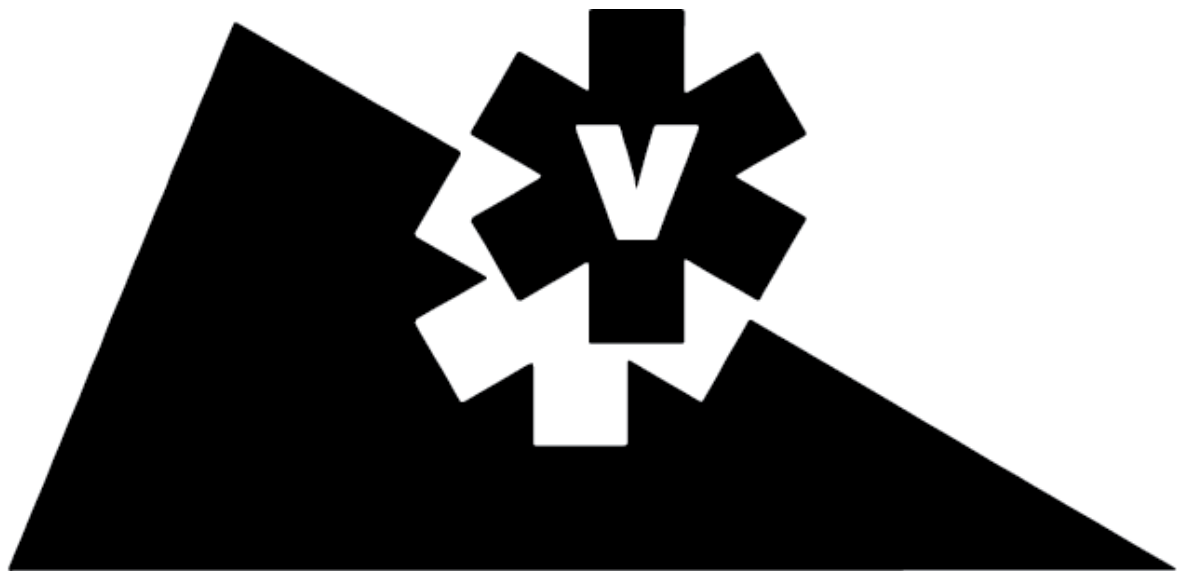


**Academy of Veterinary
Emergency
And Critical Care
Technicians and Nurses**



AVECCTN-VTS
Academy Veterinary Emergency Critical Care Technicians and Nurses

**General Information and Instructions
For the 2026 Application—PART B**

General Information

The Academy of Veterinary Emergency and Critical Care Technicians and Nurses (AVECCTN) thanks you for your interest in becoming a Veterinary Technician Specialist in Emergency and Critical Care (VTS(ECC)). AVECCTN's mission in certifying specialists is to ensure that veterinary professionals and the public can trust that AVECCTN-certified technicians have the knowledge and experience needed to excel in well-equipped emergency or critical care settings. Eligibility requirements for the examination are outlined in the AVECCTN Constitution and Bylaws, available at AVECCTN.org. While these requirements are rigorous, they are designed not as obstacles but to uphold a standard of excellence, ensuring that AVECCTN-certified technicians are genuinely qualified.

For the purpose of eligibility, the definition of emergency and critical care as established by the Veterinary Emergency and Critical Care Society will be used and reads as follows:

- **Emergency Care** – action taken in response to an emergency. The term implies emergency action directed toward the assessment, treatment, and stabilization of a patient with an urgent medical problem.
- **Critical Care** – the care taken or required in a response to a crisis. In medicine, the treatment of a patient with a life-threatening or potentially life-threatening illness or injury whose condition is likely to change on a moment-to-moment or hour-to-hour basis. Such patients require intense and often constant monitoring, reassessment, and treatment.

The AVECCTN Credentials Committee will use the following criteria to assess your application:

1. **Case Logs** – Demonstrate a diverse selection of cases that meet the definitions of emergency and/or critical care. Case logs should showcase your skills and experience.
2. **Case Reports** – Demonstrate a VTS level of understanding each of the criteria shown in the Case Report Evaluation Rubric found at the end of this document.
3. **Skills List** – Highlights mastery of at least the minimum number of skills, with requisite approval from an attestant, and if required, submission of an adequate photo as proof of the skill.
4. **Applicant's Ability to follow instructions** – Throughout the Part B Application, there are specific requirements for file format and names, use of Applicant ID, and formatting instructions that **MUST** be adhered to. Failure to follow instructions could result in failure of the application process.

Your Part B application will be submitted electronically via two online forms. The online forms are found by clicking the "Application Information" link on the right side of the AVECCTN.org homescreen.

The Part B application can only be submitted upon successful acceptance of your Part A Pre-Application. You can and should however start this application as early as possible to start logging your case logs.

You will need to fill in two forms for Part B:

[2026 AVECCTN Application Part B](#)
[2026 Online Skills List](#)

The forms allow you to Save and Resume your progress. Click “Save” at the bottom of each page, and a popup will display your unique link to resume your entries, along with an option to have the link emailed to you. Be sure to have this link sent to your email, where you will find a blue RESUME button containing the link. Keep this email safe! If you lose your link, contact us immediately at info@avecct.org. While we can provide you with a new entry link to continue your application, it may not be as user-friendly as your original resume link.

Each time you save your application, you will receive the same link; there is no need to email it to yourself every time.

Important: Review each section of the application thoroughly before submitting.

Submission Deadline: Part B: Final Application is due by October 31, 2025, at 11:59 PM EST. You may only submit this file if your Pre-Application was accepted. The application portal will close at this time, and any submissions timestamped after the deadline will be considered incomplete.

Note: Your Skills List must also be submitted by the deadline for your application to be deemed complete.

Applicants will be notified of the decision on Part B at least six months prior to the 2026 AVECCTN Examination (date TBD). If your application is declined, you will have the option to appeal the decision.

PART B APPLICATION INSTRUCTIONS

Reminder: Part B can only be **submitted** if you successfully pass Part A. We do expect however that those that are working on Part A will be logging cases throughout the application period from November 1-October 31 of your application year

Individual Application Number. This number is generated after you hit save for the first time on Part A. It will appear on Page one, right under your name field on your Part A Application, as well as in the email confirmation you received at the time of submission. Record this number and insert it into your Part B application.

Case Logs

You must maintain a case record log from November 1 to October 31 of your application year. Only cases seen within this timeframe are eligible; the form will not accept dates outside of this period.

Your case log should reflect the management of emergent or critically ill patients and demonstrate your competence in advanced nursing skills. Each entry must include the following information:

- Date
- Patient identification (name or number)
- Species
- Age
- Sex
- Weight
- Diagnosis
- Length of care
- Final outcome
- Summary of nursing care techniques and procedures performed by you on the patient.

If the animal's weight, age, or sex is unknown, please enter "not known" in the corresponding fields.

Important: Only use generic names for medications in your case logs. The use of trade names will result in your log being rejected.

Please note that case logs can be deleted once entered, and the log numbers will adjust accordingly; however, they cannot be reordered. Case logs do not need to be in chronological order. Keep in mind if you delete case logs, this could impact the case log number assigned to your Case Reports. Be sure to update those if needed!

⊗ **Case Log 1**

Date Admitted

11/1/2022



Date Discharged/Care Ended

11/3/2022



Days of Care

3.00

Case Identifier

123456

Patient Number (preferred), or Patient Name

Age

4 years

note weeks, months, years

Sex

Male



Species (can type in species if not in list)

Dog

Weight (kg)

12.00

Diagnosis

Hemorrhagic Gastroenteritis

Nursing Procedures I performed:

Initial triage, full TPR, placed IVC, obtained VBG, CBC, biochemical profile, PCV/TS, PT/PTT, ECG, Oscillometric BP, SpO2. Provided oxygen flowby, 20ml/kg bolus BES over 15 minutes, hydromorphone 0.05mg/kg IV, ampicillin IV, enrofloxacin IV diluted and slow. Once stabilized, placed on 2 x maint BES, fentanyl CRI at 2-6 mcg/kg/hr, pain score q 1 hr, monitored TS and administered FFP x 200 ml over 6 hrs. TPR, BP q 4hr, ECG continuous.



Maximum 450 characters... will not let you go over! NOTE: this is approximately 4.5 lines, a red bar will appear below the box if you exceed the characters.

Outcome

Discharged

Is this case one of your 4 case reports?

Yes No

+ Add Case Log

Example of a Case Log entry

List individual nursing skills YOU performed; do not use unspecific phrases such as “critical care nursing”, “intense monitoring” or “pain management”. Provide a key if abbreviations are used. A section has been provided for your abbreviation list.

Abbreviations for Case Logs

Please only use abbreviations that are generally accepted and are likely to be found in the patient record. These may include those commonly used in your "corner of the world" ie MVA (multiple vehicle accident) or HBC (hit by car), RTA (road traffic accident), CPR, IV, IM, SID, BID etc. Please DO NOT "create" abbreviations to save space on your case logs (for example “ITVBW” for Initial Triage, Vitals and Bloodwork). Creating abbreviations make the case logs extremely difficult to assess and read. Use standardized abbreviations as much as possible. Help our committee review your application in the best possible way!

Lists should be documented in the following list format (not in a paragraph) and in alphabetical order:

Dx: diagnostic
MVA: multiple vehicle accident
Sx- surgery

The abbreviation section for this application has been shortened to 1200 characters. This equates to approximately one standard 8.5.11" page when your application is downloaded.

Abbreviations Used in Case Logs

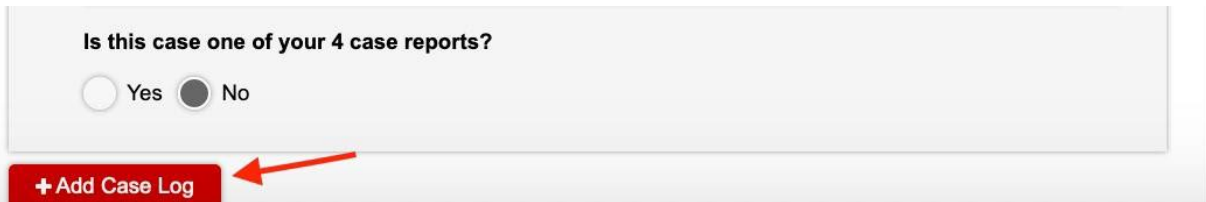
BES: balanced electrolyte solution
BP: blood pressure
CBC: complete blood count
CRI: constant rate infusion
FFP: fresh frozen plasma
hr: hour
IVC: intravenous catheter
BP: blood pressure
ECG: electrocardiogram
IV: intravenous
maint: maintenance fluid rate
mcg: micrograms
q: every
PCV: packed cell volume
PT: prothrombin time
PTT: partial thromboplastin time
TPR: Temperature, pulse, respiration
TS: total solids
VBG: venous blood gas
x: times

< Back

Next >

Save

Candidates must submit 50 cases that meet the AVECCTN definition of emergency and/or critical care. However, if only 50 cases are submitted, a single unacceptable case could result in your application being rejected. Therefore, it is **strongly suggested** that additional cases (up to a total of 75) be submitted. The Case Log form will expand to allow you to submit **up to a maximum of 75 cases**, by clicking **“+ Add Case Log”**. The case logs will be used to confirm your advanced competency in veterinary emergency and critical care through clinical experience.

A screenshot of a web form. At the top, it asks "Is this case one of your 4 case reports?". Below this question are two radio buttons: "Yes" (which is unselected) and "No" (which is selected). Below the radio buttons is a red button with a white plus sign and the text "+ Add Case Log". A red arrow points from the right towards the "+ Add Case Log" button.

Insert additional case logs by clicking “+Add Case Log”, up to a maximum of 75 (min of 50)

Case Logs are Assessed Based On:

- 1. Relevance to Emergency and/or Critical Care:** Your log must align with the definitions of emergency and critical care as previously outlined. Select cases involving unstable emergencies. For instance, a stable limb fracture without trauma will not be accepted; however, a limb fracture accompanied by trauma history, shock, or significant pain is acceptable. Ensure your log clearly differentiates between these cases. Choose your best examples.
- 2. Demonstration of Advanced Skills:** Incorporate a variety of skills, particularly those classified as advanced from the skills list. Your cases should showcase your advanced competencies that distinguish you from an average technician or nurse. For example, if you only sedated a patient for radiographs, clarify how this demonstrates advanced skill compared to a general practice technician.
- 3. Inclusion of Diverse Skills:** While advanced skills are essential, do not limit your log to only those. Include other important skills, such as vital signs assessment and IV catheter placement. The case log will be deemed inadequate if it only mentions the placement of a nasogastric tube without further context. Focus on cases where you invested considerable time and effort rather than merely executing a single procedure.
- 4. Professional Presentation:** The use of trade names, spelling errors, improper capitalization (e.g., capitalizing generic names), and grammatical mistakes will result in your case log being rejected. This is a professional application; treat it accordingly!
- 5. Completeness and Accuracy:** Ensure all required fields are filled out correctly. Missing weight, species, or outcome data, incorrect date entries (note that the length of care is automatically calculated; if you see a negative or excessively large number, double-check your dates), or any other incomplete information will lead to the failure of that log.

CASE Reports


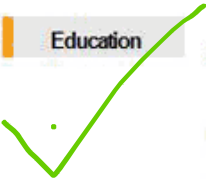
Please read the following before uploading.

HINT We **strongly** recommend you set up the document in Word correctly **prior to writing** to prevent inadvertent formatting issues.

Case reports must be the original work of the applicant, and you will attest to this in your waiver that you sign for this application. While we understand and expect that you will be utilizing references to explain physiology, pharmacology, pathophysiology etc., direct copying (plagiarism) of references (books, conference proceedings, papers or websites) will not be accepted and **will be a reason for declining your application**. Numerous anti-plagiarism checkers are available and utilized by AVECCTN. All references must be paraphrased into your own words, even when providing the citation. If text is used verbatim (not recommended), it must be properly referenced and appear in quotes. See below for reference style. **We will allow an additional page for references ONLY (PAGE 6)**. Here is a handy article on avoiding plagiarism: <http://en.writecheck.com/ways-to-avoid-plagiarism/>.

VERY IMPORTANT!! Applications may be declined if case reports are not formatted correctly.

1. **Margins:** set your Word margins to the following: **Top/Bottom and Sides 0.5" (1.27 cm)**
2. **Paper Size:** Please use standard Letter Size (US: 8.5x11", International: 216 by 279mm). Note for International candidates, **this is not A4 paper size! (A4 is likely your default and will need to be changed under Layout>Size).**
3. **Justification:** Right Margin must be justified (Left Margin only is justified by default and must be changed in "layout"). See Examples:

	Education 2000-2003 King's College London, University of London BA in Psychology (2.1)	In the final year I co-organised an analysis of job preferences of the King's College London students. The study included developing and conducting a comprehensive survey of 400 students, statistical analysis and writing a 20-page report for university authorities and Career Centre.	Not Justified
	Education 2000-2003 King's College London, University of London BA in Psychology (2.1)	In the final year I co-organised an analysis of job preferences of the King's College London students. The study included developing and conducting a comprehensive survey of 400 students, statistical analysis and writing a 20-page report for university authorities and Career Centre.	Justified

4. ALL body text and headings must be in "Times New Roman" Font size 10pt. This is a standard font in MS Word.
5. **HEADINGS** must be Times New Roman, 10pt **Bold** type, **CAPITALIZED** (for example **SIGNALMENT**, **INTRODUCTION**, **INTERVENTIONS**, etc)
6. Case Report Header must appear on every page and must follow this format.

Times New Roman, 10pt, BOLD, CAPITALIZED

Use the MS Word Header/Footer option under "Insert" to set your header. The page number can be autoformatted as well within the header feature. **The header should be right justified as illustrated below:**

APPLICANT Number__ -CASE REPORT (1-4), CASE LOG # (1-75), PAGE Number_____

EXAMPLE:

15-2, CASE LOG # 54, PAGE 1

Do not write out "APPLICANT" or "CASE REPORT" and note there is no "# sign" for the case report or page, only for the case log number.

Your applicant number is your number from PART A.

7. **Do not use Trade Names**, all drugs must be generic (this applies to case logs as well). **Example Lasix-should be written as furosemide (frusemide).** Remember, generic names are NOT Capitalized.

8. All reports must be typed, **double-spaced, and not exceed 5 pages in length** (exception: 1 additional reference page, which can be pg 6).

9. Save file as a PDF with the following file name:

YOUR Applicant Number-(Case Report #)"1-4".pdf

For example, **62-1.pdf, 62-2.pdf, 62-3.pdf, 62-4.pdf**. Do not include applicant name, patient name or other identifiers in the file name. **DO NOT** name your reports after the Case Log Number.

9. **REFERENCES.** Under this heading, you may add references used. The references should also have been cited within the document using a superscript ^{1, 2, 3}, etc. References should follow the format below and be preceded by the citation number of first appearance.

Journal citations

1. Powell LL, Rozanski EA, Tidwell AS, Rush JE. A retrospective analysis of pulmonary contusions secondary to motor vehicular accidents in 143 dogs: 1994-1997. J Vet Emerg Crit Care 1999;9(3):127-136.

Book Chapter:

2. Rooney DK. Clinical Nutrition. In: Reed SM, Bayly WM, editors. Equine Internal Medicine. 2nd ed. Philadelphia: WB Saunders Co; 1998, pp. 216-229.

Book

3. Ettinger SJ. Textbook of Veterinary Internal Medicine. 2nd ed. Philadelphia: WB Saunders Co; 1983, pp. 55-57.

Conference Proceeding

4. Dowers K, Bright JM. Anti-aggregatory effects of GP IIa/IIIb antagonist on feline platelet function. In: Proceedings of the American College of Veterinary Internal Medicine; 2000: Chicago, USA. pp. 712.

Note: the journal citation information above has been used from the “Instructions for Authors” for the Journal of Veterinary Emergency and Critical Care:
[http://onlinelibrary.wiley.com/journal/10.1111/\(ISSN\)1476-4431/homepage/ForAuthors.html](http://onlinelibrary.wiley.com/journal/10.1111/(ISSN)1476-4431/homepage/ForAuthors.html)

Website

5. Copy and paste the website link. ie: <http://en.writecheck.com/ways-to-avoid-plagiarism/>

We acknowledge that these instructions may seem tedious, but adhering to them is crucial for several reasons:

- a) **Attention to Detail:** This is a vital quality for an ECC Technician/Nurse.
- b) **Following Instructions:** The ability to follow directions accurately is essential!
- c) **Equity Among Candidates:** By following the provided guidelines, we ensure that all candidates have the same amount of space to demonstrate their knowledge and case management skills. For example, using a smaller font or wider margins could give an applicant an unfair advantage, potentially allowing for an additional half-page of content, which will not be accepted.

IMPORTANT HINT: When saving your final files, please take care to store them in a separate location from any working documents. For example, create a folder labeled “FINAL APPLICATION FILES” and save only the final versions of each document there. Many candidates inadvertently submit incomplete files or those containing “track changes,” which could lead to application rejection. Ensure that all documents saved in

your final application folder are the copies you intend to submit.

If you use the “track changes” feature in Microsoft Word while having someone review your documents, make sure to accept or reject all changes before saving the file as a PDF. After reformatting to PDF, *review* the document to confirm that all formatting elements have been preserved. Do not submit a PDF with visible track changes; such submissions will not be reviewed.

Additionally, case reports must be the original work of the applicant and should demonstrate expertise in the nursing management of various veterinary patients requiring emergency and critical care.

Select cases that will demonstrate your expertise in emergency and critical care nursing. Be sure that information such as the patient’s name (first name only), identification number, and date the case was seen is included in the report. The case report should describe, in detail, how the patient was diagnosed and treated, and specifically demonstrate how you used your knowledge and experience to assist the veterinarian in diagnosing and treating the patient. It is important that the information in your case report can be clearly understood. Present each case in a logical manner, check spelling, use generic drug names, and define any abbreviations that are used at the first instance, e.g. positive end-expiratory pressure (PEEP). It is important to show that you participated in the diagnosis, treatment, and nursing of the patient and were not just an observer. It is also important to demonstrate your depth and comprehension of knowledge about the case that you have chosen. Consider some of the following ways of demonstrating your knowledge and experience:

- **Demonstrate Your Role:** Clearly illustrate how your observations, physical examinations, and history-taking contributed to the veterinarian's diagnosis. While “I” statements are allowed, if you opt not to use them, ensure that your role in the case is easily identifiable; this can be challenging without explicit references.

-**Demonstrate Teamwork:** Highlight communications and how you worked with the veterinarian to care for the patient.

- **Explain Observations and Questions:** Detail why specific observations were significant or why particular questions were asked during the history-taking process.

- **Describe Procedures:** Outline the procedures you assisted with or performed, explaining their necessity, any potential contraindications, and the required nursing care associated with them.

- **Assist with Treatment:** Describe how you supported the veterinarian in treating the patient, emphasizing your contributions to the care process.

- **Assess Treatment Effectiveness:** Explain how you helped evaluate whether the patient's treatment was effective.

- **Monitor and Modify Treatment:** Detail how your observations and monitoring facilitated adjustments to the patient’s treatment plan.

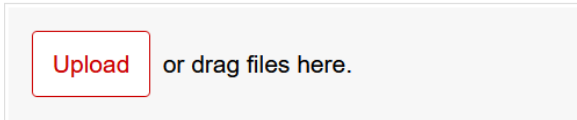
- **Role in Care Planning:** Clarify your involvement in planning the patient’s care, highlighting your decision-making process.

- **Demonstrate Knowledge of the Condition:** Show your understanding of the condition being treated, using explanations of pathophysiology to reflect your knowledge base.

- **Discuss Treatment Variations:** While we do not question the veterinarian’s decisions, it is important to acknowledge that treatments may differ due to financial constraints, client preferences, or availability of modalities. If you participated in a non-standard approach, explain what the typical “gold standard” is and why it was not implemented in this instance.

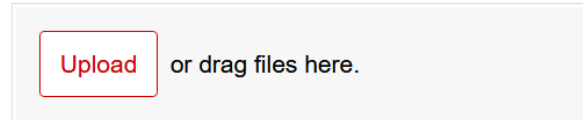
File Uploads: Each upload has its own box to assist you in keeping things in order, and ensuring all necessary files are received. Please make sure file names are saved as specified! Follow the instructions on the screen to upload. Note, you may have difficulty doing this part on a mobile device, and will likely want to access your application on a computer.

Case Report #1 (File name in format Applicant Number-Case Report Number.pdf, ie 62-1.pdf)

A rectangular box with a light gray background. On the left, there is a red-outlined button with the word "Upload" in red text. To the right of the button, the text "or drag files here." is displayed in a standard black font.

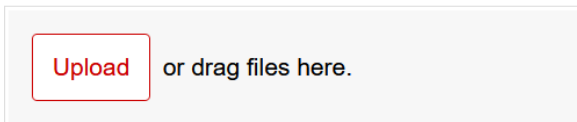
PDF file only, Max Size 5MB

Case Report #2 (File name in format Applicant Number-Case Report Number.pdf, ie 62-2.pdf)

A rectangular box with a light gray background. On the left, there is a red-outlined button with the word "Upload" in red text. To the right of the button, the text "or drag files here." is displayed in a standard black font.

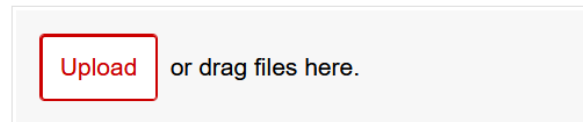
PDF file only, Max Size 5MB

Case Report #3 (File name in format Applicant Number-Case Report Number.pdf, ie 62-3.pdf)

A rectangular box with a light gray background. On the left, there is a red-outlined button with the word "Upload" in red text. To the right of the button, the text "or drag files here." is displayed in a standard black font.

PDF file only, Max Size 5MB

Case Report #4 (File name in format Applicant Number-Case Report Number.pdf, ie 62-4.pdf)

A rectangular box with a light gray background. On the left, there is a red-outlined button with the word "Upload" in red text. To the right of the button, the text "or drag files here." is displayed in a standard black font.

PDF file only, Max Size 5MB

Waiver, Release and Indemnity Agreement

The applicant must carefully read and agree to the agreement.

Digitally sign this form using the instruction provided. You can use your finger or stylus on a mobile device or computer trackpad. For a mobile device, click the pencil icon to “lock” the box from moving while you capture your signature.

WAIVER, RELEASE, AND INDEMNITY AGREEMENT

I hereby submit my credentials to the Academy of Veterinary Emergency and Critical Care Technicians 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 Board 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 Emergency and Critical Care Technicians and each and all of its members, directors, 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 the organization. I agree to exempt and relieve, defend and indemnify, and hold harmless the Academy of Veterinary Emergency and Critical Care Technicians, 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 by 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 Emergency and Critical Care Technicians.

I certify that all work submitted represents my original work, except where I have acknowledged the ideas, words, or material of other authors.

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 three paragraphs.

Signature

Hint: a stylus on trackpad or mobile phone works well!

Date Signed



Applicant Name

Final Submission

Once the application is signed and complete, including all uploads, it is ready for submission. You cannot submit the Part B Application if Part A has not been accepted.

NOTE: your payment submitted with PART A is the only payment you need to make. There is no PART B Fee.

Fill in the final checklist:

Once this is complete and you are ready to submit, please follow the instructions to submit. **Note the deadline.** The application will be timestamped when submit is clicked, and we will not accept any late submissions! Once submitted **NO CHANGES are permitted!**

Be sure you are happy with your submission before hitting submit, but don't overthink

too much. If it is received **after 11:59pm EST on October 31**, it will not be accepted. Do not leave it to the last few seconds to submit. You may say to yourself “that would never happen to me”, however, every year, it happens to someone ☹️. The timestamp is NOT the time you hit submit, but rather the time it reaches the server and these are BIG forms that take a bit of time. A slow connection can mean your application is not accepted.

See the separate **Instructions for the Skills List Form** on the AVECCTN Application Page.

Sit back, relax, and wait for your results. See next page for a few details on the post-submission review process.

Review of Your Application

Applicants often wonder why our review process takes so much time, so here is a snapshot of what happens after your application is submitted.

1. Each application is downloaded, including all files that have been provided.
2. The case logs are presented to committee members for review. The logs have your name removed prior to the review.
3. Logs are graded based on the definition of emergency and critical care above, on their variety, appearance of advanced skills, and attention to detail.
4. Each Skills List is downloaded and blindly presented to committee members for review.
5. Case reports are downloaded, randomized, and randomly assigned to all committee members so that each of your reports is reviewed three times. So, for each applicant, that is 12 case reports to read and grade! (75 applicants = 900 case reports read by the committee)!!!
6. All case reports are blinded to the committee. If any member recognizes the author or patient of an individual report, they notify the Chair and are assigned a different report.
7. Case reports are scored initially on:
 - a. Adherence to the formatting guidelines (Headers, Headings, Margins, Font/Size, Length)
 - b. Proper use of **generic** names, providing doses, route of administration
 - c. Applicant’s role in the case is clearly identified, and the reviewer easily understands procedures/task performed by the applicant
 - d. Applicant works within boundaries as a veterinary technician/nurse; does not diagnose, appears to work well with the veterinarian
 - e. Applicant expands on abbreviations on first instance (Abbreviation list only applies to case logs).
8. Then the case reports are graded (Outstanding to Very Poor) on the following criteria (See Rubric below). The committee is provided with examples of case reports:

- a. The applicant has an understanding of the disease process and physiology
 - b. The applicant has an understanding of the treatment(s)
 - c. The applicant has an understanding of the diagnostics
 - d. The applicant demonstrates involvement in patient nursing care, and an understanding of the importance of this care.
 - e. The applicant demonstrates a variety of skills and procedures (including those on the AVECCTN Skills list) and an understanding of the purpose and use of the skills, in the management of the case.
9. Once the committee has completed their review, the scores are tabulated, reviewed for anomalies and accuracy, and determined to have passed or failed.
 10. A report and recommendations are compiled and submitted to the AVECCTN Board of Directors (BOD).
 11. The BOD reviews the Credentials Report and approves.
 12. Results are compiled and sent to the applicants.

The Rubric for Case Report Evaluation

CRITERION	Outstanding	Good	Average	Basic	Very Poor
Understanding of disease process and pathophysiology	Demonstrates excellent knowledge of the disease process and pathophysiology of the disease(s)	Demonstrates good understanding of the disease process and pathophysiology of the disease(s)	Demonstrate average knowledge of the disease process and pathophysiology of the disease(s)	Demonstrates basic knowledge of the disease process and pathophysiology of the disease(s)	Does not demonstrate evidence of any knowledge of the disease process and pathophysiology of the disease(s)
Understanding of treatment(s)	Demonstrates excellent understanding of treatment(s) and why they were initiated or discontinued.	Demonstrates good understanding of treatment(s) and why they were initiated or discontinued.	Demonstrates average understanding of treatment(s) and why they were initiated or discontinued.	Demonstrates basic understanding of treatment(s) and why they were initiated or discontinued.	Lacks evidence of any understanding of treatment(s) and why they were initiated or discontinued.
Diagnostics	Demonstrates excellent understanding of diagnostics, why they were done, and the significance of the results	Demonstrates good understanding of diagnostics, why they were done, and the significance of the results	Demonstrates average understanding of diagnostics, why they were done, and the significance of the results	Demonstrates basic understanding of diagnostics, why they were done, and the significance of the results	Lacks evidence of any understanding of diagnostics, why they were done, and the significance of the results
Nursing	Demonstrates involvement in patient care including an excellent understanding of the importance of this care	Demonstrates involvement in patient care including a good understanding of the importance of this care	Demonstrates involvement in patient care including a average understanding of the importance of this care	Demonstrates involvement in patient care including a basic understanding of the importance of this care	Does not demonstrate involvement in patient care.
Procedures (including those in the skills list)	Demonstrates involvement in procedures including an excellent understanding of why it was performed	Demonstrates involvement in procedures including a good understanding of why it was performed	Demonstrates involvement in procedures including a average understanding of why it was performed	Demonstrates involvement in procedures including a basic understanding of why it was performed	Does not demonstrate involvement in procedures