



# **Pre-Application Packet**

## **2028 Exam Cycle**

### **Phase I**



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**The Academy of Physical Rehabilitation Veterinary Technicians™ - Section 501(c)(6) not-for profit organization**

10807 Kuykendahl Road, Suite 406 ♦ The Woodlands, TX 77382



## 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. All requirements of eligibility for the examination year are defined in the APRVT constitution and bylaws and should be read carefully. Applicants are held to the eligibility requirements approved for the exam cycle year.

All forms described in this 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. An application packet is considered complete when submitted as ONE document, including a properly labeled Table of Contents saved in .PDF format with FOUR case reports submitted separately in a Word 97-2004 (.doc) document for commenting purposes. With the exception of signatures and initials, handwritten forms will not be accepted. Please scan these items into the application packet. Case reports must be embedded in the application .PDF file packet. Recommended file naming convention is: Exam Year, Applicant AIN number, Last Name. If hyperlinks are embedded into a .PDF, applicants are responsible for ensuring links are active.

All files are to be uploaded to the applicant's personal Drop Box account then shared with the Credentialing Chair via E-mail. It is the applicant's responsibility to maintain personal Drop Box accounts, retain original copies of files, 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). You should be submitting a total of one (1) link.**

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.

**This Pre-Application is in preparation for a Full Application submission in  
January 1, 2028**



## Eligibility and Requirement Checklist

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

1. Pre-Application criteria packet one (1) year prior to application submission due Jan 1, 11:59:59 CST:
  - a. A Letter of Intent.
  - b. A completed Curriculum Vitae.
  - c. Two (2) letters of recommendation.
  - d. Points system (please include any planned continuing education or activities that will be completed by final application submission).
  - e. Signed mentor agreement/request form.
  - f. Mentorship by an approved veterinary mentor as described in the APRVT Bylaws.
  - g. Signed release of liability, waiver and acknowledgement forms.
  - h. 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.
  - i. Proof of Credentialed Veterinary Technician (or regional equivalent) license.
  - j. Completed Credentialed Veterinary Technician Skills List.
  - k. Projected experience requirements, hours worked, after becoming credentialed to practice as a veterinary technician or veterinary nurse through documentary evidence.
  - l. Projected continuing education requirements after becoming credentialed to practice as a veterinary technician or veterinary nurse through detailed documentary evidence.
2. Submit a completed application packet including:
  - a. All previously submitted pre-application documents with updates (e.g. continuing education, points system) highlighted in **YELLOW**.
  - b. Meet experience requirements, hours worked, after becoming credentialed to practice as a veterinary technician or veterinary nurse through documentary evidence.
  - c. Minimum of three (3) years as a credentialed veterinary technician and fulfilling the hours' requirement (4,500 hours out of 6,000 total hours) working 75% of time worked in the specialty of physical rehabilitation.
  - d. Meet continuing education requirements after becoming credentialed to practice as a veterinary technician or veterinary nurse through detailed documentary evidence.
  - e. Meet points system requirements upon final packet submission.
  - f. Provide four (4) detailed case reports correlating to case logs following the guidelines set forth in the application packet.
  - g. Provide documentary evidence through both case logs and the advanced skills list of competence in veterinary physical rehabilitation. Skills and case logs must be verified within the immediate year prior to application submission.
  - h. Current membership with the National Association of Veterinary Technicians in America including documentary evidence of membership number.
  - i. Five (5) prospective examination questions written as required by the examination committee guidelines.
  - j. Have not earned a VTS in any recognized NAVTA specialty in the immediate three (3) years prior to application submission.

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## 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** as part of the pre-application submission. Pre-applications are due **January 1st 11:59:59 pm CST one year prior to full application submission**. 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 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 veterinary mentor who is a veterinarian certified in veterinary physical rehabilitation or is a diplomate of the American College of Veterinary Sports Medicine and Rehabilitation (ACVSMR) or is a ACVSMR resident 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. Veterinary 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 Academy will accept a second letter of recommendation from diplomates of recognized specialties by the American Academy of Veterinary Specialty Board (AAVSB) or by a NAVTA approved VTS specialty academy member. Credentialed Veterinary Technicians (CVT) with credentialing in any VTS Academy are not eligible to mentor a candidate (for purposes of skills verification) unless the VTS is a member of the APRVT and has maintained membership eligibility for three (3) years. Non-VTS CVT's and Physical Therapists with physical rehabilitation credentialing will not be accepted. In the event the applicant does not have access to ***TWO*** of the above-listed VTS-es or Diplomates, the Academy will accept **ONE** of the two required letters of recommendation from a licensed DVM with an additional letter from said DVM stating that no Diplomate or VTS is easily available for the applicant to utilize.

**Pre-Applications will not be considered if two recommendation letters are not enclosed.**

Each VTS candidate shall 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 **or** is a VTS (Physical Rehabilitation) in good standing for three (3) years. This veterinary "mentor" should be in the same locality as the candidate and should be able to communicate at a minimum by video conferencing. VTS (Physical Rehabilitation) members are required to work directly with the candidate without the option to video conference.

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## 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 1.0-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.**



## License and Diploma

Applicants must be a graduate of an AVMA approved Veterinary Technology Program **or** are legally 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. Currently, a diploma in veterinary nursing is not required.
- **Canada:** must be credentialed to work as a veterinary technician in your province.

**A scanned copy (.PDF) of the current license with expiration date 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.

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.

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## Professional Experience and History

Applications may be submitted after a minimum of three (3) years as a credentialed veterinary technician or veterinary nurse (6,000 hours working 40 hours a week, 50 weeks a year) containing at least 4,500 hours (75% of 6,000 hours, 3 years- 40-hour work week) of work in veterinary physical rehabilitation experience in the immediate three (3) years prior to application 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.

Applicants are not required to have direct experience working as a credentialed veterinary technician in a general practice or other specialty setting and may only have experience working in physical rehabilitation however, applicants are required to be able to perform essential tasks and functions with expert knowledge or skill as a credentialed veterinary technician as described in the skills list.



## Professional Work History and Experience Form

Applicants are required to provide employment and work history experience. This may be verified by the Academy by contacting 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. All sections are **REQUIRED** to be filled out completely.

### 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:

Veterinary Technician License #/State

Expiration Date:

Veterinary Technician License #/State

Expiration Date:

NAVTA Number:

Expiration Date:

#### Present Job Title and Credentials (e.g. CVT, RVT, LVT)

#### AVMA approved school of veterinary technology

School Name:

Year:

#### Credentialed Veterinary Technician License

*If licensed in multiple states, list the license which correlates to employer address first*

Date Issued

Exp:

State License #

Date Issued

Exp:

State License #

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## Professional Work History and Experience Form

Estimate, as accurately as possible, how many hours you have spent practicing veterinary technology as a **credentialed veterinary physical rehabilitation technician** in the last three (3) 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 physical rehabilitation	Type of practice (general, surgical, rehab, etc.)	Starting date- Ending date

### Workplace Verification Contact Information

*Provide Contact Name, Title/Role at Workplace, Best Method of Contact (E-mail, Phone)*

1.	
2.	
3.	

### Applicant Name (Last, First)

--

### Applicant Credentials:

--



## Points System Requirements

Applicants must show evidence of activities in the immediate **three (3) year** period prior to application submission unless otherwise indicated “\*” and earn a minimum of **160 points** using the following criteria. The Academy utilizes the points system to evaluate an applicant’s experience and qualifications. A well-rounded applicant should have well over the minimum points required. Files are to be named for each category and should include **Points Category Number and Description** in the following convention: **Section 1.a: CCRP Certificate. Photocopies of certificates, course syllabus, flier page, proceeding title page or presentation title and learning objective (including conference name), articles and publications (first page with author name and year of publication), and diplomas are REQUIRED for points to be accrued and counted towards total. If evidence is not provided, points will not be awarded.** Do NOT submit full PowerPoint presentations or full proceedings. An affidavit or statement, from the applicant’s mentor including type of event, learning objective, date given, title and audience or RACE provider number may be accepted as evidence if needed. Education sessions attended which are delivered by multiple speakers may receive partial credit if a co-instructor does not meet speaker requirements.

Special note for category three (3) – “Significant Teaching Experience”. Please reference the **APRVT Definitions** in appendix. **Point accrual breakdown:** Each semester, quarter or program duration = 10 points.

Include a separate CE log for credits claimed in the points system. Do NOT duplicate CE claimed for the minimum number and include planned attendance or completion dates.

**Applicant total points claimed (minimum 160):** \_\_\_\_\_ (type in total)

*\*Indicates Activity may be completed more than the immediate three (3) years prior to application submission*

### **Section 1\***

Category Total: \_\_\_\_\_

*\*Activities may be completed more than the immediate three (3) years with a maximum of ten (10) years prior to application submission*

- a. Evidence of completion of postgraduate training or advanced training in addition to credentialed veterinary technology in a field of self-study as a subject matter expert. This category shall include any combination of criteria from the certifying organization such as evidence of experience in the field of study, required continuing education, mentorship, observation hours, practical experience, case report competency, skills demonstration or verification. A final qualifying examination of competency validation is required. Maintenance of credentials or ongoing membership is preferred, but not required. This category does NOT include certifications which are meant to learn new areas of study or material for an applicant in veterinary physical rehabilitation (e.g. myofascial trigger point, osteoarthritis management, fitness and conditioning, etc). **(50 points per item)**

- Section Total: \_\_\_\_\_

### **Section 1\***

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- b. Editor (or co-Editor) of a textbook containing information about veterinary physical rehabilitation. **(50 points per item)**
- c. Authorship contribution on a peer-reviewed publication in a scientific journal (e.g. *JAVMA*, *Frontiers*) resulting from research or clinical practice (if 'in print', please provide the stage of publication at time of application). **(50 points per item)**  
- **Section Total:** \_\_\_\_\_
- d. Primary invited author publication on textbook chapters related to veterinary physical rehabilitation. **(50 points per item)**  
- **Section Total:** \_\_\_\_\_
- e. Co-author (i.e., not a first or senior author) on a peer-reviewed journal publication **or** textbook related to physical rehabilitation. **(20 points per item)**  
- **Section Total:** \_\_\_\_\_
- f. Evidence of significant experience teaching courses related to veterinary physical rehabilitation (veterinary or veterinary technology school, veterinary physical rehabilitation certification school or professional continuing education program). Programs must be RACE approved or is validated through a national Education Standards Accreditation body. *See Significant Teaching Experience definition.* **(10 points per activity)**  
- **Section Total:** \_\_\_\_\_

## **Section 2**

Category Total: \_\_\_\_\_

*Activities must be completed within the immediate three (3) years prior to application submission*

- a. 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. Panel discussions are ineligible in this category. **(20 points per item)**  
- **Section Total:** \_\_\_\_\_
- b. Poster presentation of scientific research (must be active in research). **(20 points per item)**  
- **Section Total:** \_\_\_\_\_
- c. Case presentation (related to physical rehabilitation) at a national or international scientific veterinary conference **(15 per activity)**  
- **Section Total:** \_\_\_\_\_
- d. 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) - Section Total:** \_\_\_\_\_

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## **Section 2**

e. Evidence of completion of postgraduate training or other advanced training with at least one individual from a veterinarian diplomate college or CrVT VTS educator. RACE approval required. (e.g. Companion Animal Pain, Nutrition, Behavior) **(15 per activity)**

– **Section Total:** \_\_\_\_\_

f. Evidence of completion of postgraduate training or other advanced training. At least one program instructor must fulfill speaker credential requirements or are exceptionally recognized experts in their field of study. (e.g. Acupressure, Therapeutic Massage, Canine Fitness/Conditioning). **(10 per activity)**

- **Section Total:** \_\_\_\_\_

## **Section 3**

Category Total: \_\_\_\_\_

*Activities must be completed within the immediate three (3) years prior to application submission*

a. RACE approved Continuing Education (CEU) in addition to the 40 required CEU within the last 3 years. Ensure CE is not duplicated in required eligibility hours. Please provide a separate CEU log for this category. **(1 point per CEU)**

– **Section Total:** \_\_\_\_\_

b. Physical rehabilitation article written for general public, local veterinary clinics. **(5 pts each)**

– **Section Total:** \_\_\_\_\_

c. 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)**

– **Section Total:** \_\_\_\_\_

**Applicant total points claimed (minimum 160):** \_\_\_\_\_ *(type in total)*

*\*Indicates Activity may be completed more than the immediate three (3) years prior to application submission*

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**Continuing Education Form – POINTS SYSTEM**

**Reminders:** This is a separate CE log for only the Points System and shall NOT duplicate CE claimed for the minimum number or use recorded Webinars. Evidence is to be provided following the points system with the correlating category clearly labeled.

- CE may be completed within three (3) years of application.
- CE 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 or be hyperlinked to supporting documentation.

Applicant Name (first/last) \_\_\_\_\_

Credentials: \_\_\_\_\_

Examination Year						
Date	Location/ Convention	Speaker Name/Credentials	Title/Session Topic	CE Category	RACE #	Hours
<b>Page total</b>						

**Total Hours Combined:**

## 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.

### EXAMPLE Section 1e: Co-Author of textbook chapter

Pain Management for Veterinary Technicians and Nurses	
16	Physical Rehabilitation 411 <i>Kristen Hagler, Wendy Davies, and Lis Conarton</i>
16.1	Scope of Training for the Team 411
16.1.1	Team Approach to Care 413
16.1.2	Applications in Veterinary Medicine 413
16.2	The Veterinary Technician's Physical Rehabilitation 413
16.2.1	Common Conditions and Injuries 413
16.2.2	General Wound Healing 415
16.2.3	Bone 415
16.2.4	Muscle 415
16.2.5	Tendons and Ligaments 416
16.2.6	Articular Cartilage 417
16.3	Client Communication and Activity Modification 417
16.4	Patient Assessment 418
16.4.1	Veterinary Diagnosis - The Rehabilitation Team 418
16.4.2	Objective Outcomes: Goniometry and Muscle Girth 419
16.4.3	Pain and Disability Scoring - Methodology in Pain Scoring and Assessment 420
16.4.4	The Musculoskeletal System 422
16.4.5	Structural and Postural Evaluation 424
16.4.6	Gait Analysis and Movement 425
16.4.7	Lameness 425
16.4.8	The Aging Patient 427
16.5	Patient Management 427
16.5.1	Assistive Devices: Mobility Wheelchairs, Harnesses, and Footwear 427
16.5.2	Bracing, Splinting, and Prosthesis 429
16.5.3	Kinesio Taping 429
16.5.4	Environmental Modifications 430
16.6	Therapeutic Modalities and Emerging Treatments 431
16.6.1	Superficial Thermal Therapies 431
16.6.2	Photobiomodulation (Therapeutic Laser) 433
16.6.3	Electrical Stimulation 434
16.6.4	Extracorporeal Shock Wave Therapy (ESWT) 435
16.6.5	Therapeutic Ultrasound (THUS) 435
16.6.6	Electro-Magnetic Therapy 436
16.7	Manual Therapy and Myofascial Trigger Points 436
16.7.1	Myofascial Trigger Points 436
16.7.2	Joint Mobilizations and Chiropractic 437
16.7.3	Joint Range of Motion - Passive 438
16.7.4	Therapeutic Massage 438
16.8	Emerging Therapeutic Medical Interventions 439
16.8.1	Regenerative Medicine and Biological Treatments 439
16.8.2	Corticosteroids and Hyaluronic Acid 440
16.8.3	Stem Cells 440

Copyrighted Material

Section 1 a. – f.: <Insert File Description>

Section 2 a - f: <Insert File Description>

Section 3 a - c: <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 may be completed in the past three (3) 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, acupuncture, 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 (residents included) 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), or American College of Veterinary Internal Medicine (neurology). 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 credits 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. 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 pre-recorded online combined CE will be accepted** and if provided in excess, they will not contribute towards the total hours needed.

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**Continuing Education Form – CORE APPLICATION**

- CE may be completed within three (3) years of application. Do not use this form for a Pre-Application. Do not duplicate 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 or be hyperlinked to supporting documentation.
- 40 hours of approved CE minimum (20 maximum may be online education). Applicants are *encouraged* to submit > 40 hours of CE.
- **Provide separate CE logs for Core Application and Pre-Application Points System**
- **Provide totals for Combined Hours for each page listed.**

Applicant Name (first/last) \_\_\_\_\_

Credentials \_\_\_\_\_

Examination Year						
Date	Location/ Convention (Indicate if in person, Live-online or Webinar)	Speaker Credentials (DACVSMR, VTS mandatory)	Title/Session Topic	CE Category	RACE#	Hours
<b>Page total</b>						

**Total Combined Hours:**



## Waiver, Release and Indemnity Agreement

*Form must be signed, dated, and included in the application. Submit as a 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 Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_



**Non-Disclosure Agreement**

THIS AGREEMENT is made and entered into as of \_\_\_\_\_ (date) 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:

- (i) business plans
- (ii) performance results or status of other candidates
- (iii) proprietary application and examination results, formulations or decisions
- (iv) 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 Veterinary 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 logs 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, using therapeutic modalities, executing 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 veterinary mentor to review application documents, especially Case Reports.***

The APRVT requires that a veterinary mentor is currently licensed and certified in rehabilitation or is a board-certified veterinary specialist (or resident) 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. VTS (Physical Rehabilitation) members may mentor a candidate if they meet the eligibility criteria and the candidate is supervised by a veterinarian. 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: \_\_\_\_\_

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

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



**Applicant Agreement with Veterinary Mentor Signature Page**

I, \_\_\_\_\_, do hereby contract with \_\_\_\_\_ to be my veterinary physical rehabilitation mentor.

I will provide my veterinary mentor with an outline detailing how I intend to accomplish my training program. My veterinary mentor must then approve this outline. Once the training methods are agreed upon, my veterinary 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**

**Veterinary Mentor**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

**Printed Name**

**Printed Name**

**Veterinary 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 three (3) years’ experience, a diplomate or a VTS (physical Rehabilitation) with active membership 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 veterinary mentorship.*** Applicant must demonstrate mastery of **100%** of the ***Regulatory and Practice Knowledge skills*** and ***Essential Credentialed Veterinary Technician knowledge and 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).” “Dr. 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**

**Veterinary Mentor**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

**Printed Name**

**Printed Name**

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

Street Address \_\_\_\_\_  
 State/Province \_\_\_\_\_  
 Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Credentialing Year \_\_\_\_\_



## Regulatory and Practice Knowledge – Veterinary 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 veterinary 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	<i>Be able to describe the role of the credentialed veterinary technician including definitions of respective practice acts within the applicant's current state.</i>		
2	<i>Be able to explain the role of collegial relationships in veterinary physical rehabilitation (Chiropractor, Physical Therapist, Acupuncturist, Massage Therapist).</i>		
3	<i>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).</i>		
4	<i>Be able to describe the concept and importance of the Veterinary-Client-Patient relationship during physical rehabilitation.</i>		
5	<i>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)</i>		

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

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



## Essential Credentialed Veterinary Technician Skills – Veterinary Mentor Mastery Verification

The VTS (Physical Rehabilitation) must have an intimate understanding of activities essential as a credentialed veterinary technician as they relate to animal physical rehabilitation and general animal care. A veterinary 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	<i>Perform a comprehensive physical exam on at least ONE small animal species. Examination of multiple life stages (juvenile, adult, and geriatric) is encouraged. Assess and document findings including weight, temperature, heart rate, pulse rate, respiratory rate, heart/lung sounds, BCS, numerical pain score, hydration status, and any abnormal findings</i>		
2	<i>Demonstrate efficient and accurate calculation of medication doses as related to those commonly used in veterinary physical rehabilitation pain management and associated procedures (e.g. diagnostic imaging, joint injections)</i>		
3	<i>Demonstrate mastery of venipuncture and laboratory processing in healthy animals in at least two locations. This may include regenerative medicine collection techniques or laboratory sampling for diagnostics.</i>		
4	<i>Demonstrate mastery or knowledge of intravenous catheter placement and maintenance.</i>		
5	<i>Demonstrate mastery or knowledge of cystocentesis, either blind or ultrasound guided.</i>		
6	<i>Demonstrate mastery of proper wound management techniques and/or bandage placement. Log at least 2 different wounds/bandages - specifying location and bandage type (supportive, protective,</i>		
7	<i>Demonstrate mastery of proper application of splints. Log at least two locations and type.</i>		



## Essential Credentialed Veterinary Technician Skills – Veterinary Mentor Mastery Verification

8	<i>Demonstrate mastery of proper application of bandages. Log at least two locations and type.</i>		
9	<i>Demonstrate proper nursing care techniques for the recumbent patient. This is to include at <u>minimum</u> urinary bladder care, proper bedding, and safe manipulation of postural changes.</i>		
10	<i>Demonstrate knowledge of common nosocomial diseases, contagious/infectious diseases in small animals and risk management in the treatment setting.</i>		
11	<i>Demonstrate knowledge of safe handling procedures and precautions for patients undergoing chemotherapeutic agents (e.g. handling urinary accidents, what is a 'NADIR')</i>		
12	<p><i>Demonstrate advanced knowledge or advanced skill in the following:</i></p> <p><input type="checkbox"/> <i>Endotracheal intubation and tube placement noting selection process in regard to length and size, and safe technique for sealing cuff.</i></p> <p><input type="checkbox"/> <i>Set up at least two pieces of electronic monitoring equipment for patients undergoing sedation or anesthesia</i></p>		
13	<i>Demonstrate knowledge or skill of patient positioning and technique for radiographic diagnostic imaging studies for at least four (4) anatomical locations. For example: Lumbar spine imaging includes a right lateral and VD lumbar view to include T13-L1 and L7-S1 with directional markers.</i>		
14	<i>Demonstrate skilled application of crisis intervention/grief management strategies with pet owners or team members.</i>		
15	<i>Demonstrate knowledge and skill in accurate medical charting following standardized documentation procedures (e.g. SOAP format).</i>		
16	<i>Demonstrate knowledge and be able to recognize abnormal oral/dental, and integumentary conditions needing further veterinary medical attention (e.g. tooth fracture, oral masses).</i>		



**Essential Credentialed Veterinary Technician Skills – Veterinary Mentor Mastery Verification**

17	<i>Demonstrate knowledge or skill of aseptic technique and patient preparation for a variety of sterile procedures (such as joint injections, stem cell harvesting, arthroscopy, etc).</i>		
18	<i>Demonstrate knowledge <u>and</u> skill of animal handling and restraint for medical procedures</i>		
19	<p><i>Demonstrate advanced knowledge and skill for the following pharmacological skills:</i></p> <p><input type="checkbox"/> <i>Recognition of adverse or undesirable drug reactions including initial management steps following common protocolized recommendations. For example: Fluffy’s owner reports diarrhea started after starting Carprofen. What is a common protocolized recommendation considering the medication taken</i></p> <p><input type="checkbox"/> <i>Preparation, dispensing and communication with pet owners of prescribed pharmaceuticals</i></p> <p><input type="checkbox"/> <i>Recognition of common drug classifications (this is not limited to pain management as rehabilitation patients often have co-morbid conditions)</i></p>		
20	<i>Demonstrate the ability to recognize and triage emergency conditions including during delivery of rehabilitation therapies. For example: describe to a colleague an emergency plan should a patient collapse while performing hydrotherapy; broken toe-nail during therapeutic exercise</i>		

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

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



**Special Forms: Mentorship Support Request Form**

**APRVT Endorsed Mentorship for Application Processing**

The Academy recognizes an applicant may be highly experienced and be an excellent example of an exceptionally qualified expert but may require additional assistance completing the application process. Mentorship of an applicant by an Academy member does not guarantee acceptance of an application and the basis of mentorship is to guide the applicant in the right direction for final application acceptance.

Eligibility (all criteria must be met):

- Applicants who have successfully completed a pre-application (Phase I)
- Applicants with rejection of a full application and failure to meet criteria in either Phase I or II
- VTS (Physical Rehabilitation) mentor must be conferred for a period of three (3) years and hold active membership eligibility

**DATE**

Dear Credentialing Chairperson,

I am writing to request the supervision of an Academy mentor to assist me with submission of application materials in consideration for acceptance to sit for the VTS (Physical Rehabilitation) qualifying examination. I have thoroughly read the recommendations from the credentialing committee regarding my previous submissions but require additional clarification or support. I believe I fully represent the high standards of the Academy and am an exceptionally qualified expert in the field of veterinary physical rehabilitation.

Thank you for your consideration.

Sincerely,

<b>Signed</b>		
Full Name (First, Last)		
Original Application Rejection Year (with AIN#):		
Current Application Year:		