## 2024 Academy Annual Report Form

Website  Name of person submitting report  Email  Please list the Officers as indicated by your Academy structure  CVTS Representative	Academy Name
Name of person submitting report  Email  Please list the Officers as indicated by your Academy structure	
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Please list the Officers as indicated by your Academy structure	
	Email
CVTS Representative	Please list the Officers as indicated by your Academy structure
	CVTS Representative

CVTS rep email		
Position	Name	Email
Position	Name	Email
Position	Name	Email
Position	Name	Email
Position	Name	Email
Position	Name	Email

Position	Name	Email	
Position	Name	Email	
Position	Name	Email	
			$\neg$
Position	Name	Email	
If needed, list additional o	officers		
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DI 11 4 11			
		d by your Academy structu	re,
including standing	, ad-hoc committee	es, and task forces.	
Committee name		Standing/ Ad-hoc?	
		Stationing/ Au-1100:	
	1 1		

Chairperson	Email
Committee name	Standing/ Ad-hoc?
Chairperson	Email
Committee name	Standing/ Ad-hoc?
Chairnerson	Email
Chairperson	
Committee name	Standing/ Ad-hoc?
	Otanding/ Ad-noc:
Chairperson	Email
Committee name	Standing/ Ad-hoc?

Chairperson	Email
Committee name	Standing/ Ad-hoc?
Chairperson	Email
Committee name	Standing/ Ad-hoc?
Chairperson	Email
If needed, list additional Committees and Chairs	
If needed, list additional Committees and Chairs	·

Have there been any changes, additions or deletions to the academy by-laws or constitution?

Current by-laws upload		
By-laws date or year las	st updated	
Need to be able to uplo	<mark>ad file</mark>	
Current constitution uple	oad	
Need to be able to uplo	<mark>ad file</mark>	
Total number of charter number.	and full members. Honorary mei	mbers should not be included in this
•	charter members and full members ast names used   Date of accepta	ers formatted as follows: First Name   ance   Subspecialty if applicable
Need to be able to uplo	<mark>ad file</mark>	
Total number of diploma	ates in the entire veterinary colle	ge that supports your academy
Number of members los	st from active status due to:	
Death	Failure to pay dues	Failure to maintain MOC

Other, please explain					
as the Academy had escribe.	any issues with	anyone frauc	lulently using th	ne VTS title? If	so, please

Describe the testing procedures of the Academy in the field below.

Date of last job/task analysis	
Current examination blueprint (or may be uploaded below)	
carrent examination bideprint (or may be aproduce below)	

ADA accommodations plan (Or may be uploaded below)

Current examination blueprint
Need to be able to upload file
ADA accommodations plan
<u>Need to be able to upload file</u>
Have there been any changes to the testing procedures of the Academy?
If yes, please describe
Have you offered your exam remotely?
If offering remotely, what is the cost of remote examination as compared to in-person examination?

Any complaints lodged with your acaden	ny?
If so please note complaint and response	e
If any reservations on last year's report,	how has the academy addressed this concern?
Application metrics	
Application metrics	
Number of first time applicants	2. Number of repeat applicants
The most of mot time applicants	2. Number of repeat applicants
3. Total number of applicants	4. Number of applicants that passed

5. Successful applicant percentage (#4 ÷ #3 x 100)
Please comment if your application year doesn't follow the calendar year
Any application appeals?
If so please note number of appeals and status (upheld or overturned)
Examination metrics
6. Total number of first time examinees 7. Total number of repeat examinees

8. Total number of examinees	9. Number of candidates passing the exam
10. Exam pass rate percentage (#9 ÷ #8	3 x 100)
Please comment if your examination cyc	cle doesn't follow the calendar year
If Maintananae of Cartification	n (NOC) matrice has been completed for
	n (MOC) metrics has been completed for ovide the number of applicants and the
number of successful recertif	
a. The number of members applying for	recertification b. The number of successful recertifications
c. Recertification Rate Percentage (#b	#a x 100)

## Veterinary Specialty Board or Association Support

Has there been any changes in the support you receive from the affiliated Veterinary Specialty
Board or Association?
lf van planes despribe
If yes, please describe.
Academy Activity
Is the Academy active in promoting the visibility of the specialty by providing continuing education and how to specialize activities?

Give a few examples of your activities as activities that encourage application to your academy and meetings where members of your academy present.

List of meetings of the Academy Execu	tive Board and /Committees held within the last year:
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Optional - additional comments

Optional Survey			
Participation is optional. T is for informational purpo following are a requireme	ses only. It is		
Do you have insurance?			
If so what type? Who is the ca	rrier?		

Is the academy incorporated as a not-for-profit organization?

Do you have a financial plan?
Have taxes been filed for last year?
Do you have an ethics clause?
Do you have a trademark for your Academy name and logo?
Do you have a membership outreach/growth plan?

Do you have a diversity, equity, and inclusion statement?
