Application for 2022 AVTAA Examination

AVTAA 2022 APPLICATION

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APPLICANT INSTRUCTIONS

AVTAA 2022 APPLICATION

The Academy of Veterinary Technicians in Anesthesia and Analgesia (AVTAA) appreciates your interest in becoming a Veterinary Technician Specialist in Anesthesia and Analgesia or VTS (Anesthesia & Analgesia). The AVTAA's goal in certifying credentialed veterinary technicians/veterinary nurses is to assure the veterinary profession and the public that an AVTAA certified technician/nurse possesses the knowledge, skills and experience needed to practice anesthesia at an advanced level of competency. The academy requirements are rigorous and require the applicant to not only have a solid foundation of advanced clinical knowledge and skill but also a comprehensive understanding of concepts that can be properly described in written format. The process is intended to assure the public and the profession that technicians/nurses certified by AVTAA have demonstrated a high degree of competency in the area of veterinary anesthesia and peri-operative analgesia.

The AVTAA application has two parts. First, you must receive approval on the pre-application packet. The pre-application evaluates work history and credential status. The deadline for the pre-application is **May 31 2021; 11:59:59 pm Eastern Time**. **All documents for the pre-application should be compressed into a single zipped folder and uploaded using DROP BOX on the Application Page of the AVTAA website, https://www.avtaa-vts.org/drop-box.pml**. **The total application fee is $60.00 and must be paid in full as part of the pre-application process.** Proof of payment (via PayPal receipt) is required for the pre-application documents to be processed. The date **MUST** be located on the PayPal receipt. **NOTE:** If someone other than the applicant will be paying the application fee, then the applicant's name **MUST** be indicated on the PayPal receipt.

If approval of the pre-application packet is granted you then will be eligible to submit a complete application packet at the end of the year. The deadline for the complete application packet is **December 31 2021; 11:59:59 pm Eastern Time**. The complete application is broken down into Folder 1(unblinded) and Folder 2 (blinded). Each folder **MUST** contain the appropriate documents and then be individually compressed into a zipped folder. **Both zipped folders for the complete application should be uploaded using the DROP BOX on the Application Page of the AVTAA website, https://www.avtaa-vts.org/drop-box.pml**. Individual documents submitted for the complete application will NOT be accepted. **Complete application documents submitted are FINAL; once you submit the zipped file an individual form cannot be exchanged for an updated form unless requested by AVTAA.** Please ensure that you are submitting the correct and final copy (e.g. form filled out completely, all pages scanned, no track changes, etc.) of all the documents in each zipped folder.

All documents for the pre-application and complete application **MUST** be saved using a specific file name that is outlined in the instructions. Each zipped folder **MUST** be saved using a specific folder name. All forms provided with this application packet **MUST** be used for the pre-application and complete application submissions. They are available individually online at www.avtaa-vts.org. **All** forms must be typed or word-processed. With the exception of signatures and anesthesia records, hand written forms will NOT be accepted. Forms that require signatures or allow written information (e.g. anesthesia records) should be scanned as .pdf, .doc or .docx files.

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Unless specified under a certain document, **Do NOT submit scanned forms as .jpeg files.** Download the blank PDF forms from the website using **ONLY** ADOBE READER. Other download programs may not format the forms properly. **Only use forms and follow instructions for the CURRENT application; previous year's application forms and instructions are no longer valid and will not be accepted. DO NOT alter the formatting or settings of ANY form; doing so may result in rejection of that form.** All dates entered on forms should follow **month/day/year** format. 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.

WARNING to MAC users: MAC computers do not handle .pdf documents very well. If using a MAC, verify ALL fields are present and filled in correctly before sending documents for the pre-application or complete application. Compare the MAC document to the example forms located in the application instruction packet.

Questions about the AVTAA application process can be sent to Darci Palmer (AVTAA Executive Secretary), dpalmerrvt@hotmail.com. Emails are answered as soon as possible but please be aware that it can take up to 5 business days for a response depending on email volume. If you do not receive a response within 10 days it may mean that the email was not received so please email again.

Disclaimer: *AVTAA supports and promotes professional honesty and personal integrity during the application process to become certified as a VTS (Anesthesia & Analgesia). Any form of professional dishonesty, including plagiarism, will not be tolerated. Any application found to have evidence of plagiarism or guilty of providing dishonest information will be automatically rejected.*

2022 Pre-Application Requirements

The following documents are required for the pre-application and are due by 11:59:59 pm Eastern Time, May 31 2021:

1. **Professional History and Experience**
2. **Current license to practice as a veterinary technician or veterinary nurse (scanned copy)**
3. **Proof of original date of credentialing if not indicated on current license**
    a. **See instruction below if state does not issue a paper license**
4. **Letter of good standing from veterinary medical board or regulatory body**
5. **Scanned copy of diploma (ONLY if requested)**
6. **Scanned copy of legal documentation of name change (only if more than one last name is used on any documents)**
7. **Scanned copy (after signatures) of Letter of Agreement**
8. **PayPal receipt indicating $60.00 application fee has been paid**
   (DATE and applicant NAME must be present on receipt)

****Please read and follow the directions for each of these documents in the application instruction packet****

These documents require approval by the credentials committee in order for the applicant to submit a complete application packet in December 2021.

The credentials committee will be verifying work experience hours and confirming credential status in order to grant approval of these forms. **NOTE**: All employment history listed on the form MUST have a contact name and **work email** for the person who can verify work experience hours. It is the applicant's responsibility to ensure the name and email address is correct. Each employer (present and past) will be contacted via email for verification of hours claimed on form. The employer will be asked to respond within 10 days from the date indicated in the email. **It is the applicant's responsibility to ensure ALL past and current employers respond to this email within the 10-day period.** Approval will NOT be granted until all employment hours can be verified.

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NOTE: **International applicants** are encouraged to submit the pre-application packet early as extra time may be needed to verify credential status as a veterinary nurse/technician in countries outside the USA. All non-English documents must be translated into American or British English before submitting. A brief letter from the translator may be required to verify authenticity of translated documents.

If the pre-application packet is rejected then you are NOT eligible to submit a complete application in December. Any documents submitted in December 2021 will be automatically rejected.

The credentials committee will contact the applicant with approval status via email within 7-10 business days of submission of these documents. A detailed report will be provided if any documents are rejected. If documents are missing or the professional history and experience form is filled out incorrectly the applicant has the opportunity to correct the issues and resubmit the forms at no additional cost as long as it is before the May 31 deadline. A rejection due to not enough work experience hours or inability to provide all required documentation is FINAL and additional submissions will not be reviewed. **There is NO refund of the $60.00 application fee if the pre-application is rejected.**

Approval must be granted before the 11:59:59 pm Eastern Time May 31st 2021 deadline.

Therefore, it is recommended that these forms be submitted well before the **11:59:59 pm Eastern Time** May 31st deadline. If these forms are submitted at 11:59:59 pm Eastern Time, May 31st and rejected then the applicant will **not** be able to submit new forms and will **not** be eligible to submit a complete application in December.

All pre-application documents should be **compressed into a single zipped folder**, titled yourfirstname.lastname.applicant2022.zip (e.g.betty.smith.applicant2022.zip) and submitted via the website Drop Box no later than **11:59:59 pm Eastern Time May 31, 2021**. **Individual files will NOT be accepted for the pre-application.**

NEW for 2022

The approval email for the pre-application will contain a **specific applicant number**. This applicant number **MUST** be used on all documents contained in Folder 2 of the complete application. The applicant number should be kept confidential to help maintain integrity of the blinding process. The applicant number will also be used for the examination so it must be remembered throughout the entire AVTAA process.

Pay the $60.00 Application Fee through PayPal on the AVTAA website,

https://www.avtaa-vts.org/application-fees.pml

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Letter of Agreement **Date Signed: _____**

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 Veterinary Technicians in Anesthesia and Analgesia (AVTAA). In order to achieve this objective your technician will complete a three-step process. The first two steps involve the pre-application (due by May 31st) and the complete application packet (due by Dec 31st). These steps require approval from the credentials committee. Following approval, the third step is sitting for a written examination the following year. Successful completion of all steps will earn your technician the title of Veterinary Technician Specialist in Anesthesia & Analgesia. A technician with VTS (Anesthesia & Analgesia) certification demonstrates advanced knowledge in the care and management of veterinary anesthesia 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. We recommend that you read the entire application packet to become familiar with the areas in which your technician will require your assistance. Listed below are some areas of the application that are particularly important as well as some suggestions to assist you in helping your technician prepare an application for submission.

- The Professional History and Experience form and supporting documents requires **pre-approval before May 31, 2021**. Failure to have this approval by May 31st will disqualify the veterinary technician from submitting the remainder of the application in December. An employment verification letter will be emailed to every employer indicated on this form. A response is requested within 10 days of receiving the email. Pre-approval will not be granted until ALL employment hours have been verified. **Please respond to this letter is a timely fashion.**
- All cases contained in the case log must be performed **within the year** prior to the application submission deadline of December 31.
- All cases and skills must be performed at the facility where the technician is employed or while under the supervision of the employer at a different location
- Allow your technician to manage complicated anesthesia cases from start to finish. The technician should be able to formulate an anesthetic drug protocol that is specific for each patient and discuss with you why they selected each particular drug; their plans for intra operative monitoring and pain management; anticipated anesthetic complications and recovery.
- The AVTAA requires that a board certified DVM, board eligible DVM or VTS member who has mastered the skill themselves, attest to the technician's ability to **master** the required percentage of **skills** on the combined skills 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.
    - Sign the Employer Skills Verification form **only** if you feel confident that your technician meets the definition of mastery for all indicated skills at your location.
    - All mastered skills must be described in the case logs.
    - Assist your technician in acquiring new skills for the application process.
- AVTAA encourages biennial attendance to a national veterinary meeting that provides lectures/laboratories directly related to anesthesia and perioperative analgesia. CE hours are required for the application and will continue to be a requirement every 5 years to maintain certification as a veterinary technician specialist.

On behalf of the AVTAA, we would like to thank you for supporting your technician through the application process. If you have any questions, please do not hesitate to contact the executive secretary, Darci Palmer, at dpalmerrvt@hotmail.com.

**** This letter must be dated and signed by a board certified doctor, board eligible DVM or VTS who works with the veterinary technician applying to AVTAA. A PDF copy of the individual letter is located on the AVTAA website and should be submitted with the pre-application documents. See complete instructions on page 16.**

Professional History and Experience

You are eligible to apply to the AVTAA after you have completed **a minimum** of 8000 hours **AND a minimum** of 4 years of work experience as a **credentialed** veterinary technician/veterinary nurse. During that time, you must have provided **a minimum** of 6000 hours (75% of 8000) of anesthesia care as described in the AVTAA definition of anesthesia. For the purpose of this eligibility requirement, the definition of anesthesia care as established by the Academy of Veterinary Technicians in Anesthesia and Analgesia will be used. All work experience MUST be completed by **June 1st** of the year you plan to submit a completed application.

Only list your experience working in a clinical setting as a **credentialed** veterinary technician in the **five years prior** to the application submission date. **Work experience prior to June 1st 2016 will not be accepted.** A *credentialed technician* is a person who holds an active license to practice as a veterinary technician in some state or province. In the USA, this requires passing both the VTNE (excluding CA prior to 2014) and state examinations (if applicable). International applicants must meet specific requirements set forth by each country (see below).

List your name and contact information at the top of this form. If any documents indicate a different last name, then BOTH names must be indicated on this form. Indicate birth name in parenthesis after your full name. For example, birth name is Sarah Smith; married name is Conner ➔ Sarah Conner (Smith).

Be sure to fill out all sections of the form or it will be rejected. Designate which group of patients (large animal or small animal) constitutes the majority of your experience (> 50% of your work experience). For the purpose of this application the AVTAA will include: canine, feline, lagomorphs, avian, reptiles, primates, small exotic pets and small lab animals as "small animal patients". "Large animal patients" will include: equine, bovine, swine, ovine, caprine, camelids (camel, llama, alpaca) and wildlife such as deer, bear, reindeer, exotic large cats, elephants, etc. This selection will help determine which species make up the majority of your case logs, which skills list you submit and which exam you take once your application is accepted. **NOTE:** You will NOT be allowed to switch animal groups after your pre-application packet is approved.

If you are a graduate of an AVMA accredited veterinary technician program, please indicate your graduation date **and school of record.** A scanned copy of your diploma may be requested if there are questions regarding your schooling but it is NOT required to submit with the pre-application documents.

AVTAA strongly encourages you to become a NAVTA member and support your national veterinary technician association. However, NAVTA membership is NOT required in order to apply to the AVTAA.

Provide the date you passed the **VTNE** along with the license number and state(s) that you hold an active license to practice as a veterinary technician/nurse. Indicate the original date of credentialing that your license

was obtained in each state/province. The **original date of credentialing** pertains to the date you received your license AFTER meeting state requirements. The VTNE pass date and the original date of credentialing may NOT be the same date if you live in a state that has a state exam before they issue a license to practice as a veterinary technician!

If your license has lapsed or been inactive between June 1st 2016 and June 1st 2021 please indicate the reason why on the form. Work experience will NOT be counted during periods of an inactive license. **Failure to disclose inactive status may result in rejection of the pre-application.**

If you hold another VTS title you must declare the year that it was obtained on the professional history and experience form. You are **NOT** eligible to apply to AVTAA if it has been less than 3 years since obtaining another VTS title. Attempting to apply to more than one academy at the same time is also prohibited.

If you have submitted a pre-application or complete application to AVTAA in the past please indicate the year you submitted these documents. This information is for record keeping purposes only.

List your employment history for your **primary job(s)** in the first 5 boxes. Employment history will only be counted if you receive a paycheck from the facility. Volunteer hours will not be accepted.
Each box designates your work experience for a ONE-year period of time between the dates listed below.
Indicate the month/day/year for each entry.

Primary Box 1	*start date*:	6/1/2016	*end date*:	6/1/2017
Primary Box 2	*start date*:	6/1/2017	*end date*:	6/1/2018
Primary Box 3	*start date*:	6/1/2018	*end date*:	6/1/2019
Primary Box 4	*start date*:	6/1/2019	*end date*:	6/1/2020
Primary Box 5	*start date*:	6/1/2020	*end date*:	6/1/2021

If you worked the entire year at the same practice, then the start and end dates should match the dates indicated at the top of each box. If you have worked multiple years at the same practice, then record the same practice information for each box and put the start and end dates as indicated. For example, if you have worked at the same practice from June 1 2016 till June 1 2021 then primary boxes 1-5 would all contain the same employment information with each ONE-year period of time indicated for the start and end dates.

If you only worked a few months during that year time period, then use the start and end dates to indicate the appropriate time. Use the supplemental boxes on the second page to indicate a change of employment for a primary position mid-year (June to June). For example, if you worked a primary job on June 1 2016 but changed jobs on Jan 4 2017 it would be recorded as follows:

Primary Box 1	start *date*:	6/1/2016	*end date*:	1/4/2017

Supplemental Box 1 start *date*: 1/5/2017 *end date*: 6/1/2017

The **supplemental box 1 would indicate the new job information. If you continued to work this new position during the dates indicated for primary box 2 (first page) you would record the practice information again for a primary job and ensure that the work experience was within the year timeframe indicated in primary box 2.

In primary box 5, the end date will be June 1 2021 if you will be currently employed at this location past the 11:59:59pm ET, May 31 2021 deadline. If your pre-application documents are approved early (recommended) and employment indicated in primary box 5 is terminated before June 1 2021 then it is **your responsibility** to inform AVTAA of the change in employment status. Failure to do so will revoke your eligibility to submit a complete application in December.

Provide the name of the practice and indicate the practice type in each box (e.g. university teaching hospital, specialty/referral, general practice, research, emergency only). Provide the name and work email of your supervisor or practice manager that can provide verification of employment. Email will be used to contact the person you indicated for each job listed on the form. Please ensure this information is correct to avoid delays. **AVTAA reserves the right to ask for verification of all hours claimed on this form.**

During the time period indicated in each box, determine how many **regular hours** you worked on average per **DAY** (e.g. 8hr/day, 10hr/day, etc.); the number of days worked per week and the number of weeks worked per year (not to exceed 50 weeks/yr). Hours worked per year are determined by the following equation (hours/day x days/week x weeks/year.) We will accept up to 2000hr/yr. (40hrs/wk x 50wk/yr) of regular work experience for a **primary job**.

Read the AVTAA definition of anesthesia care and determine the average **hours** of time per **day** spent providing primary anesthesia care and case management. For example, if on average, you work 8 hours per day and spend at least 6 hours of time each day performing anesthesia then you would indicate 6 hours on the form. In addition, indicate how many **days per week** you perform anesthesia. **We will not accept 100% of time performing anesthesia regardless of type of employment**. This is an unrealistic percentage when looking at average work experience over a years' time frame.

Note: Do NOT factor in on-call hours or overtime hours as these hours are often sporadic and difficult to calculate into an average calculation. However, cases performed during on-call or overtime hours between January 1 2021 and December 31 2021 may be used for the case logs, skills and case reports.

If you worked a **secondary position** in addition to a primary position during the last 5 years, use the boxes on the second page of this form to indicate this work experience. Include the start and end dates for a secondary

position in ONE box even if it is longer than one years' time. Fill in the regular hours and hours spent providing anesthesia in the same fashion as the primary boxes.

Before submitting the history and experience form ensure all information for hours worked is accurate to the best of your knowledge. Any change in hours AFTER the initial pre-application submission will require further documentation to explain the change in hour status.

Save the Professional History and Experience form as **yourfirstname.lastname.history**.
The document should be saved as a .pdf or .doc(x). Example: betty.**smith.history.pdf**
WARNING: *MAC computers do not handle .pdf documents very well. If using a MAC, verify ALL fields are present and filled in correctly before sending. Compare your copy to the example history and experience form located in the instruction packet.*

History Addendum

If any personal information changes on the Professional History and Experience Form (e.g. name change, address change, employment status) after June 1st 2021, then you **MUST** contact AVTAA with the changes in order for them to be reflected on the complete application submitted in December. This is especially important if you changed jobs after June 1st and want to use cases on your application from your new job. If that new job is not indicated on a history addendum form and approved by AVTAA, then NONE of those cases will qualify as acceptable for the complete application.

Update the history form with the new information. If you have changed jobs then use the history addendum box on the last page of the form to provide your new work information. Hours claimed in the history addendum box will require employment verification before approval.
Save this document as **yourfirstname.lastname.addendumhx**. The document should be saved as a .pdf or .doc(x). Example: **betty.smith.addendumhx.pdf**
Send the history addendum form via email to the AVTAA executive secretary, Darci Palmer, at dpalmerrvt@hotmail.com. The form will be reviewed and approval will be granted once all information provided is verified.

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Full Name: **GREAT TECH**
(First Name) (Last name)

Email: **TECHATVETHOSPITAL@WORK.COM**

Phone: **123-456-7890**

Address: **123 MAIN STREET ANYWHERE ANYSTATE 12345 USA**
Street City State Zip Country

Present Occupation/Title: **ANESTHESIA TECHNICIAN**

You provide anesthesia primarily to: **SMALL ANIMAL**

Are you a graduate of an AVMA accredited veterinary technology program? **YES** ● **NO** ○

School: **BEST TECH SCHOOL IN COUNTRY** Graduation Date: **12/12/2012**
Month/day/year

Pass date of VTNE: **3/5/2013**
Month/day/year

Do you hold another VTS title: **YES** ○ **NO** ● If yes, indicate year obtained:

Repeat AVTAA Applicant? **YES** ○ **NO** ● If yes, indicate year(s) submitted:
Pre-application:
Complete Application:

	State	License #	Original Date of Credentialing (mm/dd/year)
	AL	**1234**	**4/1/2013**
*List each state in which you hold an **active** license to practice as a veterinary technician/nurse*			
INDICATE original date of credentialing			

Has your license ever lapsed or been inactive? YES ○ NO ●

Explain:

International Candidates: *(List your current certification(s) obtained and license information)*

For Credentials Committee use only:

Total # of CREDENTIALED HOURS: _____

Total # of ANESTHESIA HOURS: _____

LIST YOUR EMPLOYMENT HISTORY from 6/1/2016 till 6/1/2021

Primary Box 1: Work History from 6/1/2016 to 6/1/2017 Start Date: 6/1/2016 End Date: 6/1/2017

Name of Practice/Institution: **BEST PRACTICE** Type of Practice: **Specialty/Referral**

Supervisor name: **Dr. BOSSY LADY** Contact email: **BOSSYLADY@BESTPRACTICE.COM**

Regular hours worked per **DAY**: **10** Number of days worked per week: **4** Number of weeks worked per year: **50**
(maximum of 2000 hr/year is accepted)
Number of days/wk performing anesthesia: **4**
Average hours of work day spent providing primary anesthesia care: **7**

Primary Box 2: Work History from 6/1/2017 to 6/1/2018 Start Date: 6/1/2017 End Date: 6/1/2018

Name of Practice/Institution: **BEST PRACTICE** Type of Practice: **Specialty/Referral**

Supervisor name: **Dr. BOSSY LADY** Contact email: **BOSSYLADY@BESTPRACTICE.COM**

Regular hours worked per **DAY**: **10** Number of days worked per week: **4** Number of weeks worked per year: **50**
(maximum of 2000 hr/year is accepted)
Number of days/wk performing anesthesia: **4**
Average hours of work day spent providing primary anesthesia care: **7**

Primary Box 3: Work History from 6/1/2018 to 6/1/2019 Start Date:6/1/2018 End Date: 6/1/2019

Name of Practice/Institution: **BEST PRACTICE** Type of Practice: **Specialty/Referral**

Supervisor name: **Dr. BOSSY LADY** Contact email: **BOSSYLADY@BESTPRACTICE.COM**

Regular hours worked per **DAY**: **10** Number of days worked per week: **4** Number of weeks worked per year: **50**
(maximum of 2000 hr/year is accepted)
Number of days/wk performing anesthesia: **4**
Average hours of work day spent providing primary anesthesia care: **7**

Primary Box 4: Work History from 6/1/2019 to 6/1/2020 Start Date: 6/1/2019 End Date: 2/15/2020

Name of Practice/Institution: **BEST PRACTICE** Type of Practice: **Specialty/Referral**

Supervisor name: **Dr. BOSSY LADY** Contact email: **BOSSYLADY@BESTPRACTICE.COM**

Regular hours worked per **DAY**: **10** Number of days worked per week: **4** Number of weeks worked per year: **37**
(maximum of 2000 hr /year is accepted)
Number of days/wk performing anesthesia: **4**
Average hours of work day spent providing primary anesthesia care: **7**

Primary Box 5: Work History from 6/1/2020 to 6/1/2021 Start Date: 6/1/2020 End Date: 6/1/2021

Name of Practice/Institution: **GOTTANEWJOB** Type of Practice: **University Teaching Hospital**

Supervisor name: **Dr. SLEEPY** Contact email: **DRSLEEP@NEWJOB.COM**

Regular hours worked per **DAY**: **8** Number of days worked per week: **5** Number of weeks worked per year: **50**
(maximum of 2000 hr/year is accepted)
Number of days/wk performing anesthesia: **5**
Average hours of work day spent providing primary anesthesia care: **7**

The area below is for SECONDARY POSITIONS held during the same year as a primary job or a change of primary employment mid-year (June to June) for any of the 5 primary boxes.

Supplemental Box 1 **Start Date: 2/20/2020** **End Date: 6/1/2020**

Name of Practice/Institution: **GOTTANEWJOB** Type of Practice: **University Teaching Hospital**

Supervisor name: **DR. SLEEPY** Contact email: **DRSLEEP@NEWJOB.COM**

Regular hours worked per **DAY**: **8** *(maximum of 2000 hrs. / year is accepted)*

Number of days worked per week: **5** Number of weeks worked per year: **14**

Number of days/wk performing anesthesia: **5**

Average hours of work day spent providing primary anesthesia care: **7**

Supplemental Box 2 **Start Date:** **End Date:**

Name of Practice/Institution: Type of Practice:

Supervisor name: Contact email:

Regular hours worked per **DAY**: *(maximum of 2000 hrs. / year is accepted)*

Number of days worked per week: Number of weeks worked per year:

Number of days/wk performing anesthesia:

Average hours of work day spent providing primary anesthesia care:

Supplemental Box 3 **Start Date:** **End Date:**

Name of Practice/Institution: Type of Practice:

Supervisor name: Contact email:

Regular hours worked per **DAY**: *(maximum of 2000 hrs. / year is accepted)*

Number of days worked per week: Number of weeks worked per year:

Number of days/wk performing anesthesia:

Average hours of work day spent providing primary anesthesia care:

History Addendum **(ONLY use if employment has changed after June 1 2021)**

Addendum **Start Date:** **End Date:**

Name of Practice/Institution: Type of Practice:

Supervisor name: Contact email:

Regular hours worked per **DAY**: *(maximum of 2000 hrs. / year is accepted)*

Number of days worked per week: Number of weeks worked per year:

Number of days/wk performing anesthesia:

Average hours of work day spent providing primary anesthesia care:

License

Applicant must be credentialed and hold an **active** license to practice as a veterinary technician (United States, Canada, etc.) or veterinary nurse (UK, Australia, etc.) for **ALL** years of work experience indicated on the Professional History and Experience Form. Graduation from an AVMA accredited veterinary technician program is strongly encouraged but not a requirement to apply.

Include a **scanned copy** of your **current** in-date license. If your state does not issue a paper license but has a voluntary credential process, then this should be stated in the letter of good standing. If your current license expires before December 31 2021 you **MUST** submit a current in-date license with the complete application. **Failure to do so may result in an automatic rejection of the complete application.** Save your license as **yourfirstname.lastname.license**. This document can be saved as .jpg, .doc(x), or .pdf. Canceled checks and other documents will not be accepted as proof of license. If submitting an updated license with the complete application the file should be named the same as above and placed in folder 1.

In locations that have non-regulated jurisdictions without voluntary credentialing for veterinary technicians (e.g. District of Columbia and U.S. Virgin Islands) then, at minimum, you must be a graduate of an AVMA approved Veterinary Technology program AND pass the VTNE in some state. **Exemption:** *Those who passed the VTNE prior to 2014 and live in a non-regulated jurisdiction without voluntary credentialing are exempt from having to be a graduate from an AVMA approved Veterinary Technology program.* In these cases, the pass date of the VTNE will serve as the original date of credentialing. **Proof of passing the VTNE is required in the form of a letter from the AAVSB or original letter sent to applicant indicating a passing score.** For more information, please see https://www.aavsb.org/vtne/.

Letter of Good Standing

A letter of good standing from the veterinary medical board or regulating body must be submitted as proof of credentialing. The letter MUST be on letterhead and, at minimum, contain the original date of credentialing and declaration of any lapse or suspension in license. Additional requested information includes last renewal date and expiration date of current license. The information contained on a standardized letter from a veterinary medical board will be accepted. The letter does not need to be in a sealed envelope. Only ONE license verification is required if you hold multiple licenses in different states at the same time between June 1 2016 and June 1 2021. However, if you moved to a different state(s) during this 5-year period and let the old license lapse then a letter will be required from each state/province.

Allow 2-4 weeks turnaround time to obtain this letter. This letter can be part of the pre-application documents submitted by the applicant or it can be emailed directly to AVTAA. If submitted with the pre-application then

save it as **yourfirstname.yourlastname.standing**. This document can be saved as .pdf or .doc(x). If the veterinary medical board or regulatory body wishes to directly email the letter then it can be sent to avta.credentials@gmail.com. Please ask them to include your name in the subject line. Contact Darci Palmer at dpalmerrvt@hotmail.com for a physical address, if required, to send the letter.

Legal Documentation for Name Change

If your last name is different on any document submitted for the pre-application then please submit a scanned copy of a legal document to verify this name change. Examples include marriage certificate, divorce certificate, legal name change form from state, etc. Save this file as **yourfirstname.lastname.legal**. This document can be saved as .jpg, .doc(x) or .pdf.

Letter of Agreement

AVTAA requires an applicant to work with a board certified doctor (preferably an anesthesiologist, surgeon or criticalist), board eligible doctor (completed a three year residency but has not passed the certifying examination) or VTS (preferably anesthesia, surgery or ECC) throughout the application process. Please present this letter to the board certified doctor, board eligible doctor or VTS who will be assisting you through the process. This letter **must** be signed and dated by the selected individual and applicant as proof that the letter was read. Scan this letter after it is signed and dated by both parties and save as **yourfirstname.lastname.agreement**. This document can be saved as .doc(x) or .pdf.

Below are the acceptable credentials we will accept from a country outside of the USA. Please contact AVTAA to find out specific information about credentialing if your country is not listed.
A letter of good standing is required from the regulating body for all international applicants.

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 standings 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 passed the VTNE and hold an active license to practice.

* NEW* 2022 Complete Application Requirements *NEW*

The following documents are required for the complete application and are due by 11:59:59 pm Eastern Time, December 31 2021.

The complete application is divided into Folder 1 and Folder 2. Extreme attention to detail must be taken to ensure the proper documents are put in the correct folder. ALL documents must be labeled appropriately.

FOLDER 1

Folder 1 will be unblinded and contain all the documents that identify the applicant and their place of employment. Documents contained in Folder 1 include:

- Application Waiver, Release and Indemnity Agreement
- Letters of Recommendation
- Statement of Purpose
- Current License (ONLY if expires before December 31)
- Anesthesia or peri-operative analgesia CE hours with proof of attendance
- Skills verification form

Folder 1 saved as **yourfirstname.yourlastname.AVTAA2022.zip**

FOLDER 2

Folder 2 will be blinded so that no information about the applicant's name or place of employment will be disclosed to the credential committee reviewers. A **specific applicant number** will be emailed with the approval of the pre-application. This applicant number **MUST** be used when naming all documents contained in Folder 2. Documents contained in Folder 2 include:

- Employment Location Form
- Case logs
- Skills List (SA or LA)
- Case Reports
- Anesthesia Records

Folder 2 saved as **yourapplicant#.AVTAA2022.zip**

****Please read and follow the directions for each of these documents in the application instruction packet****

Application Waiver, Release and Indemnity Agreement

The PDF of this form can be found as an individual document located here: https://www.avtaa-vts.org/application-forms.pml. This form must be signed and included in your application submission. Failure to sign and include this form may cause your application to be rejected. After signing the form, it should be scanned and saved as a pdf file. Save the document as **yourfirstname.lastname.waiver**. Example: betty.smith.waiver.pdf. **Save this document in Folder 1.**

Waiver, Release and Indemnity

I hereby submit my credentials to the Academy of Veterinary Technicians in Anesthesia and Analgesia for consideration for examination in accordance with its rules and enclose the required application fee. I agree that prior to or subsequent to my examination, the AVTAA Board of Regents may investigate my standing as a technician, including my reputation for complying with the standards of ethics of the profession. I understand and agree that the application fee shall be nonrefundable.

I agree to abide by the decisions of the Board of Regents and thereby voluntarily release, discharge, waive and relinquish any and all actions or causes of actions against the Academy of Veterinary Technicians in Anesthesia and Analgesia and each and all of its members, regents, 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 Veterinary Technicians in Anesthesia and Analgesia, and each and all of its members, regents, 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 Veterinary Technicians in Anesthesia and Analgesia.

I certify that all information provided by me on the application is true and correct. I acknowledge that I have read, understand and agree to abide by the above two paragraphs.

_____ _____

(Signature) (Date)

_____

(Please print your name)

Letters of Recommendation

You must obtain **two letters** of recommendation from people who can attest to your advanced knowledge and skills in veterinary anesthesia and peri-operative analgesia.
One letter must be from a **diplomat** of an American or European Veterinary College, Fellow from Australia or New Zealand or a technician that holds a VTS credential from any academy. The second letter can be from your supervising veterinarian, direct supervisor, a different diplomat DVM, resident in training (anesthesia, surgery, ECC), or another technician who holds the VTS credential.

The letters should include details on training, ethical behavior and quality of anesthesia knowledge and skills. **ALL letters of recommendation MUST be signed by the letter writer.**

If the letter writer chooses, they may submit their letter of recommendation directly to the AVTAA by uploading it to the Dropbox on the AVTAA website. The letter should be hand signed and scanned or have a digital signature. Save the letter as a .doc(x) or .pdf files. Subject line for Dropbox should say "LOR for {name of person} AVTAA Application."

If the applicant submits the letters of recommendation then they should be saved as **yourfirstname.lastname.letter1**, **yourfirstname.lastname.letter2**. These files can be saved as .doc(x) or .pdf files. These letters must be hand signed and scanned. A digital signature will NOT be accepted. **Save these documents in Folder 1.**

Regardless of how they are submitted, letters will be rejected if NOT signed by the letter writer.

Statement of Purpose

Please provide a brief letter that describes who you are; why you are interested in becoming an AVTAA member; what you feel you can contribute to AVTAA and what you plan to do with the certification once you have achieved it. Letters should be a **maximum** of ONE page in length, single spaced, with 12pt, Times New Roman font and 1-inch margins.
The statement of purpose serves the same function that a cover letter would if you were applying for a job. Please treat this as a professional document. **This letter should contain your hand signature or digital signature to authenticate the document.**
Name the document **yourfirstname.lastname.purpose** and save as a .doc(x) or .pdf file. **Save this document in Folder 1.**

Continuing Education

Applicant must submit a **minimum** of forty hours of advanced continuing education that pertains directly to anesthesia, anesthesia case management or peri-operative analgesia. More than 40 hours of CE may be submitted in order to compensate for any hours being rejected but will **only** be evaluated if additional hours are needed. CE hours MUST be presented by a VTS member (in any of the NAVTA approved specialty academies), a veterinary diplomat (any diplomat of an American or European college or AVMA approved specialty board), a Fellow from Australia or New Zealand (FANZCVS) a board eligible doctor (anesthesia, ECC or surgery) who has completed a three-year residency program but has not yet passed boards or a resident in training (preferably anesthesia, ECC or surgery). AVTAA will also accept CE presented by boarded human anesthesiologists, surgeons or criticalists providing that the CE was presented at a veterinary specific conference and can be directly related to veterinary anesthesia topics. You must list the CE provider's **diplomat / credential** status (DACVAA, DACVS, DACVECC, VTS (Anes & Analgesia), etc.) on the CE form. **Failure to include the speaker's credentials will result in those hours being rejected.** All VTS members must be from a NAVTA approved VTS academy.

We will **NOT** accept CE that is provided by people who **only** hold the following credentials: DVM, MRCVS, MANZCVS (MACVSc), DAAPM, CVPP, CCRP, SRA, LVMT, LVT, RVT, CVT.

You must use the **AVTAA CE Form** to submit only the continuing education (CE) attended by the applicant from **January 1, 2017 to December 31, 2021**. CE hours will ONLY count after you become a credentialed veterinary technician/nurse.

The CE certificate provided by the organization or speaker **MUST** be provided as proof of attendance for each conference attended. Cancelled checks or other documents will not be accepted as proof of attendance. A letter can be used as proof of attendance for in-house and externships provided appropriate information is included in the letter (see details located under CE descriptions).

Use the AVTAA's definition of continuing education 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 that the CE was directly related to anesthesia care, you **MUST** submit scanned copies of the lecture description or lecture notes provided by the organization providing the CE. AVTAA reserves the right to ask for additional information on lecture titles that do not provide enough information to show it is related to anesthesia case management. Examples of CE titles that would require a description include "Nursing the Neurological Patient" or "Management of the Acute Abdomen". **Failure to provide documentation of how the CE relates**

to anesthesia may result in rejection of those CE hours. Examples of CE that will **not** be accepted include "Practical Wound Management", "Advanced Feeding Tube Management", "How to Interpret Radiographs", "Rehabilitation for the Orthopedic Patient", and "Management of Chronic Pain."

Each meeting attended should be listed on a **separate** copy of the CE form. For a particular meeting, each lecture attended should be listed on the form. **Indicate the type of CE at the bottom of the form**. Length of CE is indicated in minutes and will be automatically tallied at the bottom of the form as it is entered.

NEW for 2022 Application In evaluating the CE resources, the credential committee is looking for diversity in the percentage of CE obtained from in-house, online, externship, and meeting/conference attendance. For the 2022 application, at least 10 hours MUST come from in person national/state/local conferences **or interactive (live) virtual conferences**. The additional 30 hours can come from in person national/state conferences, interactive (live) virtual conferences, on demand virtual conferences, online courses, webinars, in-house CE (10 hours max), externship (10 hours max) or journal/magazine articles (3 hours max). Any national/state/local veterinary conference that converted to a virtual conference for 2020 will be counted as an interactive virtual conference ONLY if you attended the LIVE session(s). If you did not attend the session(s) live then it will be counted as on demand. If a CE certificate does not specify then it will be counted as on demand. **It is MANDATORY that at least 10 hours of acceptable CE come from in person (national, state or local) conferences or interactive (live) virtual conferences.**

The CE form(s) for each individual conference AND the proof of attendance should be saved as ONE pdf file. For example, if you have two pages of lectures from IVECCS then you will need to scan and save both these pages PLUS the proof of attendance for this conference as ONE pdf file. **CE forms submitted separate from the proof of attendance will NOT be accepted. CE documents submitted as .jpeg files will be rejected.**

Save these documents as yourfirstname.lastname.CE1; yourfirstname.lastname.CE2; yourfirstname.lastname.CE3, etc. until you have scanned and saved all your CE documents for the application. Example: betty.smith.CE1.pdf, betty.smith.CE2.pdf, etc.
Save these documents in Folder 1.

AVTAA 2022 APPLICATION

Continuing Education Definitions

Nationally recognized meeting:

A gathering of people for the purpose of providing continuing education in the field of veterinary medicine. National meetings are advertised in numerous journals and other publications typically read by professionals in the field of veterinary medicine. There is an expectation that continuing education at a nationally recognized meeting will be provided by lecturers or instructors who are considered experts in the subject they are discussing. You will need an official CE certificate.

Please be aware: some speakers providing lecture or labs may not meet the AVTAA credential requirements for acceptable CE.

Local meeting:

A gathering of people for the purpose of providing continuing education in the field of veterinary medicine. Local meetings are announced by state/city organizations. There is an expectation that continuing education at a local meeting will be provided by lecturers or instructors who are considered experts in the subject they are discussing. You will need an official CE certificate.

Please be aware: some speakers providing lecture or labs may not meet the AVTAA credential requirements for acceptable CE.

NOTE: Special anesthesia programs such as Dr. Gaynor's Anesthesia Bootcamp must have individual lectures listed out along with the presenters and their credentials. Failure to list out each individual lecture will result in rejection of the CE hours associated with the program.

In-House training:

Continuing education provided for people who work at a particular practice or institution. This type of continuing education is not open to the veterinary profession at large and lecturers or instructors often work at the practice or institution. You must be currently employed at the facility providing the in-house training. You may hire an outside speaker to come talk to your practice as part of in-house training. **AVTAA will accept a maximum of 10 hours of CE from in-house training.**

Please be aware: some instructors providing lecture or hands-on training may not meet the AVTAA credential requirements for acceptable CE.

Extra Requirement: If part of your CE is In-House (meetings accessible only to technicians inside your facility) you will need an official CE certificate or a **signed** letter from the person supervising your attendance. The CE certificate or letter should detail where and when the training took place, the name and diplomat status of the CE provider, the objectives and goals, a statement of your satisfactory performance and the total hours provided. (1 hour of lecture or hands on training = 1 hour of CE)

Online training:

Several companies provide online CE where a participant must meet certain requirements in order to receive a CE certificate. Examples of companies include VSPN, VetMedTeam, Vetbloom, On the Floor @ Dove, VETgirl, etc. This type of CE requires an official CE certificate issued by the company hosting the course on-line. (1 CE credit = 1hour CE)

Please be aware: some instructors providing online CE may not meet the AVTAA credential requirements for acceptable CE.

Externship:

Continuing education from an AVTAA approved program in which a person pays a monetary fee to spend time at another facility (specialty or university) and participates in multiple round sessions as well as hands on experience. This type of continuing education is not open to the veterinary profession at large and is usually restricted to 1-2 participants at a time.

AVTAA must be contacted at least 30 days prior to attending the externship for approval BEFORE including it in your application packet.

In order to obtain approval for an externship the following criteria must be met:

- DACVAA or VTS (Anesthesia & Analgesia) employed at facility and overseeing externship
- Must spend a minimum of 1 week (36 - 40hr) at location
- Attend a minimum of 5 hours of anesthesia/analgesia lectures or round topics presented by a DACVAA or VTS (Anesthesia & Analgesia)
- Submit written statement describing the objective and goals of the externship

Please be aware: some instructors providing lectures or hands-on training during the externship may not meet the AVTAA credential requirements for acceptable CE.

Extra Requirement: This type of CE requires a **signed** letter from the person supervising your attendance to the program. The letter should detail where and when the training took place, the name and diplomat status of the CE provider(s), a list of the lecture/round topics attended by applicant, a statement of satisfactory performance and the total hours the applicant was present for the externship.

NOTE: AVTAA will accept a maximum of 10 hours of CE from an externship program. The activities performed during the externship will **NOT** be acceptable for proof of mastery on the applicant's skills list. Cases performed by the applicant during the externship **CANNOT** be used for the case logs or case reports.

Journal/Magazine articles:

Journal or magazine articles authored by diplomat veterinarians or VTS members within the last 10 years (2012 to current) that pertain to anesthesia or perioperative analgesia and read by the applicant will count as acceptable CE. Each article will count as 0.25 CE hours; therefore 4 articles will count as 1 CE hour. We will **not** accept more than **3 CE** hours from this type of CE, and these hours will be included as part of the in-house, online and externship hours which cannot exceed 30 hours in total. **A scanned copy of the title page of the article must be provided.** We must be able to verify the author and their credentials, the title of the article and the full reference from where the article came from. Failure to provide this information will result in the CE hours being rejected. Conference proceedings and book chapters do **NOT** qualify as journal/magazine articles and therefore are not acceptable forms of CE for the AVTAA application.

NARKOVET Consulting® LLC & Vetbloom Certificate Course (http://registernvc.vetbloom.com/)

Principle Techniques of Small Animal Anesthesia, Perioperative Analgesia & Critical Patient Care

This course consists of 4 modules taught by ACVAA or AVTAA instructors utilizing in-person, laboratory/workshop and online webinar based learning. Successful completion of all 4 modules will count as all 40 hours of CE needed for the application. If individual modules are completed then the individual lectures will be tallied based on the type of CE presented (e.g. local meeting attended in person or online webinar) and will follow the same requirements outlined in the application instructions. ***All lectures/labs and webinars attended should be recorded on the CE forms***. Use individual forms for each type of learning (e.g. 1 form for all in-person lectures, 1 form for all webinars, 1 form for all labs). A certificate of completion is required in order to have all 40 hours count on the application. Attendance in the program will be verified.

NARKOVET Consulting® LLC & Vetbloom Certificate Course (http://registernvc.vetbloom.com/)

Equine Anesthesia, Analgesia & Perioperative Care

This course consists of 3 modules taught by ACVAA or AVTAA instructors utilizing in-person, laboratory/workshop and online webinar based learning. Successful completion of all 3 modules will count as all 40 hours of CE needed for the application. If individual modules are completed then the individual lectures will be tallied based on the type of CE presented (e.g. local meeting attended in person or online webinar) and will follow the same requirements outlined in the application instructions. CE lectures, labs and webinars should be recorded in the same manner that is outlined above for the small animal course.

Successful completion of the Narkovet courses does NOT guarantee passing the AVTAA application or exam.

AVTAA 2022 APPLICATION

Date(s) of Conference: 2/8/19 – 2/15/19

Name of conference, meeting, etc.: Western Veterinary Conference

Organization or Person providing the CE: WVC

Speaker Name	Credentials	Title of Presentation	Minutes
O.R. Thopedic	DACVS	Anesthetic Considerations for Thoracic Surgery	60
I.M. Edicine	DACVIM	Importance of Acid-Base and Electrolytes during Anesthesia	50
G.O. Tosleep	DAVCAA	Geriatric Anesthesia	60
_____	_____	_____	____
_____	_____	_____	____
_____	_____	_____	____
_____	_____	_____	____

Total Time 170 mins

Type of CE: National Meeting

All requirements MUST be met for CE hours to be accepted. Please ensure you have read the CE instructions BEFORE filling out the CE forms. Ensure a presenter meets the AVTAA credential requirements before including a lecture/lab on the CE form. The lecture title MUST show that it directly pertains to veterinary anesthesia, anesthesia case management or peri-operative analgesia. **Review the application instruction packet for further information.**

Skills Verification Form ***NEW for 2022 Application***

This form must be completed and signed by a board certified doctor (preferably an anesthesiologist, surgeon or criticalist), board eligible doctor (completed a three year residency but has not passed the certifying examination) or VTS (preferably anesthesia, surgery or ECC) who **works directly** with the applicant and can verify that all indicated skills for a particular practice have met the definition of mastery by the applicant. **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 that the applicant has performed the task in a wide variety of patients and situations, not just a handful of times. **The skills described in this application MUST be performed between January 1 2021 and December 31 2021.**

The signed location indicated on this form **MUST** correspond to the appropriate location indicated on the employment location form AND used in the case logs.

Location 1: The practice indicated in primary box 5 on the professional history and experience form submitted with the pre-application. The applicant is currently employed or has worked at this location between January 1 2021 and December 31 2021.

Location 2: The applicant changed jobs between January 1 2021 and June 1 2021. This location is indicated in a supplemental box on the professional history and experience form. Location 2 can ALSO indicate that the applicant changed jobs after June 1 2021. A history addendum is required if the applicant changed jobs after June 1 2021.

Secondary 1: The applicant worked a secondary job between January 1 2021 and December 31 2021. This location is indicated in a supplemental box on the professional history and experience form OR on the history addendum if the secondary job was started after June 1 2021.

Scan this document after all required information is completed including signatures and save as **yourfirstname.lastname.skillsverify.** This document can be saved as .doc(x) or .pdf. If more than one qualified individual wishes to sign the skills verification form from the SAME location then a second page can be included with the scanned copy. **Save this document in Folder 1.**

Employment Location Form ***NEW for 2022 Application***

This form must be completed by the applicant and included in Folder 2 of the complete application. Folder 2 of the complete application is blinded so that the credentials committee reviewers do not know any information about the applicant's name or place of employment. This form should be used by the applicant to ensure that the location indicated on the case log form corresponds with the appropriate dates of employment indicated on the professional history and experience form +/- history addendum. This form may also be used to verify the current employment status of the applicant during the application year for case collection if the need arises.

The applicant number should be placed at the top of this form. **DO NOT include your name on this document.** You must select ONE option that corresponds to your work history status from January 1 2021 till December 31 2021. **Read each option carefully!**

Option 1: The location indicated in primary box 5 on the professional history and experience form is the same location worked from January 1 2021 until December 31 2021. Use "**Location 1**" on the case log document to represent this place of employment.

Option 2: Applicant changed jobs between January 1 2021 and June 1 2021. This new location is indicated in one of the supplemental boxes on the professional history and experience form. Use "**Location 1**" on the case log document **IF** you worked at the location indicated in primary box 5 between January 1 2021 and June 1 2021 before changing jobs. Use "**Location 2**" on the case log document to represent this new location.

Option 3: The location indicated in primary box 5 on the professional history and experience form is the same location worked from January 1 2021 until December 31 2021. Use "**Location 1**" on the case log document to represent this place of employment. In addition, a **secondary job** was worked between January 1 2021 and December 31 2021. This location is indicated in one of the supplemental boxes on the professional history and experience form. Use "**Secondary 1**" on the case log document to represent this additional place of employment.
Note: Any secondary job started after June 1 2021 REQUIRES a history addendum if cases from this location will be use on the complete application.

Option 4: Applicant worked at the location indicated in primary box 5 from January 1 2021 till June 1 2021 but changed jobs after June 1 2021. A history addendum MUST be submitted to the executive secretary and approved. Use "**Location 1**" on the case log document to represent the location indicated in primary box 5 on the professional history and experience form. Use "**Location 2**" on the case log document to represent the place of employment indicated on the history addendum.

Name the document **yourapplicant#.location** and save as a .doc(x) or .pdf file. **Save this document in Folder 2.** Your applicant number was issued at the time you received approval on the pre-application documents. You MUST use this applicant number to save this document. DO NOT use your name!

Case Log

Applicants must submit a case log of at least **50** cases (but not more than 60) completed between **January 01, 2021 and December 31, 2021** that meet the AVTAA definition of anesthesia care and case management. This document will be **blinded** so that the credentials committee reviewers will NOT know the applicant's name or place of employment.

The first 50 cases in the case logs are considered the core logs. There must be at minimum 50 acceptable cases. You may choose to submit an additional 10 cases that will be used if some of the 50 core cases are thrown out. If only 50 cases are submitted, a single unacceptable case could result in the application being rejected. **Submitting only 50 case logs is NOT advised!** The case logs should be used to demonstrate your experience in advanced anesthesia case management and your mastery of anesthesia skills**. All 60 case logs may be used to demonstrate your mastery of the core and supplemental skills.**

The case log should provide a brief summary of the anesthesia care you provided to the patient (e.g., drugs administered (including route), abnormal monitored parameters and steps taken to correct (if needed), procedures performed (local/regional blocks, arterial catheters, CRIs, etc.) and how you dealt with co-existing diseases, anesthetic or procedural complications). The logs must reflect the applicant's advanced anesthesia knowledge and skills through all phases of anesthesia care. Proper medical terminology should be used at all times. **All cases included in the case log must be completed at the location where the applicant is employed or while under the supervision of the employer at a different location** (e.g., your practice takes patients to a separate MRI facility).

The case logs must include a variety of patients and procedures with an ASA physical status of I -V. Only 25% of the case logs **(12 cases)** should be ASA I or II, including ASA IE and ASA IIE cases. The remainder of the case logs should contain cases that qualify as ASA III or higher (including emergencies in these categories). The **first 4 pages (12 cases)** of the logs should be used to provide the **ASA I, ASA II, ASA IE and ASA IIE** cases. With the exception of "skills only" case logs (see next page), these ASA ratings should NOT be present anywhere else in the case log document. The remaining cases (ASA III and higher) may be entered into the case log in a manner which you choose (e.g., random, by date, by ASA status, etc.). It is acceptable to submit less than 12 ASA I and ASA II (including emergencies) cases if you would rather use these slots to submit ASA III and higher cases.

The case log should reflect the diversity of systemic diseases/conditions, species and procedures to which you have experience providing anesthesia care. Drug protocols should be tailored to the patient based on the patient evaluation (history, physical exam, diagnostic tests) rather than clinical routine. The case log should

include the following: date of procedure; ASA status; species/breed, age, sex, weight; duration of anesthesia (defined as the length of time that the patient does not respond to stimuli under the influence of inhalant or injectable pharmaceuticals); summary of care (pertinent information from pre-, intra- and post-op); equipment and monitoring methods used; reason for anesthesia and diagnosis (state procedure, diagnosis and include pertinent information from patient evaluation to justify ASA classification); and location where procedure was performed. ***NEW for the 2022 Application*** Every case log contains a drop-down menu that you can select location 1, location 2 or secondary 1. It is extremely important that these locations correspond to the appropriate location indicated on the professional history and experience form along with the skills verification form. Incomplete case logs, including drop down menu for location, will not be accepted**!**

If you use a case log to show a particular skill you MUST describe the skill (e.g. list the context in which you used the skill) in the case log. The case summary is the most common location but if the skill applies to equipment then you can use the equipment section. Likewise, if the skill applies to the patient evaluation it can be described in the reason for anesthesia and diagnosis section. Multiple skills can be described in one case log but skill description should NOT overshadow the information about the case.

Sedation only cases (e.g. patient does not lose consciousness) can be used for the case logs but should not be more than three (3) case logs. These cases tend to be short in duration and therefore limit the applicant's ability to show advanced case management.

If you chose "more than 50% of my experience in providing anesthesia care is to large animal patients" on the professional history and experience form, then your case log and case reports should primarily contain large animal patients. Likewise, if you selected "small animal" then the majority of your case logs and case reports should be small animals. If you anesthetize both 'large animal' and 'small animal' patients, then both groups can be reflected in your case log but the majority (>50%) of the case logs and at least 3 case reports should come from the group you selected on professional history and experience form.

The case log form will hold 3 cases per page. The case summaries should be brief and to the point. Use critical thinking skills to only provide the pertinent information about the case. All drugs can be abbreviated with the first few letters of the name (e.g. hydro for hydromorphone, ace for acepromazine, etc). Be careful to not abbreviate a drug so much that it can be confused with another drug (e.g. dex could indicate dexmedetomidine, dextrose or dexamethasone). Common medical abbreviations (e.g. WNL, BID, PRN, etc.) can be used for the case summaries. An approved abbreviation page is located with the application documents. It is also included as the last page in the case log document. We recommend utilizing this

abbreviation page and minimize other abbreviations to avoid confusion. If other abbreviations are used and the content cannot be verified it could lead to the rejection of that case log. **Use generic names for ALL drugs** aside from a few brand name exceptions (e.g., Telazol®, Zoletil®, Tilzolan®, Simbadol®, Nocita®, Vetstarch®). All drugs should be listed as dose (mg or mcg) or dosage (mg/kg or mcg/kg). Do not just list the mL volume! Appropriate units **MUST** be present for all drugs, fluids, CRIs, monitored parameters and blood work. Normal ranges for blood work and vital parameters may be presented in a case log, if needed, but are not required.

Skills Only Case logs

You may list a case in the case log that was **not** anesthetized by you if it is needed to represent a skill from the skills list. An example would be if you performed an epidural on a patient, but your co-worker was the primary anesthetist for the patient. These cases are designated "skills only" case logs and **should ONLY appear in case logs 51-60**. These cases MUST qualify as anesthesia cases rather than critical care cases. Fill out the case log completely and put "Skills Only" at the start of the case summary. State your involvement with the case and provide enough information in order to help justify the skill(s) you performed. The skill(s) MUST be described in the context in which it was used during the case. "Skills Only" cases can be any ASA status. **These cases will NOT count towards the 50 required case logs but they do count towards the maximum total of 60 case logs.** Therefore, it is recommended that you only use a few case logs for "skills only" so that the others can be used as replacement case logs, if needed.

Use the **BLANK** case log form included in the 2022 application packet. Only download this form using **Adobe Reader**. The case log form should be saved frequently as you fill it in. It is designed to hold the maximum number of case logs that can be submitted. Extra copies or additional case logs will not be accepted. **DO NOT alter the formatting of this form or change any settings; doing so may result in rejection of the entire form.** It is recommended that you print out the case log form after you have completely filled it in. Verify that all information in each section of every case log is visible on the printed copy. *This is very important for MAC users since MAC computers do not handle .pdf documents well.* The credentials committee will only evaluate information that is visible on the printed copy of the case log form.

Save this document as **yourapplicant#.caselog.pdf.** **Save this document in Folder 2.**
Your applicant number was issued at the time you received approval on the pre-application documents. You MUST use this applicant number to save this document. DO NOT use your name!

Applicant Number:

Case Log

Case Log #: **31** Date: **03/25/21**
ASA Rating: **IV** Duration: **110** mins
Species/Breed **Canine/Sheepdog**
Weight: **43** kg Sex: **M/C** Age: **8y**

Reason for anesthesia and diagnosis:
Exploratory Laparotomy for liver lobectomy. Hepatic mass identified via ultrasound; abdominocentesis revealed hemoabdomen. Patient presented lethargic, tachycardic and hypotensive. Stablized in ICU with Normosol-R and started whole blood transfusion prior to sx. Anemic at 23% (37-55), hypoalbuminemic at 1.9g/dL (2.3-4.0), PT/aPTT WNL.

Facility where performed: Location 1

Equipment and monitoring methods:
Drager anes machine w/ ventilator, rebreathing wye circuit, 3L reservoir bag, laryngoscope, 11mm ET tube, 2nd venous catheter, arterial catheter, Hot Dog warmer, ECG, RR, MM, CRT, SpO2, ETCO2, BP (Doppler), IBP, temp, esophageal stethoscope, ISTAT, Bair Hugger, jugular catheter

Summary of Care
Premed w/8.5mg mida & 4.4mg hydro IV. Induced w/ 110mg prop IV; connected to rebreathing circuit. Maintained on 2.5% Sevo in 100% O2. Norm-R started at 5mL/kg/hr, continued whole blood transfusion. Bradycardia (HR:40bpm) and hypotensive (SAP: 70mmHg) after induction.Gave 0.2mg glyco IV, anticholinergic, blocks ACH, expect incr in HR. HR did incr to 80bpm but no change in BP. Assessed depth and decr sevo to 2%, gave 5mL/kg Vetstarch bolus; ETCO2: 40-43mmHg. Moved to OR, started fentanyl CRI 0.1mcg/kg/min. Utilized hypotensive resuscitation till bleeding was controlled (MAP:55-60mmHg); Liver mass adhered to diaphragm, started vent at 12brpm w/ Vt 650mL. PCV 17%, TP: 3g/dL, started 2nd unit of whole blood. PaCO2: 45-47mmHg, PaO2: 320mmHg, no change made to vent. Incr rate of whole blood once bleeding was controlled, MAP incr btw 64-67mmHg for remainder of procedure. Extubated w/o complications, uneventful recovery, hypothermic (97.2F), place Bair hugger, temp WNL w/in 2hours.

Case Log #: **32** Date: **06/15/21**
ASA Rating: **III** Duration: **230** mins
Species/Breed **Feline/DSH**
Weight: **3.9** kg Sex: **F/S** Age: **12y**

Reason for anesthesia and diagnosis:
CT, rhinoscopy and bulla osteotomy due to aural adenocarcinoma; slight head tilt with nystagmus and vestibular dysfunction noted during neuro exam. HR:160bpm, RR:24brpm, Temp:102 F, MM: pink, CRT: 2 sec, PCV: 32%, TP: 7.6g/dL, Glucose: 97mg/dL, Lactate: 0.9mmol/L. Heart ascultated WNL w/ no pulse deficits. Lungs ascultated WNL.

Facility where performed: Location 2

Equipment and monitoring methods:
Drager anes machine, Jackson Rees NRB circuit (FGF: 300mL/kg/min), 0.5L reservoir bag, laryngoscope, stylet, 4mm ET tube, Hot Dog warmer, Bair Hugger, ECG, SpO2, temp, esophageal stethoscope, BP (Doppler), MM, CRT, RR, ETCO2

Summary of Care
Premed w/ 0.2mg hydro & 1mg midaz IV; robena 8mg SQ, induced w/ 8mg alfax IV, smooth induction. Connect to NRB circuit, maintained on 1.5% iso in 100% O2. IV LRS 3mL/kg/hr. Uneventful anes during CT & scope, SAP 90-100mmHg, HR130-140bpm, ETCO2 43-47mmHg; Moved to OR; started ket CRI at 10mcg/kg/min. Depth good for sx stim (medial ventral eye position, no palpebral, slight jaw tone); SAP incr to 120mmHg once sx started. Gave 8mcg fent bolus, started CRI at 0.1mcg/kg/min. ETCO2 35-38mmHg with spont vent. SAP incr to 140mmHg, HR incr to 230bpm, gave 8mcg fent bolus, incr fent CRI to 0.2mcg/kg/min; SAP incr to 180mmHg, attribute to pain, gave 1mcg/kg dexmed IV. HR decr to 110bpm, BP stayed elevated for 20min, then decr to 120mmHg (norm physiologic response for dexmed), decr Iso to 1% (dexmed MAC sparing). Good recovery, normothermic (100.2 F).

Case Log #: **33** Date: **08/25/21**
ASA Rating: **IV E** Duration: **260** mins
Species/Breed **Equine/Quarter Horse**
Weight: **597** kg Sex: **M** Age: **4y**

Reason for anesthesia and diagnosis:
Exploratory Laparotomy due to colic w/ 6 hour duration of onset. Patient depressed, sweating and extremely painful on presentation. Multiple doses of detomidine (10mg) admin along w/ flunixin meglumine (600mg). HR 76bpm, RR 34brpm, Temp 98F. Spontaneous nasogastric reflux observed from both nostrils. PCV 58% TP 7.4g/dL

Facility where performed: Secondary 1

Equipment and monitoring methods:
Anesco anes machine and ventilator, rebreathing wye circuit, gas analyzer, 26mm ET tube, ECG, IBP, ETCO2, ET ISO, CRT, MM, RR, ISTAT, PCV/TP, 2nd jugular catheter, arterial catheter placed in facial artery, Nasal gastric tube

Summary of Care
Agitated in induction stall. Premed w/ 300mg xyla & 10mg butor IV. Induced w/ 1400mg ket & 55mg diaz IV, induction slow but smooth. Connected to rebreathing circuit & maint on 2.5% iso in 100% O2. Started vent at 5brpm, Vt 4L, PIP 30cmH2O; IV LRS started at 20mL/kg/hr, placed NG tube. ETCO2 43mmHg, PaCO2 68mmHg, incr gradient likely d/t V/Q mismatch, PaO2 198mmHg; incr Vt 4.5L but PIP 40cmH20 so decr Vt to 4L & incr RR to 8bpm. Once abdomen open, incr Vt to 6L, PaCO2 decr to 55mmHg & PaO2 incr to 258mmHg. IBP indicated hypotension (MAP 55mmHg); started dobut CRI 1drop/sec (62.5mg dobut added to 250mL NaCl); used to incr myocardial contractility by stim beta-1 receptors. MAP maintained above 70mmHg for remainder of procedure. 1.5hr into sx, MAP incr to 98mmHg, depth adequate, 10mg butor admin for analgesia. Horse appeared in resp. distress after extubation, airway swollen, admin phenylephrine spray, placed 16mm ET tube in each nostril. Rope recovery uneventful.

Advanced Anesthesia Skills

The applicant must demonstrate mastery of **90%** of the skills in the **core** section and **50%** in the **supplemental** section of the small animal OR large animal combined skills lists by properly describing the skills in the case logs. To be included in the application the **skills must be mastered and performed between January 1 2021 and December 31 2021.** ONLY submit the combined skills list that matches the majority of your experience indicated on the professional history and experience form (e.g., if you marked small animal, then only submit the small animal combined skills list). DO NOT include both large and small animal skills list if you perform anesthesia on both groups**.**

The AVTAA requires that a veterinarian who is board certified by an American or European College/Board (preferably an anesthesiologist, surgeon or criticalist), a veterinarian who is board eligible (completed a three-year residency but has not passed the certifying examination) or a VTS who has mastered the skill themselves, attest to your ability to perform and master each skill. **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 that the applicant has performed the task in a wide variety of patients and situations, not just a handful of times.** In order to include a skill in the case logs it must be considered mastered by the time the applicant uses the skill for the application. A skill should NOT be performed for the first time in a case used as a case log.

NEW for the 2022 Application The combined skills list will be **blinded** so that the credentials committee reviewers will NOT know the applicant's name or place of employment. The location where the skill is performed must be indicated for each mastered skill. Type the location (e.g. location 1, location 2 or secondary 1) that corresponds to where the skill was performed. It is imperative that any skill described in a case log correspond to the appropriate location in which it is considered mastered.

ONE qualified individual who **works directly** with the applicant will be required to complete the skills verification form as proof of mastery for all skills indicated at that location. If the applicant has changed jobs between January 1 2021 and December 31 2021 or holds a secondary job then additional signatures will be required on the skills verification form. If more than one qualified individual from the same location wishes to sign the form then additional copies can be made and scanned together as one document.

The mastered skills MUST be described in the case logs.

Simply listing a particular skill in a case log is NOT acceptable and the skill will not be counted as mastered. Select **ONE** case log that best represents each mastered skill. You **must** include the case log number in the allotted space on the skills list. If the skill is not properly described in the designated case log then it may be rejected even if the skill is described elsewhere in the application (e.g. case reports). Do NOT put "ALL" in the column for skills that are done on every patient. **For each mastered skill select <u>ONE</u> of the following**

methods to describe the skill within the context of the case summary. If appropriate, skills may also be described in the reason for anesthesia & diagnosis section and equipment section.

1) Physiological effect the skill had on the patient

   Example: XXmcg dexmed IM premed; bradycardia (HR:40bpm) & 2nd degree AV HB noted on ECG 20 min post-inject; BP remained WNL, no tx indicated, norm effect of drug.

2) Rationale for using the skill in the case

   Example: Xmcg dexmed, Xmg hydro IV premed; dexmed selected for sedation & analgesic properties; multi-modal analgesia when combined with opioid.

3) Troubleshooting a problem or adverse event and what was done to solve the issue

   Example: SpO2 88-90% w/ probe placed on tongue; confirmed PaO2 438mmHg and SaO2 99% via arterial blood gas, low SpO2 likely due to vasoconstriction from dexmed.

4) Role that the skill played in the overall management of the case

   Example: Xmcg dexmed, Xmg morphine premed IM; easily restrained for IV cath, iso at 1% after intubation, dexmed decr MAC of inhalant. Patient panting, depth appeared appropriate, gave Xmg morphine, no change; added1mcg/kg dexmed IV, patient started to take more regular deeper breaths. Intra-op dexmed used to smooth out maintenance period while inhalant % kept low.

5) Set up of equipment

   Example: Pressure transducer used for direct BP monitoring; attached to art cath via low-volume ext tubing; placed at level of apex of heart and zeroed before use.

6) Information about performing skill

   Example: Aseptically placed Xmg PF morp + Xmg bupiv epidural @L7-S1 using a 20g x 2.5" spinal needle; located inj site by feeling cranial aspect of ilial wings and palpating caudal along spine.

If a skill was mastered at a prior place of employment that is listed on the professional history and experience form (within the last 5 years but outside case collection year), it must be independently validated by a letter detailing the mastery of the skill(s) from a board certified veterinarian or VTS that worked at the practice. **A maximum of 3 skills can be used in this manner.** The letter must describe the skill(s) in detail using specific case examples to demonstrate that the applicant has met the definition of mastery. This option should ONLY be considered in special circumstances. Contact the AVTAA executive secretary at dpalmerrvt@hotmail.com for more information on how to submit this information.

There are 6 skills listed at the end of the skills list that do not require a representative case log. All 6 skills **must** be demonstrated throughout the entirety of the case logs and case reports. The credentials committee will consider these skills mastered based on the overall presentation of cases in the case logs and case reports.

The case log numbers and location should be typed on the skills form. Verify that all skills with a blank line have the required information indicated (e.g. Indicate inhalant: Sevoflurane).

Save this document as **yourapplicant#.skills.pdf. Save this document in Folder 2.**

Your applicant number was issued at the time you received approval on the pre-application documents. You MUST use this applicant number to save this document. DO NOT use your name!

Skills Instructions

- Select **ONE** of the following ways to *describe* each skill within the designated case log.
  - Physiological effect the skill had on the patient
  - Rationale for using the skill in the case
  - Troubleshooting a problem or adverse event and what was done to solve the issue
  - Role the skill played in the overall management of the case
  - Set-up of equipment
  - Information about performing skill

  NOTE: Select the best option to describe each signed skill so that it fits within the contents of the case. The skill descriptions should NOT overshadow the information provided about the case.
- Only provide **ONE** case log per skill. The designated case log should be the BEST representation of that skill. If the skill is not described within the designated case log it will be rejected even if it is described elsewhere in the case logs.
- When asked, fill in additional information for skill on form.
  - **Anesthesia phase** refers to premedication, induction, maintenance or recovery.

Small Animal Core Skills *90% mastery required (63 of 72)*	Representative Case Log Number	Location Mastered
Pharmacology		
1. Administer and describe the use of an inhalant anesthetic via precision vaporizer. **Indicate inhalant:** Isoflurane	32	Location 1
2. Administer and describe the use of an anticholinergic. **Indicate anesthesia phase drug was used:** Maintenance	4	Location 1
3. Administer and describe the use of a phenothiazine. **Indicate anesthesia phase drug was used:** Premedication	50	Secondary 1
4. Administer and describe the use of a pure agonist opioid. **Indicate anesthesia phase drug was used:** Premedication	23	Secondary 1
5. Administer and describe the use of an agonist/antagonist. **Indicate anesthesia phase drug was used:** Recovery	18	Location 2
6. Administer and describe the use of a partial agonist opioid. **Indicate anesthesia phase drug was used:** Recovery	33	Location 1
7. Administer and describe the use of an alpha-2 adrenergic agonist. **Indicate anesthesia phase drug was used:** Premedication	6	Location 1
8. Administer and describe the use of a benzodiazepine. **Indicate anesthesia phase drug was used:** Induction	29	Location 1

Case Reports

Select four cases from your case log that best demonstrate your expertise in anesthesia case management to submit as case reports. A complete case log **must** be filled out for each of the four case reports. The case log number that pertains to the report should be documented at the top of the report. This information will be used to confirm that the case is entered as part of your case log. The case reports should demonstrate your knowledge, skills and abilities in **advanced** anesthesia case management. The case reports **must** be written on cases that classify as ASA III or higher. It is strongly recommended that each case report represent a different systemic disease/condition or procedure in order to show diversity in drug protocols and anesthesia case management. All drug amounts should be listed as dose (mg or mcg) or dosage (mg/kg or mcg/kg). Do not just state volume (mL) administered. All values included in the reports should contain the appropriate units (e.g. HR: 56bpm, MAP: 84mmHg, TP: 7.6g/dL, etc.)

The case report should describe, in detail, how the patient was evaluated and managed during all phases of anesthesia (e.g., pre-anesthetic, induction, maintenance, recovery). It is important that the information in your case report be clearly understood. Utilize critical thinking skills to present the information in a logical manner. Only provide pertinent details about the case that directly relate to anesthesia care and case management. ONLY use generic drug names; use proper medical terminology, and define any abbreviations (e.g. positive end expiratory pressure (PEEP)) the first time that it is used in the report. It is important to show that you participated in the evaluation and management of the patient and were not just an observer. Consider some of the following ways of demonstrating your knowledge and experience:

1. Show how your observations, physical examination and history taking assisted the veterinarian with the development of an anesthesia drug protocol and management plan during the procedure.
2. Explain why an observation was important or why you asked a certain question during the anesthesia period.
3. Describe how an observation and response by you helped to avoid an anesthetic complication.
4. Describe the procedures you performed. Explain why the procedure was performed.
5. Explain your reasoning for the physiological monitoring used.
6. Explain how you helped determine whether the patient's anesthetic plan and pain management strategy was effective.

7. Explain how your observations and monitoring helped the veterinarian modify the patient's anesthetic plan or treatment.
8. Explain your role in planning the patient's anesthesia care through all anesthesia phases.
9. Briefly show your understanding of the problem(s) being treated.
10. Explain your contingency plans for all anticipated problems.

Required format for case reports: ***Font***: Times New Roman; ***Font size***: 10-point or 12-point; ***Line spacing***: 1.5 or double; ***Margins***: 0.5-inch or 1-inch on all sides; ***Page length***: not more than five, 8.5 x 11 inch. Reports should be written in either American or British English using proper spelling & grammar. **Case reports that do not meet these requirements will be rejected**. The case reports must be the original work of the applicant. These are professional reports so spelling and grammar factor into the overall evaluation. If excessive spelling and/or grammar errors are present that take away from the ability to evaluate the content of the report, it could result in rejection of the case report.

Case report layout: Follow the outline for the case reports listed below. All sections of the case report layout **MUST** be included in the report unless "optional" is indicated. The "anesthesia plan" section should detail what the applicant wanted to do BEFORE the case happened. The "anesthesia care/patient support" section should explain what ACTUALLY happened during the case. Writing tense does not matter as long as it stays consistent throughout each section. **Hint:** If a case report is shorter than 5 pages then it is likely not a good representative case to properly demonstrate your advanced anesthesia knowledge and skill. A good case will require you to evaluate the overall content of the case to determine the most pertinent information to present that helps show your advanced anesthesia knowledge and skill while maintaining the formatting requirements.

NEW for the 2022 Application The case reports will be **blinded** so that the credentials committee reviewers will NOT know the applicant's name or place of employment. Please ensure that NO identifying information about the applicant or the location where the case was performed is contained within the report. The applicant number (assigned at pre-application approval) will be used on the case report in lieu of your name. Instead of stating the name of the practice, the location should correspond to the information provided on the employment location form (e.g., location 1, location 2, secondary 1).

The case reports should be saved in **Folder 2** individually as **yourapplicant#.casereport1, yourapplicant#.casereport2, yourapplicant#.casereport3, yourapplicant#.casereport4** to correspond to each report. Save these reports as word files, (.doc) or (.docx). **Do NOT submit case reports as PDF files. Do not combine all 4 reports as one document.**

Anesthesia Records

Include a legible, scanned **copy of the anesthesia record** for each of the four case reports. The anesthesia record **MUST** be saved as a separate document and correspond to the appropriate case report (e.g., anesthesia record 1for case report 1)**.** ***NEW for the 2022 Application*** The anesthesia records will be **blinded** so that the credentials committee reviewers will NOT know the applicant's name or place of employment. Please ensure that NO identifying information about the applicant or the location where the case was performed is contained within the anesthesia record. **Information that should be HIDDEN includes name of all individuals involved with the case (e.g., head clinician, resident, intern, student, applicant), name of the facility where the case was performed and all personal client data (e.g., owner name, address, phone number, etc.).** AVTAA reserves the right to request unblinded anesthesia records (without client information) should the need arise during the review process. Only unblinded AVTAA individuals (e.g., Board of Regents) would review an unblinded anesthesia record.

You may use your facility's anesthesia record (including computer generated options), or the one provided on the AVTAA website. If you choose to use your facility's anesthesia record it at least must provide the same data as the AVTAA anesthesia record. **The anesthesia records must be legible so that all information is easy to see and read**. Please be mindful when copying anesthesia records after the required information is hidden as copying may decrease the visibility of the information contained on the anesthesia record. Illegible records may be rejected.

NOTE: Compare your facility's anesthesia record to AVTAA's anesthesia record early in the process of starting the application. If there are significant differences, it is advised that you use the AVTAA anesthesia record for any case used in the application. For legal reasons, it is not advised to copy the information to a different form after the case has been performed. The original record used to record information during the case should be submitted in conjunction with each case report.

The anesthesia records should be scanned and saved in **Folder 2** individually as **yourapplicant#.anesrecord1, yourapplicant#.anesrecord2, yourapplicant#.anesrecord3, yourapplicant#.anesrecord4** to correspond with each case report. Your applicant number was issued at the time you received approval on the pre-application documents. You MUST use this applicant number to save these anesthesia records. DO NOT use your name! Each anesthesia record should be saved as an **individual file**. Save these files as .doc(x) or .pdf. **Do NOT submit anesthesia records as .jpeg files.**

Case Report Layout

1. **Applicant Number Date of anesthesia Case log number Patient Name and/or ID#**
   (put this information in the header or make a text box on the 1st page for your case reports)

   Patient Signalment: (Species, Age, Sex, Weight) and **Reason for presentation**
   Indicate facility by using location that corresponds to information provided on employment location form.
2. **Summary of the patient's physical status on presentation.**
   Pertinent physical examination findings
   Pertinent laboratory test results (provide reference ranges for all values listed)
   Pertinent previous history (e.g. past anesthetic complications, drug reactions, etc.)
   Current history of presenting complaint (e.g. duration of onset, procedures performed at referring DVM, etc.)
   Current medication(s)
   Diagnosis made by DVM
   ASA physical status rating (III – V +/- E) with explanation of why this rating was selected
3. **Reason for anesthesia**
4. **Anticipated patient complications**
   Detail what problems you anticipated the patient may experience from the anesthetic drugs.
   Detail how you thought the patient's co-existing conditions or diseases might affect the anesthetic plan.
   Detail what problems you anticipated the patient may experience from the operative procedure.
5. **Anesthesia plan**
   Anesthetic drugs
   Detail the drugs you planned to use. Record all drugs in milligrams (mg) or micrograms (mcg) or provide the dosage (mg/kg or mcg/kg).
   Explain the reasoning for specific drug(s) chosen for this patient.
   Explain fluid therapy plan during procedure.
   Detail the pain management strategy during all stages of anesthesia (pre-op, intra-op, post-op).
   Indicate approval of the anesthesia plan by the overseeing clinician and any changes made at this time
   Patient physiological monitoring and equipment
   Explain choice for anesthesia equipment used during case
   Detail the parameter(s) you intend to monitor; provide normal ranges you expect to see.
   Explain how you planned to assess the parameter(s).
   Explain how the information from this parameter(s) would aid in the management of the patient.
   Additional procedures
   Detail any special procedures performed on the patient in order to facilitate the anesthesia and pain management plan (i.e., epidural injection, nerve blocks, jugular catheter, arterial catheter placement, etc.).
6. **Anesthesia Care/Patient support**
   Detail pertinent events of the case. Provide actual times in report to help establish a time line of events.
   Explain how you were able to provide physiological support to the patient during the anesthesia period.
   Explain any problems encountered by the patient or equipment, how you analyzed the situation and responded with a solution.
   Explain any discrepancies between the original plan and what actually happened during the case (if applicable).
7. **Post anesthesia recovery**
   Explain in detail your plan to evaluate the patient's pain level and plan to provide post procedure analgesia.
   Explain what you did to support the patient through the recovery period.
   Detail the quality of the patient's recovery and any complications.
8. **Case Reflection (optional)**
   Use this section to indicate your thoughts about the case overall.
   Was there something you would do differently next time if you are presented a similar case in the future?
   Was there a valuable skill or concept that you learned during the case that can be applied to future cases?

Case Report Example

Patient Signalment: Equine-Quarter Horse, Stallion, 6yrs, 545kg.

"Tiger" presented to Location 1 with 5-hour duration of severe abdominal pain that was unresponsive to medical management.

Summary of patient's physical status on presentation

"Tiger" was depressed, sweating and shaking on arrival to Location 1. His temperature, pulse and respiration were 99.4^{0}F, 72bpm, and 32brpm, respectively. His mucous membranes were pale, tacky and exhibited a toxic line along the gums and the capillary refill time (CRT) was 3 seconds. The packed cell volume (PCV) was 48% (32-53%) and the total protein (TP) was 6.6g/dL (6-7.7g/dL). He was estimated to be about 5-7% dehydrated with a mild skin tent. Gastrointestinal sounds were absent in all four quadrants upon auscultation. "Tiger's" abdomen appeared greatly distended and trocarization relieved a large amount of gas. Spontaneous nasogastric reflux was observed from both nostrils but passage of a nasogastric tube produced little reflux. Trans-rectal palpation revealed severely distended large colon extending back to the pelvic inlet. A complete blood count (CBC) and chemistry panel revealed (normal range values): lymphopenia 1305 (1500-7700), monocytosis 174 (<100), thrombocytopenia 77,000 (102,000-198,000), elevated AST 893 IU/L (184-375), elevated AP 265 IU/L (97-196), elevated CK 1436 IU/L (126-536), elevated creatinine 4.4mg/dL (0.7-1.5), hypernatremia 156mEq/L (135-141), hyperkalemia 4.8mEq/L (3.2-4.5) and hyperchloridemia 109mEq/L (93-98).

"Tiger" began exhibiting signs of colic around 1:00pm on June 23 2004. The owner noticed that he was rolling more than normal but no sweating was observed. The referring veterinarian gave 600mg flunixin meglumine and 10mg detomidine intravenously (IV) around 1:30pm. Two additional doses of 10mg detomidine IV were administered one hour apart with the last dose given at 4:30pm. He received 2 liters of hypertonic saline once he arrived at Location 1. "Tiger" was switched from poor quality hay to higher quality hay the night before he started exhibiting signs of colic. He is current on all vaccinations and was given his last booster for West Nile in March 2004. Aside from lameness that was diagnosed to the front feet in 2001, "Tiger" does not have any other history of surgery or illness. Based on the findings from the physical exam, blood work and unresponsiveness to medical management, I categorized "Tiger" as an ASA physical status IV E.

Reason for anesthesia

"Tiger" was anesthetized for an exploratory laparotomy to identify the underlying cause of the colic symptoms. Surgery revealed 360^0 torsion of the ventral colon. An enterotomy was performed to relieve bowel distention.

Anticipated patient complications

1. Positioning the patient in dorsal recumbency impedes normal pulmonary function.

2. Myopathy can occur due to the poor muscle perfusion, prolonged anesthesia period, hypoxia and acidosis.
3. Uncontrollable pain may make induction rough and it may be difficult to manage intra-operatively.
4. Abdominal distention impedes movement of the diaphragm and reduces venous return to the heart leading to compromised ventilation (e.g., significant to severe hypercapnia) and decreased cardiac output, respectively.
5. Hypoxemia is often present in compromised horses anesthetized for colic. Direct monitoring of PaO2 will be required to gauge treatment after intubation and 100% oxygen supplementation.
6. Endotoxemia can cause vasodilation and decreased myocardial contractility, which leads to hypotension and decreased cardiac output.
7. Hypotension and hypoperfusion are common in horses with colic because of profound hypovolemia associated with gastrointestinal disruption.
8. Stomach and/or intestinal rupture can occur at induction. A smooth induction is paramount.
9. Hypovolemia and decreased cardiac output can lead to prolonged onset time of the anesthetic drugs, which increases drug circulation time to the brain.

Anesthetic plan

"Tiger's" condition warranted emergency surgery upon arrival to Location 1. He was in a state of shock and becoming difficult to control because of pain. I decided to use xylazine 0.4mg/kg IV for sedation. Xylazine is an alpha-2 agonist and provides dose dependent sedation and analgesia. Xylazine has a biphasic effect on blood pressure in that it initially causes vasoconstriction and hypertension but then shortly thereafter blood pressure normalizes; bradycardia and decreased cardiac output are common when this drug is used. I also plan to administer the opioid, butorphanol 0.02mg/kg IV prior to induction. Butorphanol, unlike the pure opioid agonists, does not produce excitement in horses and it provides good visceral analgesia. I will use a combination of ketamine 2.2mg/kg IV and diazepam 0.1mg/kg IV for induction. Ketamine is a dissociative agent and will increase sympathetic tone, which helps counteract the negative cardiovascular effects of endotoxemia. Diazepam is a benzodiazepine and is often given in conjunction with ketamine to provide muscle relaxation. After induction the horse will be intubated, hoisted to the surgery table and connected to a rebreathing circuit and mechanical ventilator. I plan to use isoflurane in 100% oxygen for the inhalant. Isoflurane has a low solubility in the blood, which leads to a faster recovery time once the inhalant is turned off. When isoflurane is compared to halothane it appears that isoflurane allows for greater cardiac output making it the inhalant of choice to use in horses with colic. Fluid therapy will be managed with Lactated Ringer's Solution (LRS). LRS is an isotonic, balanced electrolyte solution that will be used as a replacement fluid. I suspect this horse is hypovolemic so I would like to administer the fluids at a rate of 30mL/kg/hr. Hypotension is a major concern under anesthesia because of cardiovascular compromise so I plan to use a dobutamine continuous rate infusion (CRI) to help maintain adequate

blood pressure. Dobutamine is a positive inotrope that stimulates $beta_1$ receptors resulting in increased myocardial contractility. The dobutamine CRI will be made by adding 62.5mg (5mL) dobutamine to a 250mL bag of sodium chloride (NaCl) and dripped to effect. During the procedure I plan to monitor heart rate, pulse quality, blood pressure, respiratory rate, tissue perfusion, end tidal carbon dioxide ($ETCO_2$), end tidal isoflurane (ET ISO) and arterial blood gases. Electrodes from an electrocardiogram (ECG) will be attached to the patient to monitor heart rate and rhythm. The heart rate will also be taken manually by palpating the pulse to note pulse quality. Ideally, I would like the heart rate to maintain between 30-45bpm. An elevated heart rate may indicate pain or hypovolemia if it's associated with hypotension. Blood pressure will be measured directly via an arterial catheter attached to a pressure transducer. This is the most accurate form of blood pressure monitoring and displays values for systolic, diastolic and mean arterial pressures (MAP). Under anesthesia I would like to maintain MAP above 70mmHg. This ensures adequate perfusion to the vital organs and muscle. Respiratory rate will be controlled using a mechanical ventilator. I plan to keep the respiratory rate between 6-10brpm and the tidal volume between 10-15mL/kg. A sampling line will be attached to the breathing circuit and a gas analyzer to evaluate $ETCO_2$, ET ISO and inspired oxygen concentration. $ETCO_2$ helps assess adequate ventilation and is an indirect measurement of carbon dioxide in arterial blood. Ideally, I would like the $ETCO_2$ to be between 35-45mmHg. ET ISO gives an estimate of the concentration of inhalant the horse is exhaling and allows for precise administration of the inhalant. Tissue perfusion will be assessed indirectly by observing the mucous membrane color and CRT. Blood gas analysis will be performed to determine adequate ventilation, oxygenation, and electrolyte and acid-base status.

This case was performed as an after-hour emergency so I did not get to speak with the anesthesiologist until after the patient was anesthetized and the surgical procedure had started. During our phone conversation we discussed the results of the blood gases and how to manage hypotension. The anesthesiologist agreed that a dobutamine CRI was reasonable to start in an attempt to increase blood pressure but fluid loading was the best way to treat hypotension in the face of hypovolemia. She was happy with my plan of action so no other changes were made at that time.

Anesthesia care/Patient support

"Tiger" was brought to the induction stall around 6:30pm. His temperature, pulse and respiration were 99.6^0F, 72bpm, and 30brpm, respectively. The mucous membrane color was brick red with a toxic line and CRT was 3 seconds. The abdomen appeared very distended. A jugular catheter was already placed and it was patent. I sedated "Tiger" with 200mg xylazine and 10mg butorphanol. A nasogastric tube was placed and his mouth was rinsed with water. Induction with 1200mg ketamine and

50mg diazepam IV occurred 5 minutes later. Once in lateral recumbency, I was unable to palpate a pulse and no respiration was noted. I intubated 'Tiger' with a 26mm endotracheal tube and he was quickly hoisted to the surgical table. The patient was attached to a rebreathing circuit, the cuff was inflated and 100% oxygen was administered at a rate of 6L/minute. Isoflurane was not administered at this time. Mechanical ventilation was started at a tidal volume of 3 liters, respiratory rate of 8brpm and peak inspiratory pressure (PIP) of 40cmH_2O. I was still unable to palpate a pulse but was able to auscultate a faint heartbeat with a stethoscope for a rate of 44bpm. A second jugular catheter was aseptically placed and secured. An arterial catheter was aseptically placed in the facial artery and secured in place. Isoflurane was started approximately 7minutes after ventilation began and administered at 2.5% via a precision vaporizer. "Tiger" was moved to the surgical suite at 6:50pm. Fluids were started at a rate of 30mL/kg/hr and the patient received 15 liters of LRS during the first hour of anesthesia. The MAP was 53mmHg once the arterial line was attached to the pressure transducer so the dobutamine CRI was started at 2drops/second. The $ETCO_2$ was 54mmHg and the blood gas results at 6:55pm were: pH: 7.1, $PaCO_2$: 81.8mmHg, PaO_2: 77mmHg, HCO^-_3: 26, TCO_2: 29, BE: -3, O_2Sat: 89%, Na^+: 147, K^+: 4.8, iCa^{++}: 1.23, glucose: 88mg/dL. I was concerned that if I increased tidal volume and inspiratory pressure any more I might cause alveolar damage and decreased cardiac output so I increased the respiratory rate to 10brpm in an effort to decrease the $PaCO_2$ until surgery started. "Tiger" maintained a brisk palpebral reflex and "bucked" the ventilator most of the procedure. It was difficult to determine if the "bucking" was due to hypoxic drive since the PaO2 was low or because he was in a light plane of anesthesia. He never got nystagmus or attempted to move so I decided to keep the isoflurane concentration as low as possible. Surgery began at 7:05pm and the MAP increased to 70mmHg for about 15 minutes. Another blood gas at 7:15pm was similar to the first except that the $PaCO_2$ increased to 88.1mmHg and K^+ increased to 5.1mEq/L. Around 7:20pm the bowel was exposed enough that I could increase volume expansion of the lungs so I changed the tidal volume from 3 liters to 5 liters which made the peak inspiratory pressure 30cmH_2O. The third blood gas at 7:45pm revealed these results: pH: 7.24, $PaCO_2$: 65.1mmHg, PaO_2: 201mmHg, HCO^-_3: 28, TCO_2: 30, BE: 1, O_2Sat: 100%, Na^+: 143, K^+: 6.1, iCa^{++}: 1.2, glucose: 77mg/dL. I was happy with the results for ventilation and oxygenation but the increasing potassium concerned me so I called the anesthesiologist and we discussed the possible causes and options for treating hyperkalemia. One thought was that this horse was Impressive bred and might have the disease hyperkalemic periodic paralysis (HYPP). Other causes of hyperkalemia are renal disease, hypovolemia with renal failure, vigorous exercise, diabetes and Addison's disease. We decided to administer 10mL of calcium chloride to improve contractility and protect the heart from arrhythmias. At 8:00pm the MAP began to drop and got as low as 40mmHg, I spoke with the surgeons and they informed me that they had just untwisted the bowel. I correlated this with the body's response to endotoxemia. I turned down the vaporizer to 1.5% and increased the dobutamine CRI to 4 drops/second. I began to see an increase in heart rate and no change in blood

pressure and I attributed that to the increase in rate of the dobutamine CRI. I decided to discontinue the dobutamine CRI and give an IV bolus of 15mg ephedrine. Ephedrine acts as an indirect sympathomimetic by stimulating the release of norepinephrine and therefore helps increase blood pressure. The blood gas at 8:05pm was very similar to the last except that potassium increased to 6.7mEq/L and glucose dropped to 66mg/dL. I decided to change the fluids to NaCl to try and dilute out the potassium in the blood. I also supplemented with 5% dextrose at a rate of 1drop/second to treat the hypoglycemia. After 15 minutes the ephedrine did not appear to be working as no increase in blood pressure was noted so I decided to start the dobutamine CRI at 1drop/second despite the fact that it also caused tachycardia. The last blood gas was taken at 8:25pm and revealed these results: pH: 7.3, $PaCO_2$: 60.5mmHg, PaO_2: 191mmHg, HCO^-_3: 30, TCO_2: 32, BE: 3, O_2Sat: 100%, Na^+: 141, K^+: 7, iCa^{++}: 1.2, glucose: 65mg/dL. The surgery ended at 8:40pm and the horse was moved to the recovery stall.

Post anesthesia recovery

"Tiger" had a very poor, prolonged recovery. He began spontaneously breathing immediately once he was hoisted to the recovery mat. I supplemented him with 100% oxygen via a demand valve until extubation at 9:00pm. Nystagmus started at 9:45pm and the horse began to move his legs but did not attempt to stand. At 11:35pm a venous blood sample was taken for blood gas analysis and revealed the following results: glucose: <20mg/dl, K^+: 4.0mEq/L, BUN: 22, Na^+: 144. "Tiger" was given 5 liters of LRS with 250mL calcium gluconate over 30 minutes and bolused 4 liters of 5% dextrose over one hour. He made several attempts to stand but none were successful and he appeared weak and exhausted. At 1:15am the doctors basically pulled him to his feet. Once standing his temperature was 90.3^0F, heart rate was 54bpm, respiration was 18bpm, mucous membranes were pale and CRT was greater than 3 seconds. The glucometer reading two hours after the dextrose was given was 300mg/dL. "Tiger" remained hypothermic for most of the day and his condition continued to deteriorate. At 6:00pm he began to show signs of endotoxic shock and the owners opted for euthanasia. Necropsy was performed and showed that most of the large colon was necrotic.

Case Reflections

In discussing this case with the anesthesiologist the next day one area where I could have been more proactive was supplementing dextrose. I should have started the dextrose drip when the 3rd blood gas indicated a downward trend in the glucose. The low glucose and slow rate of dextrose delivery likely played a contributing role in the prolonged recovery of this patient.

A copy of the anesthesia record should be saved as a separate document.

ANESTHESIA RECORD

82667
"Tiger" [redacted]
Equine - Quarter Horse
6yr Male Buckskin

DATE	TIME SCHED	SURGEON/CLINICIAN	STUDENT ASSISTANT
6/23/04	ASAP	[redacted]	[redacted]

PRE-OP DIAGNOSIS: Colic - 5 hr duration
RESUSCITATION CODE: DNR (BASIC) CLOSED OPEN
PROPOSED OPERATION: Exploratory laparotomy, colon torsion, enterotomy
ASA STATUS: 1 2 3 (4) 5 (E)

BODY WT.	TEMP	PULSE	RESP.	T.P.	PCV	M.M.	CRT	FASTED
1200lbs/545kg	99.6	72	30	6.6	48	brick red	3sec	YES (NO)

ANESTHESIOLOGIST: [redacted] via phone
STUDENT ANESTHETIST: [redacted]

DRUGS IN LAST 24 HOURS	PRE-ANESTHETIC DRUGS DRUG	DOSEmg	ROUTE	TIME	ANESTHESIA INDUCTION DRUG	DOSEmg	ROUTE	TIME
Flunixin Meglumine 600mg	Xylazine	200mg	IV	6:33p	Ketamine	1200mg	IV	6:38p.m
Detomidine 30mg total	Butorphanol	10mg	IV	6:35p	Diazepam	50mg	IV	6:38pm
Hypertonic Saline 2L								

EFFECT OF PREMEDS ON BEHAVIOR

BEFORE	ATTITUDE	AFTER
X	LETHARGIC	X
	CALM	
	EXCITABLE	
	NERVOUS	
	AGGRESSIVE	

TIME 0001-2400: 6 | 15 | 30 | 45 | 7 | 15 | 30 | 45 | 8 | 15 | 30 | 45

I.V. LRS SOLN — ml/15 min / total: 3L/3L | 3L/6L | 3L/9L | 3L/12L | 3L/15L | 1L/1L | 1L/2L | Second 2.5L NaCl

OTHER I.V. SOLN'S

O2 L/min 6L/min

ANESTH. DEPTH: light / medium / deep

AGENT: ISO / HALO / SEVO / DES — 5% / 4% / 3% / 2% / 1%

PARAMETERS: START ANES. A; START OP. O; END ANES. [A]; END OP. ⊗; BP SYST. V; BP DIAST. Λ; MEAN BP X; PULSE ●; SPO_2 △; RESP. O–O C OR S

ET CO2 mmHg	54	50	53	49	43	41	39	40	40
~~Temperature~~ PIP	40	40	40	30	30	30	30	30	30
other	1.45	1.5	1.5	1.5	1.60	1.55	1.45	1.30	1.30

PRE-OP PAIN LEVEL: __ NONE __ MILD __ MODERATE X SEVERE

AIRWAY MAINT.: __ MASK X ENDO TUBE. __ INDUCT. SIZE 26mm __ MAINT. TYPE Cuff __ TRACHEOSTOMY

SYSTEM: X REBREATHING __ NRB X MECH. VENT.

BODY POSITION: __ LATERAL __ R __ L __ STERNAL X DORSAL __ HEAD UP __ HEAD DOWN

BLOOD GASES

TIME	6:55	7:15	7:45	8:05	8:25
pH	7.1	7.1	7.24	7.28	7.3
pCO_2	86.8	88.1	65.1	62.2	60.5
pO_2	77	88	201	241	181
HCO_3	26	28	28	29	30
tCO_2	29	30	30	31	32
BE	-3	-2	1	3	-3
O_2 sat.	89%	93	100	100	100
Na	147	146	143	141	141
K	4.8	5.1	6.1	6.7	7
iCa	1.23	1.28	1.2	1.24	1.2
Glu	88	81	77	66	65

COMPLICATIONS: __ NONE X Hypotension __ Blood loss __ Difficult Intubation __ Low PCV __ Low TP __ Arrhythmias __ Type __ Death __ intra-op __ Euthanasia X recovery very prolonged __ Other

EXTRAS: X Arterial Catheter __ Baxter ext. set X Jugular Catheter __ Burstrol __ 2nd Venous Cath. X T-Port __ Doppler __ Blood press. cuff __ CRI set-up X Mech. ventilator __ Dopamine __ Central Line plcmnt __ Fentanyl __ ER Drugs __ Other __ Epidural __ Brachial plexus block

COMMENTS:
unable to palpate pulse after induction, faint HR: 44 via stethoscope
6:43p.m start mechanical ventilation TV: 3L, PIP: 40cmH2O, RR: 8 → no iso 1st 7 min
6:50p.m moved to OR, started fluids and dobutamine drip (2 drops/sec)
7:05p.m 2.2g Gentamicin IV, 5g Cefazolin IV
7:20p.m open abdomen, ↑ TV to 5L, PIP: 30cmH2O
7:50p.m, 10ml Calcium chloride
8p.m ↑ dobutamine rate to 4drops/sec, 8:05p.m HR↑, stop dobutamine, gave 15mg ephedrine IV, changed fluids to NaCl, started 5% dextrose (1drop/sec)
8:20p.m start dobutamine drip (1drop/sec)
8:45p.m moved to recovery stall, immediate spontaneous breathing, 100% O2 via demand valve, extubated 9p.m, nystagmus 9:45p.m, rope recovery. Made several attempts to stand, none successful, appeared exhausted.
11:35p.m venous sample: glucose: <20, K^+ 4, Cl^- 103, Na^+ 144, gave 5L LRS, 250mL 5% glu, 4L 5% dextrose. 1:15am pulled to standing by doctors.

POSTOP ANALGESIA: DRUG NA; ROUTE; DOSE (FILL IN BOTH) (mg) (mls); TIME

POSTOP SEDATION: DRUG NA; ROUTE; DOSE (FILL IN BOTH) (mg) (mls); TIME

POST-OP PAIN LEVEL: __ NONE __ MILD X MODERATE __ SEVERE

RECOVERY: POST OP TEMP 98.3°F; EXTUBATED 9:00p.m; TOTAL ANES. TIME 2hrs

TOTAL FLUIDS: 15L LRS, 2.5L NaCl; __ ICU X PREP RM Stall

AVTAA 2022 APPLICATION

Final Instructions

All the application forms are designed to be downloaded to your computer, filled in and saved. **ONLY use ADOBE READER to download the blank PDF forms.** **Do not modify or change the formatting of any form**. Forms may be rejected if they have been altered. **All dates on forms should be written in month/day/year format.** With exception to signatures and anesthesia records, all forms must be typed or word-processed. Hand written forms will not be accepted. Remember, this is a professional application; spelling/grammar and overall presentation will be considered when the application is reviewed. If submitting the completed application using a MAC computer, please ensure that all .pdf files are complete and are not missing any information.

Check all scanned documents to make sure orientation is correct. They should **NOT** be upside down or sideways. Unless otherwise stated, DO NOT save scanned documents as .jpeg files. **CE forms with certificates and anesthesia records will NOT be accepted if they are .jpeg files.**

The AVTAA reserves the right to contact the applicant and ask for additional documentation to verify information contained in the application. This includes, but is not limited to, all anesthesia records of cases provided in the case logs and additional information regarding CE lectures.

You must submit your application packet **online** by using the DROP BOX on the Application Page of the AVTAA website, https://www.avtaa-vts.org/drop-box.pml.

Please see the last page of the application packet for a checklist on how to save and submit each part of the application. If you have trouble with the online process, please contact us through the website contact page. Problems encountered on May 31 (pre-application) or Dec 31 (complete application) may not be solved in a timely manner and may result in your application being rejected if not submitted by **11:59:59 pm Eastern Time**. **Please do not wait until the last minute to submit your pre-application or complete application packet.**

There is a $60.00 application fee that must be paid in full when submitting the pre-application. The fee is non-refundable. This fee should be paid using the PayPal link located on the AVTAA website, https://www.avtaa-vts.org/application-fees.pml. A copy of the PayPal receipt **(with date)** must be included with the pre-application documents submitted no later than May 31, 2021. If someone else, besides the applicant, is paying the application fee please indicate the applicant's name on the PayPal receipt. The AVTAA receipt of payment emailed by the treasurer after payment is also an acceptable form of proof of payment for the application.

AVTAA 2022 APPLICATION

The **Pre-Application documents** must be in the DROP BOX on or before **11:59:59 pm Eastern Time, May 31, 2021.** All pre-application documents, including the application PayPal receipt, must be submitted as ONE zipped folder. Follow the instructions contained in this packet to properly name each file that should be contained in the pre-application zipped folder.
Documents uploaded to Drop Box and time stamped after 11:59:59 pm Eastern Time, May 31, 2021 will not be accepted and will result in an automatic rejection. There are NO exceptions for the May 31 deadline! **Failure to receive approval on the pre-application documents means that you are NOT eligible to submit the complete application packet in December 2021.**

NEW for 2022 ApplicationThe approval email for the pre-application will contain a **specific applicant number**. This applicant number **MUST** be used on all documents contained in Folder 2 of the complete application. Should an application be accepted the applicant number will also be used for the certifying examination in 2022.

AVTAA **mentors** are available to assist an applicant with putting together the complete application. Information on how to request a mentor will be provided in the pre-application approval email. **Mentors are only available to applicants who successfully complete the pre-application process.** Obtaining an AVTAA mentor is entirely voluntary and NOT a requirement for submitting the complete application in December.

The **Complete Application documents** must be in the DROP BOX on or before **11:59:59 pm Eastern Time, December 31, 2021**. Complete applications uploaded to Drop Box and time stamped after **11:59:59 pm Eastern Time** on December 31 2021 will not be accepted and will result in an automatic rejection. There are NO exceptions for the December 31 deadline! **All application submissions in December are final.** Nothing may be added or exchanged to the complete application unless requested by AVTAA.

NEW for 2022 Application The complete application is broken down into Folder 1 and Folder 2. **Folder 1** is unblinded while **Folder 2** is blinded so that the credential committee reviewers will NOT know the applicant's name or place of employment. **It is imperative that there is NO identifying information about the applicant or the location of employment on all document contained within Folder 2.** The applicant number (assigned at pre-application approval) MUST be used in lieu of the applicant's name. The employment location form will be used to verify the facility where a particular case or skill was performed should the need arise during the review process.

AVTAA 2022 APPLICATION

Each folder for the complete application **MUST** contain the appropriate documents and then be individually compressed into a zipped folder. **There will be two zipped folders submitted for the complete application.** Aside from individual letters of recommendation submitted by the letter writer, **no single documents** will be accepted in Drop Box. Use the checklist located at the end of this application packet to ensure you have properly named and included every required document for each folder before creating the zipped folders and submitting them to Drop Box. Please ensure all files contained in the zipped folders are the **final copy of each document** (e.g. no track changes in word documents, no file that contains incomplete case logs, etc.). **Incomplete applications will be automatically rejected and will not be processed or reviewed.**

All files submitted in December for the complete application will be opened and **quickly checked** for formatting issues at the time they are received in Drop Box. **If it is noted that requirements set forth in the instruction packet for any document were not followed, the application will be automatically rejected and not reviewed by the credentials committee.** For example, if it is noted that a case report is single spaced then the entire application may be rejected without review by the credentials committee. **Please take all requirements seriously and strictly adhere to them for each individual document contained in the complete application.**
A confirmation email will be sent to the applicant once the complete application has been received in the Drop Box. Please allow 24-48hr to receive this email before contacting us. Confirmation emails may be delayed for applications submitted on December 31 2021.

In fairness to all applicants completing this process, time extensions for the pre-application and complete application deadlines are NOT allowed. Please plan ahead to ensure you have met all requirements well before the deadlines. It is recommended that you submit the pre-application documents as soon as possible if you plan to apply this year. If your pre-application was approved then a reasonable goal would be to submit the complete application no later than Dec 25. **Again, NO extensions will be granted for either deadline.**

Unless otherwise noted, you will receive notification of your eligibility to participate in the certification exam no later than March 31, 2022. You may take the examination a total of 3 times in 3 **consecutive** years with the acceptance of the application.

Appeals

If your application is rejected, you may appeal the decision within **30 days** of the notification of rejection.

AVTAA 2022 APPLICATION

Your appeal must be emailed to the appeals chair noted in the rejection letter. All rejected applications are provided an **overview** of the application deficiencies. Please be advised, this is a **brief overview** and may not be reflective off ALL examples of deficiencies within the application.

If you have questions concerning the appeal process or the rejection overview please contact the executive secretary, Darci Palmer, at dpalmerrvt@hotmail.com.

All appeal decisions will be based on the **original submitted application**. You may **not** submit additional data to augment the original application. Therefore, ensure the original application is complete and accurately reflects your qualifications.

All appeal letters MUST be written by the applicant. A letter written on the applicant's behalf will NOT be included as documentation for the appeals process but AVTAA will address any concerns that are brought forth. To protect applicant confidentiality AVTAA will address concerns directly with the applicant rather than a third party.

NOTE: Applicants who submit an appeal will have an extension until June 15th 2022 to submit pre-application documents for the next 2023 application packet should the appeal not overturn the original decision of the credentials committee.

Appeal Process

An appeals committee is formed with no less than 5 AVTAA members with one member appointed as chair by the AVTAA president. At least 3 appeal committee members will read each appealed application. Each appeal committee member is provided the complete application packet for the appeal applicant. The entire application is reviewed by the appeal committee member before they see the credential committee score sheets or appeal letter from applicant. The same score sheet is completed that is used for the credentials committee. The appeal letter and the credentials committee score sheet is then reviewed and discussed to render the final decision. Appeal decisions are then sent to the BOR for final review and approval before being sent to the applicant. **NOTE:** It is possible that the appeals committee will notice other deficiencies that were not noted in the initial review or present on the rejection overview.

AVTAA 2022 APPLICATION

AVTAA Definition of Anesthesia

In collaboration with a veterinarian, a VTS (Anesthesia & Analgesia) practice according to their expertise, state statutes or regulations, and institutional policy. VTS (Anesthesia & Analgesia) technicians administer anesthesia and anesthesia-related care in four general categories:

(1) Pre-anesthetic preparation and evaluation

(2) Anesthesia induction, maintenance and emergence

(3) Post-anesthesia care

(4) Anesthetic equipment maintenance.

A VTS (Anesthesia & Analgesia) technician scope of practice includes, but is not limited to, the following:

(a) Performing and documenting a pre-anesthetic assessment and evaluation of the patient, including in collaboration with a veterinarian, requesting consultations and diagnostic studies, administering pre-anesthetic medications and fluids.

(b) In collaboration with a veterinarian developing and implementing an anesthetic drug plan.

(c) In collaboration with a veterinarian selecting and initiating the planned anesthetic technique which may include: general, regional, local anesthesia or intravenous injectables for maintenance of anesthesia.

(d) In collaboration with a veterinarian selecting, obtaining, or administering the anesthetics, adjunct drugs, accessory drugs, and fluids necessary to manage the anesthetic, to maintain the patient's physiologic homeostasis, and to correct abnormal responses to the anesthesia or procedure.

(e) In collaboration with a veterinarian selecting, applying, or inserting appropriate non-invasive and invasive monitoring modalities for collecting and interpreting patient physiological data.

(f) Managing a patient's airway and pulmonary status using endotracheal intubation, mechanical ventilation, pharmacological support, respiratory therapy, and extubation.

(g) Managing emergence and recovery from anesthesia by administering medications, fluids, or ventilatory support in order to maintain homeostasis, to provide relief from pain and anesthesia side effects, and to prevent or manage complications.

(h) Releasing or discharging patients from a post-anesthesia care area. In collaboration with veterinarian providing post-anesthesia follow-up evaluation and care related to anesthesia side effects or complications. **NOTE:** This is not the same as discharging a patient from the hospital.

(i) Assessing and managing an appropriate perioperative pain management protocol.

(j) In collaboration with a veterinarian respond to emergency situations by providing airway management, administration of emergency fluids or drugs, or using basic or advanced cardiac life support techniques.

(k) Inspect the anesthesia machine, endotracheal tubes and all other anesthesia equipment before and after use assuring that the anesthetic machine and all other equipment is in proper working order.

American Society of Anesthesiologists (ASA) Physical Status Scale

Class I

Minimal Risk

Normal healthy animal, no underlying disease

Working Definition: "Young, healthy patient for elective procedure"

Class II

Slight risk, minor disease present

Animal with slight to mild systemic disturbance, animal able to compensate

Examples: neonate or geriatric animals, obesity

Working Definition: "Healthy patient that needs a procedure"

Class III

Moderate risk, obvious disease present

Animal with moderate systemic disease or disturbances

Examples: anemia, moderate dehydration, fever, low-grade heart murmur or cardiac disease, emaciation

Working Definition: "Systemic disease complicates anesthesia"

Class IV

High risk, significantly compromised by disease

Animals with preexisting systemic disease or disturbances of a severe nature

Examples: severe dehydration, shock, uremia, toxemia, high fever, uncompensated heart disease, uncompensated diabetes, pulmonary disease

Working Definition: "Systemic disease jeopardizes anesthesia"

Class V

Extreme risk, moribund

Surgery often performed in desperation on animal with life threatening systemic disease

Examples: advanced systemic disease or condition (e.g. cardiac failure, renal failure, hepatic failure, cerebral insult, end stage endocrine disease, etc.), uncompensated shock, severe trauma, terminal malignancy or infection that is a constant threat to life.

Working Definition: "Patient will likely die with or without the procedure"

"E" denotes emergency and can be added to any of the above classes that require immediate intervention or surgery.

AVTAA 2022 APPLICATION

AVTAA Application Submission Checklist

Email any questions to dpalmerrvt@hotmail.com

Pre-Application (Approval needed to become an official AVTAA applicant)

- Submit pre-application documents to Drop Box located on AVTAA website as a compressed zipped folder saved as **yourfirstname.lastname.applicant2022.zip**
- **Pay $60.00 application fee using PayPal link on AVTAA website**

Submit Pre-Application Documents before 11:59:59pm Eastern Time, May 31 2021

Professional History and Experience	**yourfirstname.lastname.history. (pdf or doc(x))**
Current, in-date license (scanned copy)	**yourfirstname.lastname.license. (jpg or pdf)**
Letter of Good Standing (obtained from Veterinary Medical Board)	**yourfirstname.lastname.standing. (doc(x) or pdf)**
Diploma, **ONLY** if requested (scanned copy)	**yourfirstname.lastname.diploma. (jpg or pdf)**
Letter of Agreement	**yourfirstname.lastname.agreement. (doc(x) or pdf)**
Legal document for name change, if applicable (scanned copy)	**yourfirstname.lastname.legal. (jpg or pdf)**
PayPal Receipt for Application Fee (**MUST show name & date**)	**yourfirstname.lastname.receipt. (doc(x) or pdf)**

Complete Application (Approval of pre-application **required** to be eligible to submit complete application)

- Submit **Folder 1** (unblinded) with all required documents to Drop Box located on AVTAA website as a compressed zipped folder saved as **yourfirstname.lastname.AVTAA2022.zip**
- **Applicant number (issued at pre-application approval) MUST be used for Folder 2 of complete application**
- Submit **Folder 2** (blinded) with all required documents to Drop Box located on AVTAA website as a compressed zipped folder saved as **yourapplicant#.AVTAA2022.zip**

Submit the Complete Application no later than 11:59:59 pm Eastern Time, December 31, 2021

All submissions are FINAL!

Folder 1 (unblinded)

Application Waiver, Release and Indemnity Agreement	**yourfirstname.lastname.waiver.pdf**
Two letters of recommendation *(if not sent by letter writer)*	**yourfirstname.lastname.letter1-2. (doc(x), pdf)**
Statement of Purpose	**yourfirstname.lastname.purpose.(doc(x) or pdf)**
Current license (ONLY if expires before December 2021)	**yourfirstname.lastname.license2. (jpg or pdf)**
CE forms AND proof	**yourfirstname.lastname.CE1.pdf; yourfirstname.lastname.CE2.pdf; etc.**
Skills Verification ***NEW***	**yourfirstname.lastname.skillsverify.(doc(x) or pdf)**

Folder 2 (blinded)

Employment Location ***NEW***	**yourapplicant#.location.(doc(x) or .pdf)**
Case Logs: minimum of 50 / maximum 60 cases	**yourapplicant#.caselog.pdf**
Combined skills list *(ONLY for selected group of animals)*	**yourapplicant#.skills.pdf**
Case reports ***(submitted individually)***	**yourapplicant#.casereport1-4. (doc(x))**
Anesthesia records *(submitted individually)*	**yourapplicant#.anesrecord1-4. (pdf, doc(x))**