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## THE PAVE PROGRAM'S EVALUATED CLINICAL EXPERIENCE

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The Program for the Assessment of Veterinary Education Equivalence (PAVE) of the American Association of Veterinary State Boards (AAVSB) is designed to appropriately and accurately determine education equivalence of graduates of foreign schools and colleges of veterinary medicine seeking licensure in the United States jurisdictions. To ensure compliance with PAVE, the attached form is to be used by clinical faculty at accredited schools of veterinary medicine to provide verification of successful completion of clinical rotations as one criterion for PAVE certification.

General guidelines are set forth below.

### PAVE Guidelines for Evaluated Clinical Experience

- 1) PAVE candidates must seek admission to the clinical program they wish to attend and advise PAVE when they have been accepted.
- 2) PAVE candidates must satisfactorily complete, at a minimum, the clinical rotations under conditions and academic standards required of all other students in the DVM program for that particular school of veterinary medicine. Under certain circumstances, an authorized representative of the school must complete and submit in advance a PAVE form acknowledging this requirement.
- 3) The PAVE candidate must provide a grade report and of their evaluated clinical experience signed by the academic dean (or designated representative).
- 4) Upon completion of the evaluated clinical experience, the attached letter, under seal, must be provided by the school directly to the PAVE Program verifying that the candidate has successfully completed their program.

Completed forms should be emailed by the school to [pave@aavsb.org](mailto:pave@aavsb.org).

Alternatively final forms can be mailed to:

The PAVE Program  
12101 W 110<sup>th</sup> St, Ste 300  
Overland Park, KS 66210



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**VERIFICATION OF SUCCESSFUL COMPLETION OF  
EVALUATED CLINICAL EXPERIENCE**

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Name/School Official: \_\_\_\_\_  
Title: \_\_\_\_\_  
School Name: \_\_\_\_\_  
PAVE Candidate: \_\_\_\_\_  
Dates Attended: \_\_\_\_\_

This letter, under official seal, verifies that the candidate above has successfully completed a clinical training program under the same conditions and academic standards required of all other students enrolled at the above indicated college or school of veterinary medicine.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

