

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 application. The 5 additional procedures may be ovariohysterectomies or other surgical procedures. **Each documented surgical procedure 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. Please write out the surgical procedure performed in full including species. Please note no abbreviations. For example, write out "ovariohysterectomy" – not OVH or OHE – as they can have different meanings in different countries.

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 ID _____

ECFVG Candidate Name (print) _____

ECFVG Candidate Signature _____

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 qualify towards the ECFVG requirement, all surgical procedures must have been performed within a five-year period prior to the CPE application. **Each documented surgical procedure should involve all elements of an aseptic surgical procedure including gowning & gloving, draping of the patient, and use of sterile instrumentation.**

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

Surgical procedure(s) performed by ECFVG candidate named above and on what species (i.e. Ovariohysterectomy – dog)	Role of ECFVG candidate: primary surgeon or assistant	Date of surgical procedure (mm/dd/yyyy)

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 all elements of an aseptic surgical procedure including gowning & gloving, draping of the patient, and use of sterile instrumentation listed above.

Validating Veterinarian's Signature: _____ Date: _____
(mm/dd/yyyy)

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:

