. _____

8. **Expected completion date of your residency program:** _____

9. Do you hold a DVM or equivalent veterinary degree? You must hold a DVM or equivalent degree to become an ABVO-approved Resident. Yes No*

* If "No", please provide further details on a separate page, emailed along with this application.

10. Name and abbreviation of veterinary degree conferred:

11. Full name of university conferring veterinary degree:

12. Month and year on which veterinary degree was conferred:

13. All Provisional Residents must provide one of the following forms of verification of their veterinary degree. Please check one box to indicate which form of verification was selected:

- One original veterinary school transcript (please scan and attach PDF)
- One certified copy[†] of a North American veterinary license (please scan and attach PDF)
- One certified copy[†] of a veterinary diploma (please scan and attach PDF)
- A North American veterinary license **verifiable online**

State/Province: _____

License Number: _____

Provide URL for online verification: _____

[†]See "definitions" section above for what constitutes a certified copy.

All scanned documents attached as PDFs must (1) be in English or (2) be a certified translation containing:

- a. The original text in source language.
- b. The translated text in English.
- c. A statement signed by the translator or translation company representative, with his or her signature notarized by a Notary Public, attesting that the translator or translation company representative believes the target-language text to be an accurate and complete translation of the source-language text. Please note that the translator or translation company representatives need not be certified and so the Provisional Resident themselves (if they choose) may be the translator. Please also note that the Notary Public seal assures only that the signature is that of the person who presented him or herself to the notary. The Notary Public is not attesting to the accuracy of the translation.

14. Between graduation as a veterinarian and beginning your residency program will you have acquired at least 12 months of full-time clinical practice as a veterinarian?* If "No", please provide further details on a separate page, emailed along with this application. Yes No*

15. Please provide below details of all veterinary licenses that you have ever held. This includes but is not limited to current and previous, active, inactive, revoked, or suspended licenses from all jurisdictions (If more space is needed, please append a separate page):

| <u>State or jurisdiction</u> | <u>License number</u> | <u>Status (Active, inactive, suspended etc)</u> |
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| _____ | _____ | _____ |
| _____ | _____ | _____ |

Have you ever:

- 16. **Been convicted of a felony?** Yes* No
- 17. **Been denied a veterinary license?** Yes* No
- 18. **Been convicted of veterinary malpractice?** Yes* No
- 19. **Misrepresented your veterinary training or credentials in any manner to the public, ACVO, ABVO, any other veterinary agency or any of their agents?** Yes* No
- 20. **Had any legal action involving you or your practice of veterinary medicine?** Yes* No

**If you answered "Yes" to any of Questions 16-20 please provide further details on a separate page and include this with your application.*

- 21. **Has your veterinary license (regardless of status or jurisdiction) ever been revoked, suspended or the subject of any disciplinary action by any licensing agency?** Yes* No

**If "Yes" please request in writing that the veterinary licensing agency provides a letter explaining the action and stating the outcome. The response from the veterinary licensing agency must be mailed directly to the Executive Director of the ACVO and not come via the Applicant. Please provide the ABVO Credentials Committee with a copy of your letter of request by including it with this application.*

- 22. **Have you submitted the \$150 Provisional Resident (matriculation) fee via the ABVO website?** Yes No

<https://www.mtgs-etc.com/registration/mi/abvo/credentials/ABVOcredentials.asp>

- 23. **Veterinary Employment History:** Please complete the following table to provide verification of at least 12 months of projected or completed full time clinical practice as a veterinarian prior to beginning your planned residency. Please provide employment history in chronological order. Please **DO NOT** include non-veterinary employment or employment history prior to graduation as a veterinarian. All contact details provided must be current. The ABVO may call listed contacts to verify or request additional data.

| Position title | Position start and end dates (month/year) | # hours/week worked | Employer name | Supervisor's name, email, and phone |
|----------------|---|---------------------|---------------|-------------------------------------|
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By typing my name below, I hereby affirm, under penalty of perjury, that all information I have provided in this form and any attachments is, to the best of my knowledge and belief, true and correct.

Digitally signed (Provisional Resident): _____ **Date:** _____

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