**Logo, company name

Description automatically generated**

**Pre-Application Packet**

**Phase 1**

2022 Exam Cycle

|  |  |
| --- | --- |
| **Table of Contents - Guidelines** | |
| **Welcome** | **3** |
| **Eligibility Requirement Checklist** | **4** |
| **Letter of Intent** | **5** |
| **Letters of Recommendation** | **5** |
| **Curriculum Vitae Formatting Instructions** | **6** |
| **License and Diploma** | **7** |
| **Professional Work History and Experience** | **9** |
| **Professional Work History and Experience Form** | **11** |
| **Points System** | **14** |
| **Points System Continuing Education Form** | **15** |
| **Points System File Verification** | **16** |
| **Continuing Education** | **17** |
| **Continuing Education Form** | **18** |
| **Waiver, Release and Indemnity Form** | **19** |
| **Non-Disclosure Agreement** | **20** |
| **Mentor Request Letter** | **21** |
| **Applicant/ Mentor Agreement Signature Page** | **22** |
| **Veterinarian Mentor Agreement Form – Skills and Case Logs** | **23** |
| **Regulatory and Practice Knowledge – Mentor Mastery Verification** | **24** |
| **Work Experience Form – 100% in specialty** | **25** |

|  |
| --- |
| **Welcome** |

The Academy of Physical Rehabilitation Veterinary Technicians (APRVT) appreciates your interest in becoming a Veterinary Technician Specialist in Physical Rehabilitation, VTS (Physical Rehabilitation). It is our goal to assure the veterinary profession and the public that veterinary technicians who fulfill the eligibility criteria possesses the knowledge, skills and experience needed to practice physical rehabilitation at an advanced level of competency. The Academy requirements are rigorous but are not designed to be obstacles to prevent candidates from becoming recognized. A successful pre-application is designed to ensure applicants will meet the final application requirements.

All forms described in this pre-application packet MUST be used for application submission. Individual files may be requested to assist an applicant with formatting. It is the applicant’s responsibility to include all required documents. All forms must be typed or word-processed following formatting instructions for the individual section. A pre-packet is considered complete when submitted as ONE document, including a properly labeled Table of Contents saved in .PDF format. With the exception of signatures and initials, handwritten forms will not be accepted. Please scan these items into the application packet.

All files are to be uploaded to the applicant’s personal Drop Box account then shared with the Credentialing Chair. It is the applicant’s responsibility to maintain personal Drop Box accounts and to read the general FAQ for Drop Box submission found on the APRVT website.

**Drop Box document file links are to be sent to the Academy Credentialing and Case Review Chair:** [**aprvtapplications@gmail.com**](mailto:aprvtapplications@gmail.com)**.**

Include only the information requested. Extraneous documents will not be accepted and may result in your application being rejected. This is a professional application, and all efforts should be made by the applicant to ensure it is an example of their highest quality of work.

Please use your best projection of activities for areas such as continuing education or work experience; including estimates of hours worked or education credits to the best of your knowledge.

**IF YOU ARE RESUBMITTING:** Applicants must resubmit an entire application in full each application Year. An Applicant may only use an ARN for a total of **two** cycles. After this time an updated pre-application must be submitted to receive a new ARN.

|  |
| --- |
| **Application Packet –Eligibility and Requirement Checklist** |

Before an applicant embarks on the application process, the APRVT recommends a thorough understanding of eligibility section requirements for the application of a VTS (Physical Rehabilitation). As stated in the current year Academy Bylaws, applicants must:

1. Fulfill Pre-Application criteria packet one (1) year prior to application submission consisting of:
   1. A Letter of Intent.
   2. A completed Curriculum Vitae.
   3. Two (2) letters of recommendation.
   4. Points system (please include any planned continuing education or activities that will be completed by final application submission).
   5. Signed mentor agreement/request form.
   6. Mentorship by an approved veterinary mentor as described in the APRVT Bylaws.
   7. Signed release of liability, waiver and acknowledgement forms.
   8. Meet requirements to become registered, licensed certified or otherwise credentialed to practice as a veterinary technician or veterinary nurse in accordance with individual state, province or country regulations.
   9. Proof of Credentialed Veterinary Technician (or regional equivalent) license.
   10. Projected experience requirements, hours worked, after becoming credentialed to practice as a veterinary technician or veterinary nurse through documentary evidence.
   11. Projected continuing education requirements after becoming credentialed to practice as a veterinary technician or veterinary nurse through detailed documentary evidence.

|  |
| --- |
| **Letter of Intent** |

The APRVT requires a **Letter of Intent (LOI)** to be submitted along with **Two** **Letters of Recommendation** **(LOR)** and a **Curriculum Vitae** prior to application submission. Letters of intent shall be received ***one year*** prior to an applicant packet submission. Pre-applications are due January 1st 11:59:59 pm CST for the following examination year. Pre-Application information received on or after the deadline will not be considered for the next examination cycle. Letters are limited to one page in length, single-spaced using 12-point font Times New Roman, and 1-inch margins. Letters should include the candidate’s name, titles earned and an affiliated workplace or business letterhead. Applicants are to provide a letter that describes who they are and why they are interested in becoming VTS (Physical Rehabilitation). Applicants must describe how they can contribute to the APRVT as a member and future plans once recognition is attained.

|  |
| --- |
| **Letters of Recommendation** |

Two letters of recommendation are required for APRVT consideration and are limited to one page in length. One letter must be from the applicant’s mentor who is a veterinarian certified in veterinary physical rehabilitation or is a diplomate of the American College of Veterinary Sports Medicine and Rehabilitation who can directly attest to the candidate’s skills, evaluation of the candidate’s commitment to the profession and ability to participate in a cooperative work environment. Mentors must meet the minimum eligibility requirements listed in the APRVT By-Laws and Application packet. The candidate must have a direct relationship with all the individuals writing a recommendation letter. The APRVT will accept letters of recommendation from other specialty college diplomates, with pre-approval, until a sufficient number of ACVSMR diplomates exist. In addition, Credentialed Veterinary Technicians **(CVT)** with credentialing in any VTS Academy will be accepted under the current APRVT By-Laws for the application year. Non-VTS CVT’s and Physical Therapists with physical rehabilitation credentialing will not be accepted. **Pre-Applications will not be considered if two recommendation letters are not enclosed.**

Each VTS candidate should be supervised by a veterinarian who is certified in veterinary physical rehabilitation **or** is a Diplomate of Veterinary Sports Medicine and Rehabilitation (DACVSMR) who meets the minimum experience eligibility. This “mentor” should be in the same locality as the candidate and should be able to communicate at a minimum by video conferencing. Non-VTS CVT’s and Physical Therapists with rehabilitation credentialing will not be accepted for mentorship.

|  |
| --- |
| **Curriculum Vitae Formatting Instructions** |

Please use the Curriculum Vitae format located on the Academy website to assist with application processing. Applicant Name MUST be on each page listed. Do not change the formatting. Only Times New Roman font at 12pt with 0.5-inch margins will be accepted. Page numbers and section headings should be listed in addition to the applicant’s name appearing at the top of each page. Please save as a .PDF to be included in your application.

**If your CV is different or you have updated information from the time of pre-application submission, please update your CV to reflect work achieved and highlight in yellow.**

**Do NOT forget your NAVTA member number (including expiration date or evidence of dues paid) and your veterinary technician license number. A copy of your membership payment or other documentary evidence of membership is required.**

Applicants should be prepared to submit a fully completed Continuing Education log at the time of pre-application submission should the committee be unable to verify pre-eligibility.

|  |
| --- |
| **License and Diploma** |

Applicants must be a graduate of an AVMA approved Veterinary Technology Program **or** arelegally credentialed to practice as a veterinary technician in a state of the United States, province of Canada or other country. Below are acceptable credentials from a country outside of the USA.

Please contact the APRVT for specific information about credentialing if a country is not listed.

* **United Kingdom (UK):** must submit a copy of the RCVS certificate. Candidates must hold a license to practice as an RVN and be in good standing with the RCVS. At this time, the RCVS diploma is not required.
* **Australia:** must submit a copy of the Certificate IV in veterinary nursing or a Bachelor of Applied Science in Veterinary Technology. At this time, a diploma in veterinary nursing is not required.
* **Canada:** must be credentialed to work as a veterinary technician in your province. This requires that you take and pass the VTNE.

A scanned copy (**.PDF**) of the **current** license must be included. If the current license does not indicate the original date of credentialing, documentation must accompany the license, which includes the date. Please write on your **CV** the veterinary medical board or association for which your license can be verified with.

Graduates of an AVMA approved veterinary technology program must submit a scanned copy of the diploma as proof of graduation along with the name of the school. If a state does not issue a paper license and has a voluntary credentialing process, an official letter from the state Veterinary Medical Board or state Veterinary Technicians Association stating the original date of credentialing and that the applicant is in good standing to legally practice as a veterinary technician must be included. Canceled checks and other documents will not be accepted as proof.

Applicants from those states without voluntary credentialing for veterinary technicians must be a graduate of an AVMA approved Veterinary Technology program AND pass the VTNE, which will serve as the date of credentialing.

**Physical Rehabilitation Diploma/Certificate:** Please provide a scanned copy of your diploma or certificate from the organization in your application packet. A screenshot of your name listed from the organization’s website will NOT be accepted.

|  |
| --- |
| **Professional Experience and History** |

Applications may be submitted after a minimum of five (5) years’ experience as a credentialed veterinary technician (10,000 hours total, working 40 hours a week, 50 weeks a year for five years) have been completed. Two (2) of those years must contain **4,000 hours** (2 years - 40-hour work week) of work as a credentialed veterinary technician outside of veterinary physical rehabilitation. Three (3) of those years must contain experience as a credentialed veterinary technician working in veterinary physical rehabilitation, with at least **4,500** hours (75% of 6,000) of time in the specialty as described in the APRVT definition of veterinary physical rehabilitation. For the purpose of this eligibility requirement, the definition of veterinary physical rehabilitation as established by the Academy of Physical Rehabilitation Veterinary Technicians will be used to determine the number of hours you have spent providing rehabilitative care.

Work experience must be documented and will be verified with information provided on the Work Experience summary form. Please inform previous employers to prevent delays in processing.

For those working full-time in a physical rehabilitation facility and have not worked in general veterinary medicine in the immediate five years prior to application submission, please email the Credentialing Chair for clarification. Be prepared to submit the professional experience and history document early for evaluation of eligibility.

|  |
| --- |
| **Professional Work History and Experience Form** |

Applicants are required to provide employment and work history experience. This may be verified by the Academy by calling employers listed below. DO NOT HANDWRITE on this form. By including contact information, applicants are hereby approving the Academy to contact current and previous employers. If experience cannot be verified, the application may be denied or delayed for acceptance. If multiple employers or supervisors exist, please use separate forms for each.

|  |  |  |  |
| --- | --- | --- | --- |
| **Personal Information** | | | |
| **Name** | | | |
| (Last) | (First) | (Middle Initial) | |
|  | | | |
| **Mailing Address (you may not use a PO Box)** | | | |
| **Street:** | | | |
| **State/Province** | | **Zip/Country Code** | |
|  | | | |
| **Phone (home)** | | **Phone (work)** | |
| **Phone (cell)** | |  | |
|  | | | |
| **E-Mail Address (REQUIRED):** | | | |
| **NAVTA Number:** | | | **Expiration Date:** |
|  | | | |
| **Present Occupation:** | | | |
| **Credentials (e.g. CVT, RVT, LVT)** | | | |
| **Other:** | | | |
| **AVMA approved school of veterinary technology** | | | |
| **School Name:** | | **Year:** | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Are you currently credentialed to legally practice as a veterinary technician?**  **Please Mark ‘X’** | | | | |
| Yes | No | If yes, date first issued | | State License # |
| Yes | No | If yes, date first issued | | State License # |
|  | | | | |
| **Are you currently credentialed as a rehabilitation technician?**  Please Mark ‘X’ | | | | |
| Yes | No | If yes, date first issued: |  | |
| Credentialing School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

|  |
| --- |
| **Applicant Professional Work History and Experience Form** |

Estimate, as accurately as possible, how many hours you have spent practicing veterinary technology as a **credentialed** veterinary technician in the last five (5) years. If applicant is working 100% in physical rehabilitation and has prior veterinary technology experience, pre-approval is required. A copy of communications with the Credentialing Chair MUST be included and a pre-approval form is required.

|  |  |
| --- | --- |
|  | hours (4,000 minimum) |

Estimate, as accurately as possible, how many hours you have spent practicing veterinary technology as a **credentialed** **veterinary physical rehabilitation technician** in the last five (5) years:

|  |  |
| --- | --- |
|  | hours (4,500 minimum) |

|  |
| --- |
| To estimate hours = (hours per week) X (percent in specialty) X (weeks worked at job) = Total hours |

(Example: 40 hours/week x 75% X 50 weeks/year X 3 years = 4,500 hours)

List your employment history as a credentialed veterinary technician.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Practice/**  **Institution** | **Average number of hours worked per week** | **Average number of hours spent as a veterinary technician** | **Average number of hours spent in the physical rehabilitation** | **Type of practice (general, surgical, dental, etc.)** | **Starting date-**  **Ending date** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Applicant Name (Last, First)**

|  |
| --- |
|  |

**Applicant Credentials:**

|  |
| --- |
|  |

|  |
| --- |
| **APRVT Requirements/Points System** |

Applicants must show evidence of activities that earn a minimum of **155 points** (out of a possible 465 - point system) using the following criteria. The APRVT looks favorably upon the well-rounded applicant. **File Descriptions:** Photocopies of certificates, publications/table of contents, syllabus, fliers, proceedings, articles, and diplomas are REQUIRED for points to be accrued and counted towards total. If evidence is not provided, points will not be counted.If a presentation was given, do NOT submit a PowerPoint presentation. An affidavit or statement, from the applicant’s mentor including type of event, learning objective, date given, title and audience or RACE provider number will be accepted as evidence.

Teaching experience is accepted if the following criteria are met (at least one): course material is peer reviewed, a syllabus or outline is followed or course content is above and beyond what is expected for entry level physical rehabilitation, participants are either invited or exclusive to veterinary professionals. For each category, a description of evidence must be provided. Teaching at the high-school level will NOT be accepted as experience unless the speaker provides material on a regular basis (e.g. an entire semester).

\*\*Include a separate CE log for credits claimed in the points system. Do NOT duplicate CE claimed for the minimum number or use Webinars. When using this form as pre-application, include planned attendance or completion dates\*\*

1.   Evidence of completion of postgraduate training or other advanced training in addition to credentialed veterinary technology in topics related to veterinary physical rehabilitation (e.g. completion of a post-graduate training in physical rehabilitation certification).

(50 points total) \_\_\_\_\_\_\_

File Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.  Evidence of completion of postgraduate training including observation hours, case reports and an examination or other advanced training in addition to credentialed veterinary technology degree in topics related to veterinary pain management.

(50 points total) \_\_\_\_\_\_\_

File Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.  Evidence of significant experience teaching courses related to veterinary physical rehabilitation in academia (veterinary or veterinary technology school, veterinary physical rehabilitation certification school or professional continuing education program).

(30 points total) \_\_\_\_\_\_\_

File Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **APRVT Requirements/Points System** |

4. First or senior author on a peer-reviewed publication in a scientific journal within the last 5 years resulting from research or clinical practice related to veterinary physical rehabilitation.

(30 points per item- 60 points maximum) \_\_\_\_\_\_\_

File Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

File Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Co-author (i.e., not a first or senior author) on a peer-reviewed journal publication or a primary invited author on textbook chapters related to physical rehabilitation within the last 5 years.

(20 points total) \_\_\_\_\_\_\_

File Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Editor of a textbook containing information about veterinary physical rehabilitation within the past 5 years.

(30 points per textbook - maximum 60 points) \_\_\_\_\_\_\_

File Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

File Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Invited podium speaker at national or international scientific veterinary conferences on topics related to veterinary physical rehabilitation. Courses must be RACE approved with number provided.

(20 points per item- maximum 40 points) \_\_\_\_\_\_\_

File Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

File Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8.    Membership of AARV technician association.

(5 points total) \_\_\_\_\_\_\_

9.    Membership of International Veterinary Academy of Pain Management (IVAPM).

(5 points total) \_\_\_\_\_\_\_

10.  RACE approved Continuing Education (CEU) in *addition* to the 40 required CEU within the last 5 years. WEBINARS MAY NOT BE USED. Ensure CE is not duplicated in required eligibility hours.

(1 point per 2 CEU, maximum 5 points) \_\_\_\_\_\_\_

File Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

File Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

File Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

File Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

File Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **APRVT Requirements/Points System** |

11. Physical rehabilitation article written for general public, local veterinary clinics.

(5 pts each - maximum 10 points) \_\_\_\_\_\_\_

File Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

File Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. Guest speaker at a RACE approved lecture series (please provide RACE provider number or statement from mentor on letterhead stating lecture information, location, learning objective and duration)

(20 pts per lecture - maximum 40 points) \_\_\_\_\_\_\_

File Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

File Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. Guest speaker non-RACE approved lecture (i.e. canine fitness center, dog show, local veterinary clinic. Please provide event name, location, audience and advert or other evidence.

(10 points per lecture - maximum 20 points) \_\_\_\_\_\_\_

File Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

File Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. Evidence of completion of postgraduate training or other advanced training restricted to veterinary professionals. Program instructors must fulfill speaker credential requirements and are exceptionally recognized experts. (e.g. Acupressure, Therapeutic Massage).

(25 points total) \_\_\_\_\_\_\_\_

File Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15. Evidence of completion of postgraduate training or other advanced training restricted to veterinary professionals (e.g. any of the UT programs: OA case manager, Canine Animal Pain Manager, Nutrition Case Management. Fear Free Certification. Certified Canine Fitness Trainer)

(20 points total) \_\_\_\_\_\_\_\_

File Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

File Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

16. Evidence of completion of a Bachelor’s of Science (BS) or Masters (MS) in an animal related field

(25 points total) \_\_\_\_\_\_\_\_\_

File Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant total points claimed out of 465 (minimum 155):** \_\_\_\_\_\_\_\_\_\_\_\_\_ *(write in total)*

**Approved Total Points: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *(Credentialing Committee only)*

Reminders: Include a separate CE log for any CE claimed in the points system. Do NOT duplicate CE claimed for the minimum number or use Webinars. Evidence is to be provided following the points system with the correlating category clearly labeled.

Logo, company name

Description automatically generated

|  |
| --- |
| **Applicant Continuing Education Outline – POINTS SYSTEM** |

* All CE must be completed within five (5) years of application. Please include projected CE for the application year if additional credits are needed.
* CE in section 10 must meet the APRVT requirements as defined in the applicant packet and be RACE approved WITH reference number.
* Scanned copies of certificate of attendance or other proof of attendance for these events are required and must follow this form
* Additional approved CE for Points system is ten (10) and must be in person.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Applicant Name (first/last) |  |  | Credentials |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Examination Year** | | | | | |
| **Date** | **Location/ Convention** | **Speaker Name/Credentials** | **Title/Session Topic** | **Points**  **Category** | **RACE#** | **Hours** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Page total** | | | | |  |  |

|  |  |
| --- | --- |
| **Total Combined Hours:** |  |

Logo, company name

Description automatically generated

|  |
| --- |
| **APRVT Points System File Verification** |

Please insert photocopies of certificates, publications/table of contents, syllabus, fliers, proceedings, articles, or diplomas. If evidence is not provided, points will not be counted for the section claimed.

**Category X: RVT Membership Card. 5 points.**

Graphical user interface, text, application

Description automatically generated

**Category 1: <Insert File Description>**

**Category 2: <Insert File Description>**

**Category 3: <Insert File Description>**

**Category 4: <Insert File Description>**

**Category 5: <Insert File Description>**

**Category 6: <Insert File Description>**

**Category 7: <Insert File Description>**

**Category 8: <Insert File Description>**

**Category 9: <Insert File Description>**

**Category 10: <Insert File Description>**

**Category 11: <Insert File Description>**

**Category 12: <Insert File Description>**

**Category 13: <Insert File Description>**

**Category 14: <Insert File Description>**

**Category 15: <Insert File Description>**

|  |
| --- |
| **Continuing Education (Core Requirement)** |

Applicants must submit a minimum of forty (40) RACE approved qualifying hours of advanced continuing education (CE) pertaining to veterinary physical rehabilitation or associated topics that can be directly correlated to any of the APRVT Advanced Skills Checklist. The 40 hours of CE must be completed in the past five (5) years of application submission. The CE must be above and beyond requirements needed to complete any rehab certification program. Twenty (20) hours of CE should be specifically physical rehabilitation credits, ten (10) hours of pain management CE, and ten (10) hours of complementary and integrative topics (e.g. massage, acupressure, nutrition, etc.). More than 40 hours of CE may be submitted in order to compensate for any hours deemed unqualified and subsequently rejected. If the title of the course does not describe which category it correlates with, please indicate where it fits in. **Continuing education programs MUST be presented by a VTS member (in any of the specialty academies), a credentialed rehabilitation veterinarian or a veterinary diplomat of any American college** with preference for the following disciplines: American College of Veterinary Sports Medicine and Rehabilitation (ACVSMR), American College of Veterinary Surgeons (DACVS), American College of Veterinary Internal Medicine (neurology) or American College of Veterinary Anesthesia and Analgesia (ACVAA). A provider’s diplomat/credential status (DACVS, DACVSMR, DACVB, VTS, etc.) must be listed. All CE must be RACE approved with the provider number included.

**Failure to include the speaker’s credentials will result in those hours being rejected.**

Only the continuing education activities described on the CE log form will be considered. Furthermore, submitting continuing education activities analogous to self-study (e.g., reading journal articles and passing an associated quiz) will not be accepted. EACH lecture attended at a meeting shall be listed individually on the CE form followed by the CE Certificate, which shall be an electronic copy or scanned representation provided by the organization or speaker as proof of attendance. Cancelled checks or other documents will not be accepted as proof of attendance. Use the APRVT's ***definition of continuing education*** found in the supplemental section of this packet to determine whether or not your CE meets the requirements regarding content. If the title of the CE does not provide enough information to show the CE was related to specified categories, you may submit electronic copies of the course description provided by the organization providing the CE. For a particular meeting, each lecture attended should be listed on the form with speaker credentials. In evaluating CE resources, the APRVT is looking for diversity in the percentage of CE obtained from in-house, online, and meeting/conference attendance. It is expected that no more than 50% (20 hours) of in-house and online combined CE will be accepted and if provided in excess, they will not contribute towards the total hours needed. This means that it is MANDATORY for at least 20 hours of CE to come from national, state or local meetings.

Logo, company name

Description automatically generated

|  |
| --- |
| **Applicant Continuing Education Outline** |

* All CE must be completed within five (5) years of application. When using this form for a pre-application, indicate PLANNED continuing education.
* CE must meet the APRVT requirements as defined in the applicant packet and be RACE approved.
* Scanned copies of certificate of attendance or other proof of attendance for these events are required and must follow this form
* 40 hours of approved CE minimum (20 maximum may be online education). Applicants are *encouraged* to submit > 40 hours of CE.
* **Provide separate logs for minimum eligibility and Points System**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Applicant Name (first/last) |  |  | Credentials |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Examination Year** | | | | | |
| **Date** | **Location/ Convention**  **(Indicate if in person or live Webinar)** | **Speaker Credentials (DACVSMR, VTS mandatory)** | **Title/Session Topic** | **CE**  **Category** | **RACE#** | **Hours** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Page total** | | | | |  |  |

|  |  |
| --- | --- |
| **Total Combined Hours:** |  |

|  |
| --- |
| **Waiver, Release and Indemnity Agreement** |

*This form must be signed, dated, and included in your applicant packet submitted via Portable Document File (.PDF).*

I hereby submit my credentials to the Academy of Physical Rehabilitation Veterinary Technicians (APRVT) for consideration for examination in accordance with its rules and shall enclose the required application fee when due. I agree that prior to or subsequent to my examination; the APRVT Executive Board may investigate my standing as a credentialed veterinary technician, including my reputation for complying with the standards of ethics of the profession. I understand and agree that all fees shall be nonrefundable.

I agree to abide by the decisions of the Executive Board and thereby voluntarily release, discharge, waive and relinquish any and all actions or causes of actions against the Academy of Physical Rehabilitation Veterinary Technicians and each and all of its members, officers, examiners and assigns from and against any liability whatsoever in respect of any decisions or acts that they may make in connection with this application, the examination, the grades on such examinations and/or the granting or issuance, or failure thereof, of any certificate, except as specifically provided by the Constitution and Bylaws of this organization. I agree to exempt and relieve, defend and indemnify, and hold harmless the Academy of Physical Rehabilitation Veterinary Technicians, and each and all of its members, officers, examiners and assigns against any and all claims, demands and/or proceedings, including court costs and attorney’s fees, brought by or prosecuted for my benefit, extended to all claims of every kind and nature whatsoever whether known or unknown at this time. I further agree that any certificate, which may be granted and issued to me, shall be and remain the property of the Academy of Physical Rehabilitation Veterinary Technicians.

I understand that as part of the application submitted herewith, I am being asked to suggest issues, questions and ideas, which the Academy of Physical Rehabilitation Veterinary Technicians can include in future examinations. I hereby assign to the Academy of Physical Rehabilitation Veterinary Technicians all right, title and interest in and to any and all such issues, questions and ideas which I may submit to Academy of Physical Rehabilitation Veterinary Technicians now or in the future.

I certify that all information provided by me on the application submitted herewith is true and correct. I acknowledge that I have read, understand and agree to abide by the terms and conditions stated above.

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Full name and title: | |  | |
| Date: |  | |

|  |
| --- |
| **Non-Disclosure Agreement** |

THIS AGREEMENT is made and entered into as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_by and between the **Academy of Physical Rehabilitation Veterinary Technicians (APRVT)**, (the “disclosing party”), located at 10807 Kuykendahl Rd. Suite 406, The Woodlands ,Texas 77382 and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the “recipient” “candidate” or “receiving party”).

This agreement is entered into pursuant to non- disclosure of information. Recipient shall be acting as candidate. Throughout the duration of this Agreement, the Disclosing Party may deem it necessary to disclose or share certain information with the recipient. Therefore, in consideration of this agreement both parties agree to as follows:

**CONFIDENTIAL INFORMATION**

For all intents and purposes of this Agreement, “Confidential Information” shall mean or include any information that is deemed proprietary to the Disclosing Party and that which is not generally known to the public, whether in tangible or intangible form, whenever and however disclosed, including but not limited to:

1. business plans
2. performance results or status of other candidates
3. proprietary application and examination results, formulations or decisions
4. and any other information that the Disclosing Party may deem confidential. This includes any and all public domain sites (Facebook, Instagram, Twitter etc.)

The recipient may disclose information concerning their own status of membership, application or examination but no information of any other members or prospective members within the APRVT without their express written and mutual consent. The APRVT shall not engage in dispersal of personal information for purposes such as study or work groups unless express permission is received from the candidate, and in such case the APRVT shall not moderate such a group unless specifically sponsored or endorsed by the APRVT. The APRVT is not to distribute personal information, of any kind, which may affect the “recipient” “candidate” or “receiving party” employment status.

I, the “recipient” “candidate” or “receiving party”, authorize release of the following information:

Name and Email Address for purposes of creating a workgroup, managed solely by prospective candidates

Name, Email Address and Location (Please specify below) for purposes of a “Member Directory” on the www.aprvt.com website. It is the responsibility of the Member to ensure information is accurate and up to date annually.

**IN WITNESS WHEREOF,** the parties hereto have executed this Agreement as of the aforementioned date.

|  |  |  |
| --- | --- | --- |
| **Full name and title** “Receiving Party”: | |  |
| Date: |  | |

|  |
| --- |
| **Applicant Mentor Request Letter** |

Dear Veterinary Mentor,

This letter has been presented to you by a credentialed veterinary technician currently employed at **your facility,** who has an interest in pursuing membership in the Academy of Physical Rehabilitation Veterinary Technicians (APRVT). In order to achieve this objective, your technician will complete a three-step process of submitting pre-application materials, an application packet for approval by the APRVT credentialing committee and sitting for a comprehensive examination. Successful completion of these steps will earn your technician the title of Veterinary Technician Specialist in Physical Rehabilitation. A technician with VTS (Physical Rehabilitation) recognition demonstrates superior knowledge in the care and management of veterinary physical rehabilitation cases while promoting patient safety, consumer protection and professionalism.

The application process is especially time consuming and your technician will need your support and guidance throughout the process. It is recommended that you read the entire application packet to become familiar with the areas in which your technician will require your assistance. All cases contained in the case log, skills list and reports must be performed within the immediate one (1) year prior to the application deadline. All cases must be performed at the facility where the technician is employed or while under the supervision of the employer at a different location (i.e., your clinic performs physical rehabilitation services at a different location, but you and your technician are still in charge of the case and perform the services). Allow your technician to assist in developing a rehabilitative plan from start to finish. The technician should be able to anticipate the needs of the veterinarian performing a procedure, including equipment, therapeutic exercise technique, postoperative care when necessary, bandages, diagnostics, etc. that is specific for each case and discuss with you why they selected each modality, piece of equipment, exercise, client education, etc. ***It is critical for a mentor to review application documents, especially Case Reports.***

The APRVT requires that a veterinary mentor is currently licensed and certified in rehabilitation for a minimum of five (5) years or is a board-certified veterinary specialist and must be able to attest to the technician’s ability to master the required percentage of skills on the APRVT Advanced Skills Form. In those sections (indicated on skills list) where a VTS may attest to a subset of skills within their specialty, applicants must contact the credentialing chair prior to an evaluator attesting to a skill. It is also a mentor’s responsibility to ensure the VTS (Physical Rehabilitation) ***adheres to individual state/province regulatory guidelines*** when performing physical rehabilitation therapies.

Respectfully submitted by,

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentor Name and Credentials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of mentor credentialing achievement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Applicant Agreement with Mentor Signature Page** |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby contract with

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be my veterinary physical rehabilitation mentor.

I will provide my mentor with an outline detailing how I intend to accomplish my training program.  My mentor must then approve this outline.  Once the training methods are agreed upon, my mentor must sign this proposal and I will submit it to the APRVT Board of Directors for further approval.

We will be in contact \_\_\_\_\_\_\_\_ (applicant insert frequency) times per year via phone, email, letter, fax, and/or in person to review my progress.

I will submit at least one-half of my case logs and case reports to my mentor by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for review.

The remainder of my credentials packet will be submitted for review by my mentor by \_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Applicant** |  | **Mentor** |
|  |  |  |
| (Signature) |  | (Signature) |

|  |  |  |
| --- | --- | --- |
| **Printed Name** |  | **Printed Name** |
|  |  |  |

**Mentor Contact Information:** (*Please type* - this is primary means of contact)

|  |  |  |
| --- | --- | --- |
| Street Address | |  |
| State/Province | |  |
| Zip Code | |  |
| Phone | |  |
| Email Address | |  |
|  | | |

|  |
| --- |
| **Veterinarian Mentor Agreement Form – Skills List and Case Logs** |

The APRVT requires a licensed veterinarian trained in physical rehabilitation with at least five (5) years’ experience, a diplomate or a VTS who has mastered the skill attest to an applicant’s ability to perform the task. A testifier must sign at the bottom of all forms to validate their initials throughout the form. Mastery is defined as being able to perform the task safely, with a high degree of success, and without being coached or prompted. Mastery requires having performed the task in a wide variety of patients and situations. The skills mastered in the *Advanced Skills List* are to be demonstrated in case logs and case reports. ***Credentialed Veterinary Technicians and Physical Therapists with rehabilitation credentialing are not accepted for mentorship***. Applicant must demonstrate mastery of 100% of the ***Regulatory and Practice Knowledge*** skills.

Some skills may be difficult to demonstrate in a typical case log summary therefore, once the applicant has documented at least 40 valid cases any remaining case log entries may be used for the sole purpose of documenting these skills (i.e., “Dr. Roberts verified my ability to use Electrical Stimulation in the management of post-operative surgical IVDD”, “Dr. Jones witnessed me safely and properly handling patients requiring additional assistance during hydrotherapy (underwater to swimming).” “Drs. Daniels verified client education communication when discussing a home therapeutic exercise program and ability to properly instruct on patient pain assessment”). Additional case log entries are encouraged in the event an individual case log is not acceptable for submission. **Case log entries are not to exceed sixty (60) entries.**

If a skill was mastered at a prior place of employment listed in your employment history, it must be validated by the veterinarian associated with the prior employment in the form of a signature on the skills list form or by a letter stating such.

|  |  |  |
| --- | --- | --- |
| **Applicant** |  | **Mentor** |
|  |  |  |
| (Signature) |  | (Signature) |

|  |  |  |
| --- | --- | --- |
| **Printed Name** |  | **Printed Name** |
|  |  |  |

**Mentor Contact Information:** (*Please print clearly*- this is primary means of contact)

|  |  |
| --- | --- |
| Street Address |  |
| State/Province |  |
| Zip Code |  |
| Phone |  |
| Email Address |  |

|  |
| --- |
| **Regulatory and Practice Knowledge – Mentor Mastery Verification** |

The VTS (Physical Rehabilitation) must have an intimate understanding of regulatory guidelines and principles within their individual state or provincial veterinary practice acts as they relate to animal physical rehabilitation. Where a rehabilitation veterinarian is not able to directly supervise the VTS (Physical Rehabilitation), a state licensed veterinarian must supervise veterinary physical rehabilitation patients. The VTS (Physical Rehabilitation) must also be able to work collaboratively with colleagues outside of the veterinary profession. A mentor must verify that potential applicants have a thorough understanding of the information listed in the table below. At this time, a Physical Therapist or VTS in any specialty will not be accepted to attest to the knowledge listed below. Applicants must fulfill all sections.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Description** | **Date** | **Mentor Initials** |
| 1 | *Be able to describe the role of the credentialed veterinary technician including definitions of respective practice acts within the applicant’s current state* |  |  |
| 2 | *Be able to explain the role of collegial relationships in veterinary physical rehabilitation (Chiropractor, Physical Therapist, Acupuncturist, Massage Therapist)* |  |  |
| 3 | *Be able to describe the Model Practice Act of Animal Physical Rehabilitation and Complementary/Alternative Medicine (CAVM) as defined by the American Veterinary Medical Association (AVMA)* |  |  |
| 4 | *Be able to describe the ideal practice model as written by the American Association of Rehabilitation Veterinarians (AARV)* |  |  |
| 5 | *Be able to describe the concept and importance of the Veterinary-Client-Patient relationship during physical rehabilitation.* |  |  |
| 6 | *Be able to describe the role of the referring veterinarian and methods of referral including the importance of communication in a timely manner (following the AVMA Principles of Veterinary Medical Ethics)* |  |  |

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Professional Experience and History – 100% in the Specialty Request Form** |

The Academy recognizes an applicant may work 100% in the specialty in the immediate five (5) years prior to application submission. In these instances, pre-approval is required from the credentialing chairperson for a complete application submission to ensure the applicant meets hours required working as a credentialed veterinary technician according to the eligibility requirements. Please submit this completed form with signatures in the pre-application and application packets.

Dear Credentialing Chairperson,

I am writing to request pre-approval of work experience because I have worked 100% in the specialty of physical rehabilitation or some percentage thereof for the immediate five (5) years prior to application submission. I attest to my detailed submission of work experience that I have attained the required experience as a credentialed veterinary technician.

Credentialed veterinary technician experience:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Applicant** | **Name of Practice** | **Starting date- Ending date** | **Credentialing Chair Initials** | **Date of Approval** |
|  |  |  |  |  |
|  |  |  |  |  |

Rehabilitation veterinary technician experience:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Applicant** | **Name of Practice** | **Starting date- Ending date** | **Credentialing Chair Initials** | **Date of Approval** |
|  |  |  |  |  |
|  |  |  |  |  |

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Credentialing Chairperson Only:*

|  |
| --- |
|  |