



# CVTS Annual Report Guidelines 2016

**Report is Due on or Before January 31, 2017**

**Date Submitted** \_\_\_\_\_

Name of Academy: \_\_\_\_\_

Address: \_\_\_\_\_

Website: \_\_\_\_\_

Names and information of 2 (TWO) Contact People:

1. Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Please include the following information in your report:

1. Current Executive Board and Committee Chairpersons. Please complete the following charts

Executive Board Position	Name	Email	Phone

Committee Name	Chairperson	Email	Phone

2. Describe changes, additions or deletions to academy by-laws and constitution.
  
3. Describe changes to current requirements for application to the Academy (include current requirements as an Appendix).
  
4. Total number of charter and full members \_\_\_\_\_. Include current list of charter members and full members (include email addresses for all members).
  
5. Describe changes to the testing procedures of the Academy.
  
6. Provide results of the application, examination, and passing process.  
 \* Complete the following chart:

	2015	2016
Number of First Time Applicants		
Number of Repeat Applicants		
Total Number of Applicants		
Number of Candidates That Passed the Credentialing Process		
Credentialing Percentage (#4 ÷ #3 x		
Total Number of First Time Examinees		
Total Number of Repeat Examinees		
Total Number of Examinees		
Number of Candidates Passing the Examination		
Exam Pass Rate Percentage - (#11 ÷ #8 x 100)		

*\*May be modified as needed to reflect the timeline in use by the academy*

7. If Maintenance of Certification (MOC) has been completed for this calendar year, please provide the number of applicants and the number of successful recertifications.

8.

Applicant Name	Recertification submitted	Recertification Successful

9. Please provide a detailed description of support received from the affiliated Veterinary Specialty Board or Association.

10. List of events (continuing education, public awareness, etc.) in which the academy promoted the visibility of the specialty. Include name of activity, presentation date, location, group served, and the specific role of academy.

Name of Activity	Date	Location	Group	Role of Academy

11. List of meetings of the Executive Board or Organizing Committee held within the last year.

Please return the completed form electronically in PDF or Word format.  
 You may email to [info@navta.net](mailto:info@navta.net) and [cvts@navta.net](mailto:cvts@navta.net).

**CVTS/NAVTA**  
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 Albert Lea, MN 56007

Email: [info@navta.net](mailto:info@navta.net)