Reptile and Amphibian Practice
Pre-Applicant Preparation Program

1. Pre-applicants who are interested in earning their credentials for certification in Reptile and Amphibian Practice by the practice experience route (rather than via formal residency) must submit a letter of intent to the Reptile and Amphibian Credentials Committee via the ABVP Executive Director at http://www.abvp.com/contact.htm. The letter of intent must document that the Pre-applicant has participated in 1) at least one year of general practice, 2) two years of reptile and amphibian practice, and 3) at least 36 hours of acceptable reptile and amphibian continuing veterinary medical education or acceptable formal coursework in the two years preceding the letter of intent.

2. Interested Pre-applicants must submit a list of three potential Advisors ranked in order of preference. Potential Advisors must meet the requirements outlined below. Potential Advisors may decline an invitation to advise a Pre-applicant. The committee will try to assign Advisors according to Pre-applicant preference whenever possible, but may suggest names not included on the list provided by the Pre-applicant. Final selection of the Advisor will be made by the Reptile and Amphibian Practice Credentials Committee. A Pre-applicant may contest the decision of the Credentials Committee via written petition to the Reptile and Amphibian Practice Regent.

3. A plan of study will be prepared by the Pre-applicant and Advisor and submitted to the Reptile and Amphibian Practice Category Credentials Committee for approval within three months after the Pre-applicant is notified of their selected Advisor. The plan of study may vary between Pre-applicants, depending upon experience, demonstrated abilities and goals of the Pre-applicant. This curriculum may include, but is not limited to: formal courses, intensive short courses, continuing education seminars, wetlabs, home study; clinical trials with reports; literature reviews; presentations at meetings, special seminars; and manuscript preparation.

4. The relationship between Advisor and Pre-applicant will be advisory only. Pre-applicants are not required to practice veterinary medicine for or with the Advisor, although they may choose to do so without prejudice. The Reptile and Amphibian Practice Credentials Committee will serve as an approval and oversight body of the relationship between the Advisor and Pre-applicant.

5. Advisors will submit an annual report to the Reptile and Amphibian Practice Category Credentials Committee, which will serve to evaluate the work of the Pre-applicant.

6. The Advisor will agree to participate in the Advisor–Pre-applicant relationship for up to four years. This will include regular mentorship in clinical practice of Reptile and Amphibian medicine and surgery, assistance with development of an appropriate plan of study, assistance with selection of appropriate mentors for specialty areas outside the expertise of the Advisor, review of written manuscripts (e.g., case reports and publications), and, if needed, assistance with the process of manuscript publication.

7. The preparation period will normally be three years following approval of the program and assignment of the advisor, but may be reduced upon recommendation of the Advisor and subsequent approval by the Reptile and Amphibian Practice Credentials Committee and Council of Regents. Applicants who submit their credentials for approval without first selecting an Advisor will have an Advisor assigned to them.

8. If the Pre-applicant cannot complete the plan of study within three years, then the Pre-applicant must submit a request for extension of the preparation period to the Reptile and Amphibian Practice Credentials Committee including a revised plan of study. If the Pre-applicant cannot complete the plan of study and meet the requirements to qualify for the certification examination within four years, then the Advisor-Pre-applicant relationship will be terminated. The Pre-applicant may continue the preparation period by submitting a letter of intent and a list of three potential advisors. A new course of study must be prepared with the new Advisor and submitted for approval by the Reptile and Amphibian Practice Credentials Committee within 3 months after the Pre-applicant is notified of the new Advisor.

9. Advisors must be approved by the ABVP Reptile and Amphibian Credentials Committee and will:
    a. Have one or more of the following credentials: 1) served on the Organizing Committee for Certification in Reptile and Amphibian Practice, 2) active certification as an ABVP diplomate in Reptile and Amphibian Practice, or 3) ACZM certification in Zoological Medicine by passing the second day examination in herpetological medicine.

    and

    b. Meet the credentials requirements for current certification as an active ABVP diplomate in Reptile and Amphibian Practice. Advisors who are not ABVP-certified do not need to write ABVP-format case reports; instead they must have published at least two acceptable manuscripts that meet the requirements described for applicants. These requirements are found in the ABVP Policies and Procedures Manual as well as online at www.abvp.com.

    and

    c. Serve as a role model to Pre-applicants through service to the profession of reptile and amphibian medicine and surgery on committees in professional organizations, by performing active research, by publishing in biomedical periodicals within the past 5 years, by presenting at conferences within the past 5 years, or through other approved recent contributions.

    and

    d. Maintain active memberships in professional organizations such as ARAV, AVMA, AAZV, Society for the Study of Amphibians and Reptiles, Wildlife Disease Society, local herpetological societies, state veterinary medical associations, or other approved professional organizations.

    and

    e. Serve as a role model in clinical practice by providing the following minimum standards of care for reptile and amphibian patients:

i. Hospital facilities such as escape-proof enclosures, cages of appropriate dimensions for various-sized species, adequate thermal gradients and humidity levels, climbing branches for arboreal species, and aquatic setups for aquatic species, heat sources that provide thermal gradients in hospital enclosures, individual incubators capable of adjusting both temperature and humidity with small and medium-sized patients, and isolation cages with the capability of individual internal temperature control, air flow and ventilation. In addition, the ability to provide supplemental heat during surgery including either forced warm air blankets or heat lamps, with supplemental devices such as hot water circulating blankets or heating pads.
ii. Regular use of equipment fitting of a specialist such as vascular clips (small, medium and large); radioscalpel and/or CO_2 laser; rigid endoscopy system; operating magnifying loupes; air pumps or compressed gas; sexing probes; radiology unit with a wide range of mA and kVp settings and the capability of taking both vertical and horizontal beam projections; high-detail radiographic film, screens, and/or digital CCD; electronic, digital thermometer capable of rapid read-out with a range from freezing to greater than 100ºC and/or infrared temperature gun; heat lamps or radiant heat panels with thermostats; UVB light sources in cages; thermal water blankets; appropriate capture/restraint equipment (e.g., snake hooks, tubes, tongs, bags, plastic storage containers with appropriate ventilation, etc.); ventilator, ambu bag, or ability to manually ventilate anesthetized patients; pulse oximeter; Doppler flow meter; apnea monitor, capnograph, or similar equipment for anesthetic monitoring; 1 to 4 mm uncuffed or Coles endotracheal tubes; Dremel® or similar tool with appropriate bits for grinding beaks and nails; Dremel® or similar tool or orthopedic saw for opening chelonian shells; oral speculums of various sizes and types; microliter or U-100 insulin syringes.
iii. Access to advanced imaging equipment (even if only by referral) such as high frequency ultrasonography, computed tomography, magnetic resonance imaging, and nuclear scintigraphy.
iv. Laboratory support including in-house lab capabilities such as the ability to perform routine CBC, basic plasma biochemistry, fecal evaluation, cytology, and fluid analysis. Access to commercial laboratories with experience and expertise in reptile and amphibian tissue and fluid sample handling and interpretation for specialized tests such as ELISA, PCR, culture, viral isolation, serology, cytology with special stains and histopathology.
v. Staff that has specific training in reptile and amphibian patient history-taking, husbandry, restraint, phlebotomy, lung and colonic washings, imaging, anesthetic monitoring, cytology, hematology, parasitology and laboratory techniques. In general, a technician should be able to perform the same techniques on reptiles and amphibians that are normally performed on domestic companion species including dogs and cats. A written checklist of individual procedures should be kept and mastered.

Nursing staff should attend continuing education seminars that provide specific training in reptile and amphibian nursing. "In-house" training by veterinarians should be offered to staff on a regular basis and technician skills should be reviewed frequently. It is advisable to save a slide set of both "normal" and "diseased" blood smears, and preserved fecal, ectoparasites and cytology slides for teaching and reference.

and

f. Have the ability to manage the special hazards of venomous reptiles through established protocols that are followed closely. Extensive reptile experience and formal training in a zoo or museum that routinely handles venomous reptiles is essential prior to attempting to handle anything that is venomous. Special equipment, techniques, and planning are crucial, including trained back-up personnel, appropriate antivenin on hand, an alarm system, a disaster plan that is routinely rehearsed, and the availability of physicians experienced in the treatment of snakebite at the local Emergency Room. Medical and liability insurance policies must be reviewed regularly.

and

g. Practice modern, evidence-based, problem-oriented reptile and amphibian medicine and surgery. Every patient should have a thorough history taken, including source, husbandry conditions, cage, substrate, heat sources, UV light sources, thermometers, diet, frequency of handling, duration of signs and symptoms, previous treatment, and other relevant data. The veterinarian should recognize inappropriate husbandry and diets for a variety of species and be able to recommend improvements. Every patient should have a thorough and systematic hands-on physical exam. Veterinarians and staff must have knowledge of safe restraint (for patient and handler), normal anatomy, and the ability to extract chelonian heads from the shell and to open mouths. Every patient is given the problem-oriented medical approach with a "SOAP" (or similar standard medical record) list and rule outs, diagnostic and therapeutic plans, and follow ups. Veterinarians must be familiar with diagnostic sampling and administration of medications by appropriate routes in all species. It is not appropriate to simply treat every sick reptile with antibiotics. Advisors must be capable of formulating relevant case-based questions, searching for evidence-based answers, and appraising the available evidence to apply new information during active case management.

and

h. Have the ability to perform reptile and amphibian procedures including venipuncture; fluid therapy (routes and types); injection sites; endotracheal intubation; gavage; pharyngostomy tube placement; coeliotomy and exploratory; ovariohysterectomy on a number of lizard, turtle and snake species; orchiectomy as above; liver, kidney and other organ biopsy (minimally invasive, surgical or endoscopic); amputations (limb, tail); cystotomy; gastrotomy/enterotomy; enucleation; skin biopsy; bone biopsy; bone marrow sampling; sample collection for bacterial culture and sensitivity testing and cytology (lung, GI); wound dressing; splinting and fracture management; chelonian shell repair; beak and nail trims; and necropsy.

and

i. Have access to and an understanding of the requirements for extra-label or MUMS-compliant (Minor Use Minor Species Act of 2004) use of the following classes of medications for reptiles and amphibians: appropriate antibiotics; appropriate anesthetics; appropriate anthelmintics; food and supplements (eg. species-specific diets for herbivores, carnivores, insectivores, etc.). Many medications come in forms that are difficult to accurately dose in small patients, so compounding medications in house or by a trustworthy compounding pharmacy is essential.

and

j. Utilize veterinarians, animal hospitals, or referral centers with advanced training for procedures that are beyond the expertise of the veterinarian or hospital.

and

k. Utilize veterinarians, animal hospitals, or referral centers that are capable of handling after hour emergencies for reptile clients.