

# AMERICAN BOARD OF VETERINARY PRACTITIONERS Avian Practice

## – SELF-REPORT JOB EXPERIENCE FORM –

Name \_\_\_\_\_  
(Last)
(First)
(Middle)

Social Security No. (or non-U.S. equivalent) \_\_\_\_\_

In addition to the information specified in the Applicant Handbook regarding each of your practice situations, this form needs to be completed. It will provide an estimate of the clinical cases you have seen and specific diagnostic, therapeutic, and surgical procedures you have personally performed. Your Curriculum Vitae will be unacceptable without this completed form.

In Section I, indicate how frequently you have seen specific conditions within the practices where you've worked. In Section II, indicate how frequently you use specified modalities of investigation and therapy. **Please estimate the frequencies as a cumulative total for all practice experiences.**

**Section I: How frequently have you recognized and managed the following conditions during the lifetime of your practice experience?**

	Never	Yearly	Quarterly	Monthly	Weekly	Daily
Behavioral disorders						
Chlamydiosis						
Egg binding/dystocia						
Egg peritonitis						
Fatty liver disease						
Fungal infections						
Gastrointestinal foreign body						
Gastrointestinal parasitism						
Gout						
Hypovitaminosis A						
Inhalent toxins						
Liver disease (infectious, nutritional, neoplastic)						
Malaria						
Pacheco's disease (other herpes viral infections)						
PBFD						
Knemidocoptes						
Polyoma disease						
Proventricular dilation syndrome						
Renal disease (infectious, nutritional, neoplastic)						
Sinusitis/air sacculitis/pneumonia						
Testicular/ovarian neoplasia						
Toxicosis (zinc, lead, copper)						
Tracheal mites						
Tuberculosis						
Yeast infections						

**In the spaces below please list any additional conditions that you feel are important aspects of your practice and indicate their frequency.**


**Section II: Over the lifetime of your practice experience, how frequently have you employed the following in the management of your cases?**

	Never	Yearly	Quarterly	Monthly	Weekly	Daily
Air sac cannula						
Anesthesia						
Biosecurity assessment						
Blood transfusion						
CBC/chemistries/serology						
Cropotomy Ingloviotomy						
Cytology						
Endoscopy						
Endotracheal intubation						
Fluid therapy (IV, IO, SQ)						
Histopathology						
Microbiology (culture/sensitivity, acid fast bacterial stain)						
Nebulization						
Necropsy						
Nutritional counseling						
Oxygen therapy						
Pain management						
Parasite fecal exam						
Proventricular flush						
Radiology (survey and contrast)						
Radiosurgery						
Stabilization of fractures						
Surgery (exploratory, hysterectomy, biopsy, ventriculotomy)						
Tube/gavage feeding						
Ultrasonography						

**In the spaces below please list any additional modalities of investigation and therapy that you feel are important aspects of your practice and indicate their frequency.**
