

NATURE AND SCOPE OF THE AiCVO EXAMINATION

February 28, 2018

The Asian College of Veterinary Ophthalmology (AiCVO) Certification Examination is holding the third annual certification examination to admit successful candidates into the College. The examination process consists of three separate sections: 1) the Image Recognition and Histopathology examination, 2) the Written examination, and 3) the Practical examination, without training under the residency program of the Asian College of Veterinary Ophthalmologists (AiCVO).

Each portion of the examination is designed to evaluate the candidate's proficiency and knowledge that is considered relevant and important to be a veterinary ophthalmologist. The Written examination is designed to evaluate knowledge of the current scientific literature and basic sciences relevant to veterinary ophthalmology. The Image Recognition and Histopathology examination is designed to evaluate ability to identify, assess, and solve problems. The Practical examination portion is designed to evaluate proficiency in ophthalmic examination techniques and surgical techniques.

AiCVO EXAMINATION SAMPLE QUESTIONS

Examples of questions for the Image Recognition and Written portions of the AiCVO certifying examination may be found at the following links:

[Sample IR questions](#)

[Sample Written questions](#)

These examples are provided to familiarize the candidate with the type and format of questions that may be asked and do not reflect the content distribution of the actual exam, as outlined by the AiCVO Examination Blueprint. Also note that the list of acceptable responses listed for the Image Recognition questions is not necessarily comprehensive. They are simply examples of acceptable responses appropriate to the phrasing of the questions posed. It is advisable to review the "Components of the Examination," section below before proceeding to the sample questions.

COMPONENTS OF THE EXAMINATION

I. Image Recognition Examination

The Image Recognition and Histopathology examination is at the Hong Kong Jockey Club- Sha Tin, Hong Kong and consists of a series of images and corresponding questions in three sections of the eye and related structures: 1) Orbit and Adnexa, 2) Anterior Segment and Lens, and 3) Posterior Segment.

The major demands of the Image Recognition and Histopathology examination include identification, assessment, and problem solving (assimilation) of the appearance and information presented on a photographic image or microscope slide. During the exam, candidates are asked to respond to structured questions with a short answer response while viewing the image. The candidates are given 4 hours to complete three sections of the exam. The candidates are generally asked to give several answers for each image.

The images used in this part of the examination include clinical photographs of the eye or patient, fundus photographs, gonioscopic photographs, photographs of imaging techniques, special diagnostic techniques, slit lamp photographs, cytologic specimens, and gross and microscopic (photomicrographs) pathology specimens. Questions on surgical techniques, principles, equipment and complications are also covered in each of these three areas. Questions typically include such items as listing lesions or abnormalities, developing a differential considerations list for the specific disease process, citing the most likely etiologic diagnosis(es) or pathogenesis, listing a morphologic diagnosis, listing appropriate therapy for the specific condition, identifying species on the image, identifying the surgical technique being performed, surgical instrument, or surgical principle relevant to the image, or surgical complication. The phrasing of questions on the Image Recognition and histopathology examination follows the guidelines outlined in the terminology description below.

As this exam is designed to evaluate recognition and assimilation of clinical materials, the candidate can best prepare for this portion during the residency by seeing a full and diverse caseload and developing sound problem solving skills. Preparation for this portion of the exam is also facilitated by reviewing images of the subject content listed above and interpreting the images according to the questions likely to be asked. Working familiarity with the terms and phrases outlined below is highly recommended.

Distribution of Image Recognition Questions

The image recognition portion of the examination is administered in 3 parts, each of which is constructed by anatomic region of the eye, as outlined below. See the AiCVO Exam Blueprint for the approximate distribution of questions according to species and region of the eye.

PART I. ORBIT AND ADNEXA

PART II. ANTERIOR SEGMENT AND LENS

PART III. POSTERIOR SEGMENT

Appropriate Terminology for Answers to Image Recognition Examination Section

The following list of terms has been approved by the Examination Committee for use in questions on the ABVO Image Recognition examination. The candidates should familiarize themselves with this list in preparation for the certification examination. Though there may be differences of opinion with regard to the correct usage some of these terms, this is the terminology the Committee has determined to use on the Image Recognition exam. The term to be used on the examination is listed first, followed by synonyms with which the term is often used (these synonyms will not generally be used on the exam), followed by examples of what the term represents:

TERM	SYNONYMS	EXAMPLES
ABNORMALITY	conditions	corneal edema
	features	keratic precipitate
	lesions	Retinal detachment
	significant findings	granulomatous inflammation
	clinical signs	hypolucent area hyperfluorescence

Note that abnormality can refer to clinical findings, histopathologic or cytologic findings, and findings in ancillary tests such as gonioscopy, fluorescein angiography, radiography or other imaging techniques, laboratory tests, etc. The question may be stated as, list the "clinical abnormality" or list the "histopathologic abnormality," etc. If asked for an abnormality, the candidates should list what they see, not the interpretation of what they see, and the abnormality should be described in as much detail and to the highest level possible from what is shown on the image. For example, the image may depict corneal edema, and if the examiners felt the image adequately depicted this lesion, the candidate would be expected to list this as an abnormality, not "corneal cloudiness" or "white area in the cornea." Note that with a fundus photograph, which clearly shows a retinal detachment, the abnormality would be listed as a "retinal detachment." However, with an ultrasound the abnormality should be listed as "hyperechoic lines radiating from optic disc and extending into vitreous". In the latter example, retinal detachment would be a DIAGNOSIS. The examiners take these types of terminology overlap into consideration when formulating the questions and assessing the candidate's answers. Do not assume that if the question asks for any abnormalities that one is necessarily present. If no abnormality is present, the candidate would be expected to write "normal" or "no

abnormality." Likewise, the question may ask for "the most significant abnormalities" with a number of correct responses accepted. However, if a lens luxation and retinal detachment are present, listing conjunctival hyperemia instead will not be accepted.

TERM	SYNONYMS	EXAMPLES
DIAGNOSIS	differential diagnosis	anterior uveitis
	conditions	primary glaucoma
	interpretation	lymphocytic/plasmacytic anterior uveitis
	disease process	melanoma
		internal ophthalmoplegia

Diagnosis refers to an interpretation of the abnormalities or findings. The question may be qualified to ask for a "histopathologic diagnosis," "morphologic diagnosis," "clinical diagnosis," an "ultrasonographic diagnosis," etc. Again, the diagnosis should be listed in the most specific terms possible from the findings on the image and the information given in the question. Diagnosis will generally not be used to refer to a specific cause/etiology.

TERM	SYNONYMS	EXAMPLES
AETIOLOGIC DIAGNOSIS	differential diagnosis	E. coli
	syndromes	VKH-like syndrome
	causes	trauma
	underlying cause	systemic hypertension
	causative agent	

Etiologic diagnosis refers to a specific cause for the abnormalities or diagnosis. The question may be qualified and ask for an "etiologic factor," "etiologic agent," a "noninfectious etiologic agent," etc. An etiologic diagnosis is more specific than a clinical diagnosis.

TERM	SYNONYMS	EXAMPLES
PATHOGENESIS	mechanism	autoimmune disorder
	account for	UV light exposure
	reaction	type II hypersensitivity

pathophysiology

fluid vitreous entering subretinal space through retinal tear

Pathogenesis will be used to refer to the cellular events and reactions or other pathologic mechanisms occurring in the development of a disease. It is distinguished from "etiologic diagnosis" by being more specific and referring to mechanism (often cellular) rather than cause (such as a microbe, trauma, etc.).

MISCELLANEOUS TERMINOLOGY:

The following terms are also used on the image exam and are usually qualified in some fashion in terms of the specific answer requested:

TERM	EXAMPLE OF QUALIFICATION
PROGNOSIS	for remission, for globe, for life (generally the terms poor, fair, good or excellent should be used here)
OUTCOME	most likely, expected, long term, etc.
SIGNIFICANCE	for vision, for breeding purposes, for function of eye
THERAPY	most appropriate, several possible therapies, generally accepted therapy
DIAGNOSTIC TESTS	most appropriate, physical exam, noninvasive, radiographic
IDENTIFY STRUCTURES	area generally identified on image

Sample Image Recognition Questions

EXAMPLE 1: A series of images show a Siberian Husky with a splotchy pink and black nose, corneal edema, aqueous flare, and an exudative retinal detachment. The question could ask for any or all of the following:

QUESTION	APPROPRIATE ANSWER
Clinical Abnormality	vittiligo or dermal depigmentation corneal edema aqueous flare retinal detachment
Most likely ocular, clinical diagnosis	panuveitis (with secondary ret. detachment)

Most likely etiologic diagnosis	VKH-like or uveodermatologic syndrome
Pathogenesis	autoimmune destruction of melanocytes
Prognosis for complete resolution	poor

EXAMPLE 2: An image shows a horse with a typical "melting" corneal ulcer. The question could ask for:

QUESTION	APPROPRIATE ANSWER
Clinical Abnormality	"melting" corneal ulcer (would also likely accept answers such as "5 mm central corneal ulcer with stromal necrosis," etc.)
Most likely bacterial etiologic agent	<i>Pseudomonas aeruginosa</i>
Pathogenesis	Collagenolytic, proteolytic destruction of cornea

EXAMPLE 3: An image shows a dog with a dense, black pigmented mass in the posterior chamber, apparently arising from the ciliary body.

Questions could include:

QUESTION	APPROPRIATE ANSWER
Clinical Abnormality	black mass in posterior chamber
Most likely histopathologic diagnosis	uveal melanoma
Prognosis for patient's life	good, (<5% metastasis rate)

II. Written Examination

The Written examination consists of 200 multiple-choice questions in eight disciplines: anatomy/embryology, physiology, neuro-ophthalmology, surgery, pharmacology, pathology, medical ophthalmology, and diagnostics in dogs, cats, and horses. The test is designed to evaluate the candidate's knowledge of both current literature and basic science information relevant to veterinary ophthalmology. The content distribution of Written Exam questions approximates the AiCVO Exam Blueprint (available on the AiSVO website), which details discipline, animal species, and eye region. The exam is given in four sections, 50 questions apiece, and the candidates are allowed 1.4 hours/section to complete the exam.

A suggested reading list from which examination questions are composed is provided (see Suggested Resource Material 2018 AiCVO Exam).

Appropriate chapters in veterinary medical, surgical, and anatomical, etc., texts should also be consulted. Questions from journal articles are from articles published in the 7 years preceding the year the examination is administered and the candidates should concentrate their study efforts on this more recent scientific literature. Some articles that are considered "classic" articles (i.e., those that provided a major advancement in the knowledge of that particular condition) and are older than seven years should be reviewed, although examination questions will not be directly derived from these articles. A supplemental list of such articles is provided. Much of the information from these articles has made its way into contemporary veterinary ophthalmic texts (e.g., Gelatt's textbook), and this information can to some extent be gleaned from these sources; however, the candidates are encouraged to also review the original manuscripts.

Note that articles in veterinary journals should be reviewed for any disease, condition, or situation that involves ocular, periocular, or neuro-ophthalmic structures of systemic conditions directly relevant to ocular disease in animals. Review of basic science texts and human clinical journals should be limited to those chapters or articles dealing with situations or diseases directly applicable to veterinary ophthalmology, or to those where a common domestic animal is used as an animal model. Review of human clinical conditions or basic science articles or texts unrelated to veterinary ophthalmology is not necessary for exam preparation. Additionally, beginning with literature published in January 2011 or later, no questions on the Written Examination will be derived from articles involving single cases (i.e. single case reports).

III. Practical Examination

The Practical examination consists of three separate stations that are designed to evaluate a candidate's proficiency in animal examination techniques and surgical techniques. The individual stations and associated time limits are described below.

Animal Examination (100 points total)

The candidate has 40 minutes to examine both eyes of two clinical patients (i.e. 20 minutes per patient): small animals (such as dog, cat). Additionally, the candidate is allowed for 3 minutes per patient to set up or adjust examination equipment. Only an ophthalmic examination is performed, not additional diagnostic testing (such as tonometry, tear testing, or fluorescein dye application). Two or three examiners are in the examination room to record the candidate's findings (as described verbally) and critique the candidate's examination methods and use of instrumentation. The candidate is not allowed to ask the examiners questions about the animals at examination.

The candidate is provided with a slit lamp biomicroscope (Kowa SL15 or SL2), direct ophthalmoscope, indirect ophthalmoscopic headset, condensing lenses, and a Finoff transilluminator. The candidate may use his/her own equipment if desired, but setup time is limited as described above. If an instrument fails during the examination, the candidate is responsible for notifying an examiner. The problem will be corrected and the candidate will be given additional time equal to that required to correct the problem. The candidate may use any or all of the available examination equipment according to his/her needs and preferences in order to effectively complete a thorough and accurate ophthalmic examination within the 20 minutes time limit.

Station time limits are strictly enforced. Once the candidate finishes with a particular animal, he/she cannot go back to that animal for re-examination, even if additional time remains. When the candidate is notified that his/her time is up, no additional comments will be recorded by the examiners.

The candidate is asked to describe all clinical findings, normal and abnormal, to the examiners at examination. It is the candidate's responsibility to accurately describe all lesions (i.e. give its specific depth, size, shape, location in a specific ocular tissue, color, orientation, texture, etc.), and clearly note in which eye the lesion exists. A morphological or differential diagnosis is not required – only a clear verbal description of findings. However, unequivocal diagnoses may be stated (i.e., 'corneal vascularization' rather than 'linear red structures within the cornea' or 'cataract' rather than 'lens opacity'), provided the depth, size, location, etc. are properly described. Identifying lesions NOT present, OR failing to note that a normal structure is normal, will result in subtraction of points. Appropriate use of instrumentation is also evaluated.

It will be at the examiners' discretion, not the candidate's, to determine if an animal is overly active preventing adequate ocular examination.

LACK OF FAMILIARITY WITH EQUIPMENT WILL NOT BE ACCEPTABLE GROUNDS FOR APPEAL OR EXTENSION OF TIME LIMITS.

The candidate should prepare for the animal examination portion of the examination by developing sound examination techniques and practicing verbalizing accurate and succinct descriptions of observed lesions to their mentors.

Surgery Stations (Extraocular and Intraocular)

The two surgery stations (extraocular surgery and intraocular surgery) involve surgical exercises on cadaver (pig, rabbit or other appropriate species) eyes. The candidate is asked to perform one extraocular procedure (either adnexal or corneal/conjunctival) and an intraocular procedure. The candidate supplies all necessary instruments, irrigating solution, suture material, blades, gloves, head loupe, etc. An operating microscope for the intraocular surgery section and stands for organizing the instruments will be available.

FAILURE TO BRING NECESSARY SUPPLIES MAY RESULT IN FAILURE. THE EXAMINERS WILL NOT OFFER ANY SUPPLIES INCLUDING DISPOSABLE MATERIALS.

Extraocular surgery (100 points) – The candidate will be given 40 minutes to set up and perform either a lamellar keratectomy and a corneconjunctival transposition or lamellar keratectomy and a conjunctival flap/graft. Additionally, the candidate is given up to 5 minutes per patient to set up or adjust any equipment, and also 5 minutes pack-up time. Specific surgery to be performed will be declared at the time of examination. The candidate should describe what magnification he/she would normally use and is advised to bring a portable source of magnification (head loupe).

Intraocular surgery (100 points) – The candidate will be given 40 minutes to setup and perform an extracapsular cataract extraction (ECCE). Additionally, the candidate is given up to 5 minutes per patient to set up or adjust any equipment, and also 5 minutes pack-up time. An operating microscope will be available and the candidate will be given orientation to use. The candidate is expected to demonstrate currently acceptable techniques of intraocular surgery and should use techniques with which he/she is familiar. The candidate will be asked perform a two-step clear corneal incision, continuous curvilinear capsulorrhexis, extracapsular extraction, demonstrate cortical removal, if needed, by manual techniques, and closure of the corneal incision. The candidate will be asked to describe the procedure while performing it. It is recognized that this demonstration differs from a clinical situation and the candidate will be asked to discuss these differences and how his/her technique and results differ from a clinical situation. Observation of sterile technique is not expected. One of the examiners will function as a surgical assistant but will act only upon the candidate's specific instructions. As cadaver eyes are soft, the candidate may wish to inflate the globe to a more normal tension by intraocular injection of saline. Although this is not a commonly performed surgical procedure, it contains a number of technical elements that are absolutely necessary in the execution of successful intraocular surgery. One text that provides a description of the ECCE procedure is Eisner. Eye Surgery, An Introduction to Operative Technique. Springer Verlag.

The candidate should be aware of that there are several different types of instruments and surgical techniques that are acceptable for both the intraocular and extraocular surgical procedures. For example there are a variety of acceptable suture patterns to close the corneal incision following an extracapsular lens extraction. Candidates are evaluated primarily on using proper surgical technique as well as proper instrumentation. Knowledge of and experience with proper surgical technique and the common ophthalmic surgical techniques (especially those above) should prepare the candidate for this portion of the exam. The candidate is also strongly encouraged to carefully prepare and to practice the surgical

techniques on cadaver eyes (porcine and canine) in preparation for this examination. Since correct (currently accepted) instrumentation, use of instruments, and appropriate suture material will be evaluated, the candidate should bring equipment and supplies as would be used on a client-owned animal (although sterility of the supplies is not required).

All three sections of the practical examination must be passed to successfully pass the examination. Only failed sections may be repeated in the next year.

GRADING OF THE EXAMINATION AND DETERMINATION OF PASSING POINT

The Written examination is scored independently for each section by two examination committee members in a masked fashion (without the knowledge of candidate identity) and a total score for all 200 questions is generated. Each section of the Image Recognition examination is scored independently by three examination committee members in a masked fashion (without knowledge of candidate identity) and their scores averaged. The score for all three sections, including 1) Orbit and Adnexa, 2) Anterior Segment, and 3) Lens and Posterior Segment, is used for the final score. The surgery and animal examination stations are evaluated by judges observing and independently scoring the surgical and examination technique of the candidate on separate components of the procedure, including appropriate instrumentation and proficiency in the technique itself. The candidate is asked to explain what is being done during the surgeries and some questions may be asked.

The passing point for the Written and Image Recognition examinations are determined through a criterion referenced method as modified by Angoff. This technique is considered by most experts as one of the most reliable and defensible methods available of setting passing points. It relies on the pooled judgments of content experts. For example, in this approach, a group of experts is asked to judge each item on the test. The criterion used is formed into a question: "what is the probability that a 'minimally acceptable' candidate will answer this item correctly?". This question prompts the judges to consider a group of minimally acceptable candidates and what proportion of that group will answer each item correctly. The average of the proportions, or probabilities, is multiplied by the total number of questions in the test. The result then represents the minimally acceptable score. The final passing score for the examination is based on this pooled judgment and includes a statistical adjustment for testing error. This adjustment is provided to give the benefit of the doubt to examinees that score just below the level judged by the content experts to be the minimal passing point. Since the AiCVO exams are revised regularly, with some items being replaced by newly developed ones, the content and difficulty level of the examination changes. These changes usually affect the score necessary to pass. As a result, the passing point for each examination is unique.

Since the criterion reference method is not feasible for the practical examination grading, the passing point for the Surgery and Animal Examination all three stations has been established at 200/300 (66.6%). Note, however, that if a candidate scores less than 50/100 (50%) in any single practical station (animal examination, extraocular surgery or corneal/intraocular) then they will be judged as having failed the entire practical and oral test, regardless of their performance in the other two stations.

CANDIDATE PLEDGE

The candidates taking the examination should not discuss any portion of the examination, either during or after the examination, with other or future AiCVO examination candidates. Any evidence of discussion of the examination during the examination will lead to disqualification of the candidate and initiate a report to the AiCVO Professional Practice, Disciplinary, and Appeals (PPDA) Committee.

Immediately prior to the examination, the candidates will be required to sign that they have read and agree to the following:

“I hereby acknowledge that the Asian College of Veterinary Ophthalmology certification examination is a secure examination duly copyrighted under the laws of the Universal Copyright Convention. I further acknowledge that any reproduction or transmission in any form or by any means of the contents of the questions contained in the examination is strictly prohibited. I understand that reproduction or transmission of the contents of these questions contained in this examination may jeopardize membership in the Asian College of Veterinary Ophthalmologists. I will not reproduce or transmit any part of this examination without the prior written consent of the Asian Board of Veterinary Ophthalmology. On my honor, I have neither given nor received unauthorized aid, directly or indirectly, on the certification examination. I have not observed other candidates receiving unauthorized aid on this examination which has not been reported in writing by me to a Proctor.”

APPLICATION PROCEDURE FOR EXAMINATION ACCOMMODATIONS

A candidate who has a disability, but has completed the credentialing requirements of the AiCVO, may request accommodations in taking the Written and Image Recognition portions of the AiCVO certifying examination. The original application and documentation as outlined in the official Accommodations Policy, must be submitted no later than 60 days prior to the beginning of exams. Due to the nature of the Practical portions of the

certifying examination (which include the Intraocular Surgery, Extraocular Surgery and Animal Examination stations), accommodations in the form of time extension or altered setting are not provided for these portions of the exam.

Requests for the full Accommodations Policy and submission documentation should be submitted to the AiCVO by e-mail at ctlin@ntu.edu.tw.

CANDIDATE NOTIFICATION AND REEXAMINATION PROCEDURES

Candidates for the Examination are notified of their results by the Examination Committee Chair within eight weeks of the end of the Practical examination. DO NOT EMAIL OR CALL the Examination Committee Chair regarding exam results. Exam results WILL NOT be given over the phone or emailed to you, your mentor, or anyone else – YOU MUST WAIT FOR THE OFFICIAL NOTICE. The candidates are informed of their specific scores and minimum passing point on each section of the examination. If unsuccessful on one or more portions of the Practical portions of the examination, candidates are also provided comments specific to their performance on those stations at which they were unsuccessful. Unsuccessful candidates are subsequently provided a diagnostic report outlining their performance on the Written and/or IR portions of the examinations relative to the distribution of questions specified by the examination blueprint.

A candidate retakes the examination only that portion of the examination for which an unsuccessful score was rendered. The portions of the practical examination are considered separate sections as related to re-examination (i.e. only unsuccessful stations need be repeated, not the entire practical examination).

The candidate has four calendar years from the time his/her credentials are initially approved to pass all portions of the exam regardless of the number of attempts made to pass the exam (i.e. if for whatever reason a candidate does not take the exam in consecutive years, the four year limitation continues to run). After that time, the candidate must take all portions of the certifying examination. Re-examination application to begin a new four calendar year cycle is not permitted until the cycle initiated by the candidate's initial credentials application has expired.

PROCEDURE FOR RE-EXAMINATION APPLICATION TO REPEAT THE EXAMINATION

Re-examination applicants must submit and comply with all requirements as outlined by the Credentials Committee in order to repeat any portion(s)

of the certification examination. Previous satisfaction of Credential Committee requirements does not ensure successful reapplication.

APPEAL PROCEDURES

Candidate appeal of failing scores on the certification exam may be made according to the AiCVO Appeals Procedure outlined in the current “AiCVO Policies and Procedures” document.

If you have questions regarding the logistics of the written, image, or practical examinations, you may contact the Examination Committee Chairperson:

Dr. Nobuyuki Kanemaki (Japan)

Examiners for the 2018 AiCVO Examination

The following is a list of the examiners who will be present during the 2018 Examination. If you feel there is ANY possible conflict of interest in having any of these individuals evaluate your performance at the surgical or animal examination stations, please inform the examination committee chair and appropriate adjustments will be made. Mentors are automatically excluded for evaluating their own resident(s). Examples of recognized conflicts would be an individual who is in practice within the same area as a candidate or an individual who was involved in the training of the candidate.

Dr. Derek Chow (Hong Kong)

Dr. Joon Young Kim (Korea)

Dr. Kangmoon Seo (Korea)

Dr. Kumiko Kato (Japan)

Dr. Nalinee Tuntivanich (Thailand)

Dr. Nobuyuki Kanemaki (Japan)

Dr Chung-Tien Lin (Taiwan)

Schedule for the 2018 Examination

The deadline of Diplomate examination application and payment of USD 200 for document review is on **May 14, 2018**. Electronic copies (and hard/printed copy) of all application materials must be received by the Chairperson of Credentials Committee, Professor Chung-Tien Lin (ctlin@ntu.edu.tw) by email **no later than May 14, 2018**. In four weeks later, the document review is informed by e-mail from the credentials committee of AiCVO. The registration and the payment for sitting the examination require till September 20. Late registration and payments are not accepted.

The 2018 Image Recognition/ Histopathology and Written examinations, and Practical examination will be administered at the Hong Kong Jockey Club- Sha Tin (HKJC) (Equine Hospital, The Hong Kong Jockey Club, Sha Tin Hong Kong) in Hong Kong on November 5 – 7 for three days. Passage of the Image Recognition and Written examinations are not a pre-requisite for taking the Practical examination. When a candidate's materials have been approved by the Credentials Committee, the candidate will be contacted by the Chair of the Examination Committee at the address he/she provided to the Credentials Committee and assigned a preliminary date and time for the Practical examination portions. This date and time will become finalized when the chair of the Examination Committee receives confirmation from the AiCVO office management that the Exam Registration Form and examination fee has been received. Candidates are advised to arrive approximately 30 minutes before they are scheduled to begin the Practical examination portions. Candidates are responsible for familiarizing themselves with the location of the examination.

Hotel/Arrival

The venue will be at the Sha Tin, Hong Kong. There are several hotels in the area of Shatin close by the Hong Kong Jockey Club- Sha Tin (HKJC). Here is just some info regarding where the Hong Kong Jockey Club- Sha Tin (HKJC) is and nearest hotel. There isn't a lot there but since the location of the HKJC is not in the city center, therefore the hotel prices is general a bit cheaper. <https://www.booking.com/district/hk/hong-kong/shatin.html> There is a large shopping mall nearby with some good shopping. There will be time for savour the food and shopping. The above is just for your information.