

Surgical Experience Documentation

Beginning on July 1, 2014, newly-enrolled candidates wishing to take the Clinical Proficiency Examination (Step 4) of the ECFVG process are required to demonstrate validated proof of experience performing surgical procedures using aseptic technique prior to the CPE. **The validation can be provided by one or more veterinarians licensed to practice veterinary medicine in any international jurisdiction.** At a minimum, candidates are expected to document their performance of at least one (1) ovariohysterectomy as a primary surgeon and have participated in at least five (5) additional surgical procedures as either a primary or assistant surgeon within the 5-year period prior to the candidate's CPE. The 5 additional procedures may be ovariohysterectomies or other surgical procedures, but each should involve all elements of an aseptic surgical procedure including gowning & gloving, draping of the patient, and use of sterile instrumentation.

Please submit one (1) signed and validated form for each surgical procedure performed.

Completed forms should be submitted to:

**AVMA/ECFVG
1931 N. Meacham Rd., Suite 100
Schaumburg, IL 60173
United States**

Surgical Experience Form

To be completed by ECFVG candidate:

ECFVG Candidate Name (print) _____

ECFVG Candidate Signature _____

ECFVG Candidate I.D. _____

Candidates are reminded that falsification of documents would be a violation of the Rules of Conduct and can resolve in disciplinary actions up to and including dismissal from the program.

To be completed by a licensed veterinarian validating ECFVG candidate's surgical experience:

Surgical procedure(s) performed by ECFVG candidate named above	Please indicate role of ECFVG candidate: Whether primary surgeon or assistant	Date when surgical procedure performed

Reminder: To qualify towards the ECFVG requirement, all surgical procedures must have been performed within a five-year period prior to the CPE.

By signing below, I, the validating veterinarian affirm to the ECFVG that

- i) I have read and understood this document in its entirety, as written in English or as translated into the _____ language
- ii) I have personally witnessed this candidate perform the aseptic surgical procedure(s) listed above.

Signature _____

Date _____

Full Name of Validating Veterinarian (print): _____

License or Registration Number _____

Name of Licensing Authority (state, province, country) _____

Clinic name and contact information (address, phone number, e-mail) where procedure was performed _____