

American Academy of Veterinary Acupuncture



American Academy of Veterinary Acupuncture

Applicant Handbook for Academy Certification

American Academy of Veterinary Acupuncture
PO Box 803
Fayetteville, TN 37334

Telephone: 931-438-0238 Fax: 931-433-6289
E-mail: office@aava.org Web Site: www.AAVA.org

Table of Contents

General Information

Mission	3
Academy Certification	3
Administration.....	3
Eligibility Requirements	3
Confidentiality.....	3
Fees and Deadlines.....	4
Appeal Process.....	4

Application to AAVA

Application Packet	4
Application Form	5
Curriculum Vitae	5
Applicant Evaluation Form	5
Continuing Education Documentation	5
Case Reports Guideline.....	6
Examination	9

Forms

Application Form.....	10
Applicant Evaluation Form.....	12
Continuing Education Documentation Form.....	14

General Information

Mission Statement

To improve animal health care by the advancement of veterinary acupuncture and Traditional Oriental Veterinary Medicine through education, research and leadership.

Academy Certification

The American Academy of Veterinary Acupuncture now offers to members a program leading to AAVA certification as Fellow of the American Academy of Veterinary Acupuncture, to be designated with the initials FAVA. The primary goal of this certification process is to follow the Academy mission statement and advance veterinary acupuncture and Traditional Oriental Veterinary Medicine through education; to provide a means by which academy members could strive towards advanced recognition as veterinary acupuncturists; and to set an additional standard by which the conventional veterinary community could assess our organization, our members, and veterinary acupuncture.

Administration

The American Academy of Veterinary Acupuncturists is responsible for the development, administration and ongoing evaluation of the certification program. The Administrative Office is:

American Academy of Veterinary Acupuncture

PO Box 803

Fayetteville, TN 37334

Telephone: 931-438-0238

Fax: 931-433-6289

E-mail: office@aava.org

Web Site: www.AAVA.org

Eligibility Requirements

1. Graduate of a college of veterinary medicine approved or accredited by the AVMA
2. AAVA Credentialed Member or International Member
3. Five years practice experience in veterinary acupuncture, OR three years of veterinary Acupuncture experience and an advance acupuncture degree (i.e. OMD, L.Ac)
4. The applicant must document fifty (50) hours of Veterinary Acupuncture and/or Traditional Chinese Medicine continuing education accumulated during the previous five (5) years.

Confidentiality

Any information or material that is received or generated by the AAVA in connection with the certification of a candidate will be kept confidential and will not be released except when release is authorized by the candidate or required by law.

Fees and Deadlines

A check for the entire application fee must accompany the application. There are no exceptions. Applications received without proper payment will not be processed. Applicants who successfully credential must pay an additional examination fee on or before October 1. Applicants who fail to meet all credentialing requirements on the first attempt may re-apply the following year, resubmitting only those application material that were unacceptable, along with the re-application fee. After failing the third attempt at credentialing, new application materials must be submitted and the full application fee will be required. The fee schedule may be revised as needed. Fees are based on the actual cost to review credentials and to write, administer, and score examinations. All fees are non-refundable and may not be carried over to the next year.

Please contact the AAVA office or check the AAVA website for current fees and deadlines.

Appeal Process

An applicant who questions a decision of the AAVA has the right to request a review by the AAVA certification examination committee. If this review is not satisfactory to the applicant, an appeal may be made to the AAVA Board of Directors. An applicant adversely affected by an AAVA decision may appeal to the AAVA certification examination committee in writing within 90 days after the announcement of the initial AAVA decision. The written appeal should include a statement of the grounds for review, documentation, if any, in support of the appeal, and a request for a review by the AAVA certification examination committee. The AAVA certification examination committee will render a written decision on the appeal within 60 days of receiving such. After reviewing the AAVA certification examination committee's decision, the petitioner may further appeal to the AAVA Board of Directors.

Application Packet

Detailed descriptions of each requirement are provided in the following pages. Your application will be considered *incomplete* without the following: AAVA exam application form; curriculum vitae (described below); continuing education documentation (described below); and each of the two required case reports. Three sealed applicant evaluation forms are also required.

Application Form

The application form is self-explanatory, except for the following items: 1.) *State License*- if you are licensed in more than two states, list the state in which you predominately practice and one additional state; and 2.) *References*- List here the names and addresses of the three individuals who completed the Applicant Evaluation Forms.

Curriculum Vitae

1. Curriculum Vitae includes: Name, home and office addresses, phone numbers.
2. Education-college, dates attended, degrees
3. Post DVM training (intern/residency), dates, location
4. Post DVM training in veterinary acupuncture
5. Publications
6. Membership in professional, scientific, and honorary societies
7. Professional activities
8. Community activities
9. Honors and awards
10. Synopsis of clinical practice, including the following for each practice situation
11. Name and location of practice
12. Name of supervisor, if applicable
13. Number of years in each practice situation (year to year)
14. Approximate hours worked per week, and approximate hours worked per week in veterinary acupuncture
15. Job description in paragraph form (not to exceed 150 words)

Applicant Evaluation Forms

Completed Applicant Evaluation Forms are required from three professional colleagues (listed as References on your Application Form) who know you well and are familiar with your clinical abilities. Letters of recommendation may not be substituted for Applicant Evaluation Forms. All Applicant Evaluation Forms must be included in your application packet. **You** are responsible for ensuring that you receive them in time to do so.

Individuals providing References are to complete the Applicant Evaluation Forms included in this package, in English, and **return them to applicants in sealed envelopes marked "CONFIDENTIAL"**. **Applicants must submit the unopened envelopes as part of the Application Packet or can be sent directly to the AAVA office by the evaluator.**

Continuing Education Documentation

The applicant must document a minimum of 50 hours of Veterinary Acupuncture and/or Traditional Chinese Medicine continuing education accumulated during the last five years using the form provide on page 14 of this Handbook

Case Report Guidelines

Case reports are evaluated following the guidelines which are described below.

Reports should be on white 20# bond paper. Do not put them in any type of folder. Number the pages at the bottom (center). The report is required to be typed in a format suitable for possible publication in the AAVA Meridian. In order to assess each case report, the reports must follow the following guidelines.

TITLE

Each report must have a title.

For Example: Acupuncture was used to successfully treat a cruciate injury in a Golden Retriever

ABSTRACT

Give a brief description of the clinical problem, treatment principles and outcome of the case. Use articles in JAVMA or COMPENDIUM as a guideline for an abstract.

For Example: Acupuncture therapy was used to successfully treat lameness as a result a unilateral stifle injury (partial torn cranial cruciate injury) in a Golden Retriever. A two month course of weekly, dry needle acupuncture therapy was used. Lameness gradually improved and the dog was judged to be sound after six treatments. After the eight treatments the owner was instructed to gradually allow the pet to return to normal activity.

HISTORY

Give a brief description of the pertinent past medical history.

For Example: A nine year neutered male Golden Retriever was presented for acupuncture consultation with a three week history of right rear limb lameness. The dog had a three year history of intermittent rear leg lameness. There were no other past medical problems noted in the history.

CLINICAL SIGNS/DIAGNOSTICS/DIAGNOSIS - CONVENTIONAL (WESTERN)

Describe in detail the current client complaint and the clinical presentation, including all tests, and results obtained. If detailed diagnostics are pertinent then they should be included in tabular form in the body of the text or as an addendum (for example serum chemistry results are listed in Table I.). In cases where Western diagnostic tests were not performed give an explanation (for example the owner declined hip radiographs because of expense, not willing to permit anesthesia, etc.). Summarize findings with a presumptive or definitive *Western* diagnosis.

For Example: A diagnosis of bilateral hip dysplasia was made based on the history, clinical signs and radiographs.

CLINICAL SIGNS/DIAGNOSIS - TCM (EASTERN)

Describe in detail the TCM medical history and presenting signs.

For Example: The lameness is worse with rest and better with movement; the animal seeks heat or cold; the animal is thirsty; urinates excessively; is restless at night; stools are dry and hard; bark is weak.

Describe in detail the TCM physical examination findings. Include all pertinent signs relating to the principles of TCM.

For Example: Appearance of eyes; coat quality; overall body appearance; mental status/personality; presence or absence of areas of heat or cold; sensitivity of the alarm and/or association points; tongue coat, color, shape; quality of pulses.

If portions of the Eastern exam were not done state so.

For Example: Pulse diagnosis was not done.

Establish and present your Traditional Chinese Medicine medical diagnosis defining all abnormalities found. The TCM diagnosis is the basis for your treatment and must be supported by the history and Eastern examination findings.

For Example: A diagnosis of Kidney Yang Deficiency was made based on the history of weight loss, weak knees (history of bilateral cruciate injury), lumbar back pain, hearing loss, clear and abundant (dilute) urine.

CONVENTIONAL (WESTERN) TREATMENT

Treatment should be defined as any action taken that might have had an influence on the patient. This would include all medications, surgical procedures, diet changes or supplements, and management changes. Details of the treatment program should include dosages, duration of treatment, and the effects of the treatment. Western medications should be presented using the generic name with dosage as in the following examples: amoxicillin 500mg q12h PO; xylazine 0.1mg/kg IM; xylazine 10mg IM.

TCM (EASTERN) TREATMENT

A TCM treatment principle should be stated.

For Example: The TCM treatment principle for a TCM diagnosis of Kidney Yang Deficiency is to warm and tonify Kidney Yang and strengthen Mingmen. Another example is with a TCM diagnosis of Damp-Heat in the Bladder, the TCM treatment principle is to clear heat, resolve damp, and open water passages in the lower Jiao.

Acupuncture treatment descriptions should include: points treated; method of point stimulation (dry needle, electrical, moxa, aquapuncture); type and size of needle used, the depth of stimulation, and the method of manipulations of the needle.

For Example: 0.25mm x 15mm seirin needles were placed a depth of 5mm, an even needle technique with was used at all points. If electrical stimulation is used, give information on the wave forms, voltage, amps, and cycles per second. For aquapuncture treatments, specify needle gauge and length, amount and type of solution used for injection and method of needle stimulation.

The acupuncture points used must be presented in tabular form with correct I.V.A.S. accepted nomenclature of the point number, meridian designation, and Chinese name (LI 4, Hegu). Describe the precise anatomic description of the point (give the animal and not the human location); and the use of each point related to the principles of TCM treatment, for example LI 4 dispels wind and heat.

The results of the treatments are to be detailed chronologically to include: the client's observation of changes in the pet since the prior visit; clinical impression of the patient and any physical exam findings

at the time of each treatment; results of any repeated diagnostics performed to validate subjective results; changes in your principles of treatment or methods as determined by the above findings.

DISCUSSION

State and explain how you arrived at both your Western and Eastern diagnoses. Present the expected outcome of the case without acupuncture treatment. Correlate all the previous information presented and state what effect acupuncture had in this case and why it would be indicated in similar cases.

REFERENCES

List references including: author, title/text, publication date, page number(s). Use superscripts in the text of your reports for the appropriate referenced material. If you are not sufficiently computerized to use superscripts, put the footnote number in parentheses INSIDE the period, i.e. ... Bi syndrome is characterized by obstruction of Qi or Blood (3).

ADDENDUM

1. Adhere to the spelling and capitalization found in the text *Chinese Acupuncture and Moxibustion*.
2. Capitalize:
Meridian names - Lung, Bladder, Gallbladder, etc.
Chinese names - Hegu, etc.
Names of special action points: Back Shu, He-Sea, etc.
3. Abbreviate point names by using capital letters and a space between the letters and number(s),
KI 10, BL 40, GB 29, ST 36.
4. Use Metric system for weights: kg, dosages (mg/kg)
5. Spell out dates: i.e. July 1, 1998

Examination

The examination is given once annually in conjunction with the AAVA Annual Meeting. All examination requirements must be completed within three years after the candidate is first accepted by the AAVA. This means the candidate has three attempts to pass the exam. If the candidate chooses not to sit for an examination in a given year, that year is forfeited.

The examination format consists of two parts, each containing 150 multiple choice questions. Responses are marked on answer sheets. The examination is timed, with three hours for each part.. A passing score of 70% is required.

ID# _____
(office use only)

American Academy of Veterinary Acupuncture Certification Application Form

Please Print or Type

Name: _____
(last) (first) (middle)

Date of Application: _____ AAVA mail should be sent to __Business __Home

Home Address: _____

Business Address: _____

Business Phone: _____ Fax: _____

Home Phone: _____ Email Address: _____

Current Position (s) _____

Veterinary College Graduate of: _____ Year: _____

License(s): State _____ License# _____

State _____ License# _____

References (Names and Address). The individuals named here must submit confidential Applicant Evaluation Forms; letter of recommendation may not be substituted.

1. _____

2. _____

3. _____

ID# _____ (office use only)

American Academy of Veterinary Acupuncture Certification Application Form

I hereby apply to the American Academy of Veterinary Acupuncture (AAVA) for examination in accordance with the Constitution, Bylaws, and executive decisions of the AAVA Executive Committee and AAVA Board of Directors as they are now or may be subsequently amended. I also agree that prior to or subsequent to my examination, the AAVA may investigate my standing as a veterinarian, including my reputation for complying with the standard of ethics of the veterinary profession.

The enclosed documents and application fee are in support of my application, and I certify that all statements are my own and are true and correct.

I hereby freely waive my right of access to all Applicant Evaluation Forms sent to the AAVA in conjunction with my application for certification as recognized Fellow of the American Academy of Veterinary Acupuncture (FAAVA). I understand that the Applicant Evaluation Forms may not be used for any purpose other than the evaluation of my qualifications for admission, and that I have a right to know the names of any and all such persons submitting them.

I have read, understand and accept the policies, procedures, and all information of the AAVA certification process as described in the Applicant Handbook. Furthermore, I specifically understand I pass the examination within three years of acceptance, and that the examination fee is non-refundable.

I agree to hold the American Academy of Veterinary Acupuncture (AAVA), its Board of Directors, officers, employees, members, and agents free from any damage or complaint by reason of any action that they take in connection with credentialing decisions or examination scores, or the failure of the AAVA to issue me academy certification.

Date: _____ Signature: _____

Payment is made as follows:

Check____ Online at AAVA.org or call 931-438-0238

All application material described in the Applicant Handbook must be received
by the AAVA office no later than 5:00pm October 1, 2017. Send Application material to:

American Academy of Veterinary Acupuncture

PO Box 803

Fayetteville, TN 37334

Applicant Confidential Evaluation Form

To the Applicant:

This form must be completed by individual you specify as "References" on your initial Application; letters of reference are not acceptable. Remember, the completed Applicant Evaluation Forms are confidential. YOU are to submit them to the AAVA still sealed in the envelopes as received.

Prior to sending this form to the Evaluator, please complete your Name, Social Security Number and Requested Return Date below.

Applicant's Name: _____

Applicant's Social Security Number: _____

Requested Return Date: _____

Name of Evaluator: _____

Evaluator's Address: _____

Evaluator's Telephone: _____ Fax: _____

Evaluator's Email Address: _____

To the Evaluator:

The above named veterinarian is applying for AAVA certification, and requests that you evaluate her or him as a candidate. The information you provide will be used only in the credentialing process. You may be contacted by a member of the Credentials/Exam Committee seeking additional information or verification.

To serve as a reference, this form must be completed; letters of reference are not acceptable. **Please complete this form and return it to the applicant in a sealed envelope marked "CONFIDENTIAL".** The applicant has been given a deadline by which to submit all required materials; missing the deadline will result in her or his forfeiture of eligibility for one year. Please make every attempt to complete and return this form to the applicant by the "**Requested Return Date**" that she or he has specified above.

The completed form is confidential and should not be shown to the applicant.

1. How long have you known or observed the applicant?
2. In what capacity have you known the applicant?
3. How frequently are you in professional contact with this applicant?
4. Describe your practice type:

American Academy of Veterinary Acupuncture
PO Box 803
Fayetteville, TN 37334
Tel: 931-438-0238 Fax: 931-433-6289

Applicant Confidential Evaluation Form

Please indicate your estimation of the applicant in each category, by checking one appropriate box.	Below Average	Average	Above Average	Excellent	Have Not Observed
Initiative					
Motivation for becoming AAVA Certified					
Intellectual capability					
Dependability, reliability					
Leadership ability					
Involvement in organized veterinary medicine					
Character and integrity					
Professional communication: verbal and written skills					
Client communication					
Acceptance of constructive criticism					
Medical and surgical knowledge					
Knowledge of species industry					
Standing of applicant in local community					
Standing of applicant in veterinary community					

5. What do you consider major strengths of the applicant?

6. What do you consider major weaknesses of the applicant?

7. Please add any additional observations about the applicant's character and/or abilities that you feel may assist the Credentials/Exam Committee in considering this applicant.

If needed, please attach a separate sheet with an explanation.

 (signature)

 (print name and title)

 (relationship to applicant, family members are not acceptable)

Continuing Education Documentation

You may list CE documentation in tabular form as shown below or you may make as many copies of this form as needed to document your fulfillment of the continuing education requirement. Draw horizontal lines to separate entries. Information must be typed or printed legibly. Reproduction of this form as a computer document is acceptable, as long as all information is provided

Date of Meeting	Hours	Name of Course	Speaker	Material Covered
(sample)				
1/01/02	4-5pm	Tongue	John Doe	TCM Tongue
(1 hour)	Diagnosis	Diagnosis in	dogs &	cats