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False equivalency

The double standard behind the veterinary shortage

One private association sets the standard for American veterinary schools and also decides which foreign-trained veterinarians meet it. This report shows that the two are not the same standard, and that thousands of trained veterinarians are held out of a profession that cannot fill its jobs.

WHO HOLDS THE GATE

AVMA The **American Veterinary Medical Association**, the private guild that represents the veterinary profession. Through the two programs below, delegated authority by all fifty states, it controls both entrances to the profession.

COE The AVMA's **Council on Education**. The sole accreditor of veterinary schools in the United States. It writes the standards every school must meet for its graduates to be eligible for a license.

ECFVG The AVMA's **Educational Commission for Foreign Veterinary Graduates**. A fee-based assessment program required in all fifty states. It decides whether a veterinarian educated abroad meets the same standard as a graduate of an AVMA COE-accredited school, and may therefore be licensed.

> ### WHAT WE DID, AND WHAT WE FOUND
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> We examined both halves of that gate: the accreditation standards the COE requires of American veterinary schools, and the testing the ECFVG applies to foreign-educated veterinarians. They are not the same standard, and the AVMA's own documents say so. The claim of equivalency is false. What it produces is a double standard in licensure, applied to thousands of veterinarians who are already qualified, during the most severe shortage of veterinarians in modern American history.

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Written for the veterinarians held outside the profession, for the clinics and shelters that cannot hire them, and for the officials who have accepted a private credential without examining it. The target is one program, not a profession. Every term is explained where it first appears; a full list is in Appendix E.

The North American Veterinary Ethics Council is a 501(c)(3) public charity advocating for fairness, transparency, ethics, and merit in veterinary medicine. Every claim is drawn from public records and cited. NAVEC is happy to be fact-checked.

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THE CLAIM, THE RULEBOOKS AND THE GAP

Executive summary

A private association administers a fee-based assessment program it describes as measuring "equivalency." Its own documents show the description is false. The same association writes the standard that description invokes, runs the examination, sets the fee, and answers to no independent reviewer. More than 2,000 veterinarians are paying for that label today.

The claim, in the association's own words

The American Veterinary Medical Association, better known as the AVMA, is the private trade association that represents American veterinarians. It runs two programs that matter here. Its Council on Education (COE) writes the rules that veterinary schools must meet to be accredited. Its Educational Commission for Foreign Veterinary Graduates (ECFVG) administers the fee-based assessment program that produces the certificate a veterinarian trained abroad must hold to be licensed. The last step of that program is a three-day, hands-on examination called the Clinical Proficiency Examination (CPE). The association's rulebook for that examination states that it "is designed to assess the candidate's practical clinical veterinary skills at the level of a day-one-ready graduate of an AVMA/COE-accredited veterinary school/college."[5] Its candidate bulletin sets the passing standard for each section at the level "expected of a minimally competent new graduate of an AVMA/Council on Education-accredited veterinary school."[4] Its policies say the program "assesses educational equivalency."[3] Those are precise claims about a written standard. They can be checked.

The two rulebooks do not match

The examination rulebook names the animals, the procedures, the operator role, the time limits, the errors that end the attempt and the score that passes: a live-dog spay as primary surgeon within two and a half hours; a horse battery of eight techniques and a lameness workup; four-quarter mastitis testing and a three-minute pregnancy palpation on a cow; a ninety-minute necropsy with fourteen prescribed tissues; a canine anesthesia sequence with five-minute and three-minute deadlines.[5] The accreditation rulebook names none of that. It says curriculum "is the purview of the faculty of each college," that "precise numbers are not specified," and it lists nine broad competencies that each school assesses in its own way.[13] The schools' own published graduation rules, which the COE accepts, confirm it: at one accredited college a student meets the surgery outcome by "providing retraction, instrumentation, or other tasks as needed," and graduates at a score defined as "developing" competence; at another, thirteen broad activities, including one spay, neuter or castration on a stable patient, are assessed by supervisors over a year.[46, 47]

OUR CENTRAL FINDING

The AVMA represents that its examination measures a foreign graduate against the standard applied to accredited graduates. The standard does not contain the examination's tasks. The AVMA's bulletin concedes the examination tests "a subset" of what accredited schools teach, and its own FAQ states that completing the clinical year of an accredited school "cannot be accepted" in place of the examination.[2, 4] A program that will not accept its own accredited education as equivalent is not measuring equivalency. Whether any accredited graduate could pass the examination is beside the point. What the COE standard requires, and what the ECFVG says it requires, are two different things, and the ECFVG says otherwise while collecting the fee.

One building, one executive

The COE and the ECFVG are two programs of one association, staffed by one AVMA division, at one address, under one senior executive whose portfolio, as the AVMA describes it, includes "accreditation of colleges/schools of veterinary medicine" and "certification programs for ... foreign veterinary graduates."[11] The AVMA cannot plead ignorance. Either the program knows what the standard requires and calls the examination equivalent anyway, or it has never compared the two. Neither is an honest basis for charging a fee under the word "equivalency."

Who pays

The AVMA reports about 600 applications a year since 2023, more than 2,000 active candidates and about 220 certificates a year.[10] The direct minimum charge is $14,654; the examination fee alone is $12,804, up 68 percent in a single cycle, "non-refundable and non-transferable"; each retaken section costs $4,571; a formal appeal requires a $5,000 deposit.[4, 6, 8, 63] On NAVEC's estimate from the AVMA's published figures, candidates pay roughly $5.6 million a year in direct fees for a process described to them as equivalency (Appendix B). The candidates include U.S. citizens who studied abroad.[20]

FIVE FACTS, EACH MEASURED AGAINST THE NORMAL-WORLD BASELINE

The claim	Every profession may test entrants. This examination claims to measure "a day-one-ready graduate" of an accredited school. The accreditation standard for those graduates names no operation, no species, no time limit and no cut score.[5, 13]
The price	The written examination that actually licenses every American veterinarian, the North American Veterinary Licensing Examination (NAVLE), costs $825. The private examination in front of it for foreign graduates costs $12,804, non-refundable.[4, 16]
The flow	About 600 veterinarians enter the program each year. About 220 come out certified. Seventy-five percent of first-time candidates fail at least one section.[2, 10]
Human medicine	The physician counterpart, the Educational Commission for Foreign Medical Graduates (ECFMG), certified 13,431 international doctors in 2024; international graduates are one quarter of U.S. physicians; medicine abolished its hands-on examination in 2021.[31, 56]

The alternative	Until 2007 the ECFVG itself accepted a supervised clinical year instead of the examination. The AVMA removed that option and now refuses even the clinical year of its own accredited schools.[2, 21]

Figure 1. Each row states the baseline first, then the exception.

The aggravating facts

The certificate is a monopoly: accepted by every state board, and about 80 percent of all foreign-graduate certificates issued, rising toward 90 percent as the only alternative loses host seats (Section 7). The rules shed candidates: two sites, about 570 examination seats a year for a pool of more than 2,000, a retake rule that forces candidates to accept the first date offered, a seven-year clock, and a scheduling system the AVMA said in 2024 could not include a waitlist and then, in 2025, replaced with one to ease "the uncertainty and anxiety that previously surrounded the registration process" (Section 8).[20, 25] The country is short of veterinarians by every measure NAVEC can find, while the association that runs the gate forecasts surplus and has done so for fifty years (Section 10). Human medicine faced the identical asymmetry, argued about it in public and abolished its examination; veterinary medicine audited its examination against itself and raised the price (Section 11).

What we ask

- **The Department of Justice and the Federal Trade Commission** should open a competition investigation of the ECFVG gate. In December 2025 the Antitrust Division told a federal court that accreditors "face an inherent conflict of interest when regulating admission into a profession" and that the AVMA's accreditation conduct enjoys no antitrust immunity.[29] The same association's foreign-graduate gate deserves the same scrutiny, and records should be preserved now.
- **State attorneys general** should examine the "equivalency" representation, the non-refundable fees, the retake and expiration rules and the delay, as a compulsory service provided for a fee in interstate commerce to people who cannot go elsewhere.
- **State veterinary boards** should document what they independently reviewed before relying on the label, or adopt New York's approach: evaluate the foreign education directly and require the same licensing examination as everyone else.[36]

The remedy does not lower standards. States can verify the degree, require the NAVLE, and measure competence over 12 to 24 months of supervised, paid practice, as human medicine does at scale and as the ECFVG itself did until 2007.

PART I

The claim and the two rulebooks

Before any comparison can be made, the reader needs three documents: what the AVMA says its examination measures, the rulebook for the examination, and the rulebook for the schools it claims to measure against.

THE REPRESENTATION

1. What the AVMA says its examination measures

The claim is not NAVEC's characterization. It is the AVMA's wording, repeated in five documents that candidates and state boards rely on.

To practice in the United States, a veterinarian must either graduate from a school accredited by the Council on Education (COE), the accrediting body housed inside the American Veterinary Medical Association (AVMA), or, in the AVMA's words, have "successfully completed an educational equivalency certification program such as that administered by the AVMA's Educational Commission for Foreign Veterinary Graduates (ECFVG)."[1] The AVMA explains what that means: "Educational equivalency assessment certification programs determine whether foreign veterinary graduates have veterinary clinical skills and knowledge that are equivalent to those attained by an entry-level graduate of an AVMA COE-accredited veterinary school."[2] Its program policies state: "The program assesses educational equivalency of graduates of veterinary schools that are not accredited by the AVMA Council on Education (COE)."[3]

The hands-on examination, the Clinical Proficiency Examination (CPE), carries the most specific version of the claim. Its rulebook, the 2026 Manual of Administration, states: "The CPE is designed to assess the candidate's practical clinical veterinary skills at the level of a day-one-ready graduate of an AVMA/COE-accredited veterinary school/college."[5] The candidate bulletin sets the standard for each section: "The skill level to pass each section of the CPE is that expected of a minimally competent new graduate of an AVMA/Council on Education-accredited veterinary school."[4]

> **"The CPE is designed to assess the candidate's practical clinical veterinary skills at the level of a day-one-ready graduate of an AVMA/COE-accredited veterinary school/college."**
>
> AVMA, Manual of Administration for the Clinical Proficiency Examination, 2026 edition, Statement of Intent.[5]

WHY THE BENCHMARK THE AVMA CHOSE IS THE ONE THAT CAN BE CHECKED

The AVMA did not claim its examination measures an ideal veterinarian, or a typical one. It chose the floor: the "minimally competent," "day-one-ready" new graduate of an accredited school. That floor is written down. It is the set of requirements the COE makes universal for accredited graduates, in a published standard, as applied in published school graduation rules the COE has reviewed and accepted. If the examination demands tasks that floor does not contain, the examination is not measuring the floor. It is measuring something the AVMA added, and calling it the floor.

What is irrelevant to that claim

Three things do not bear on whether the claim is true, and this study does not rely on them. Whether a talented graduate of an accredited school could pass the examination is irrelevant; a claim about a standard is not tested by asking what some individuals can do. Whether a particular school chooses to teach every task on the examination is irrelevant; the standard is what the accreditor requires of all schools, not what one school elects. And whether the examination's tasks are useful skills is irrelevant; many useful skills are not graduation requirements. The only question is whether the accreditation standard, as written and as the COE applies it, requires accredited graduates to do what the examination requires of foreign graduates.

THE RULEBOOKS

2. The two rulebooks, in brief

Both documents are public. One is written for candidates, the other for deans. Few people outside the AVMA have reason to read them together, which is one reason the gap between them has gone unremarked.

The examination rulebook

The Manual of Administration governs the CPE. The examination "is designed to be administered in a three- to four-day period, with one to two sections per day," in the seven sections shown below. "A score of 60 points or greater, or a 'Pass', is required in each of the 7 sections of the CPE to pass the CPE," with anesthesia and surgery scored pass or fail.[5] Candidates work without references; "examiners are not permitted to prompt candidates through their tasks"; and a "dismissible event," an action "that would have a high likelihood of causing injury to a patient," may "terminate the examination immediately."[5] The manual then specifies, section by section, the animal, the procedures, the candidate's role, the assistance allowed, the time limits and the errors that fail. Those specifications are set out in Section 3 and in full in Appendix A.

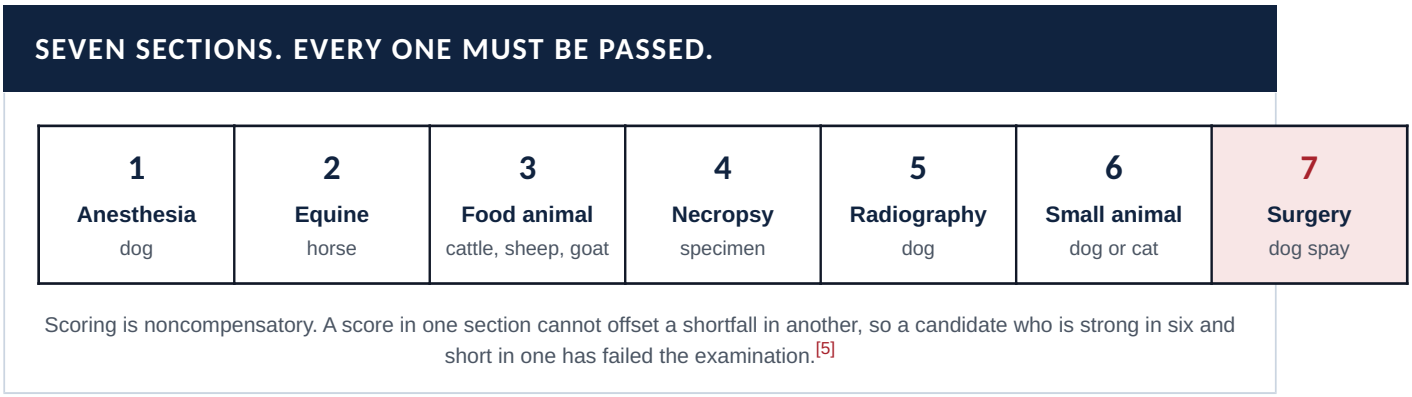


Figure 2. The seven sections of the practical examination, with the animal each one uses. Section 3 sets these beside what the accreditation standard requires.

The accreditation rulebook

The COE's Accreditation Policies and Procedures govern schools. The document distinguishes "must," which "indicates a mandatory requirement," from "should," which "indicates the recommended and highly desirable manner in which to attain the Standard."[13] Three standards matter here.

Standard 4, Clinical Resources, requires "normal and diseased animals of various domestic and exotic species," a "diverse and sufficient number of surgical and medical patients," and that "all students must actively participate in managing normal and diseased, client-owned, clinical patients." It then says: "While precise numbers are not specified, in-hospital patients and outpatients ... are required to provide direct hands-on experiences for all students."[13]

Standard 9, Curriculum, requires "at least 130 weeks of direct instruction" and a concluding period of "a minimum of 40 weeks of hands-on clinical education," with "principles and hands-on experiences in physical and laboratory diagnostic methods and interpretation (including diagnostic imaging, diagnostic pathology, and necropsy), disease prevention, biosecurity, therapeutic intervention (including surgery and dentistry), and patient management and care." It also states: "The curriculum in veterinary medicine is the purview of the faculty of each college," and that Standard 9 "sets minimum requirements for the fundamental curriculum," which a college may satisfy "through a selection from elective rotations," including rotations "taken at an off-campus site chosen by the student."[13]

Standard 11, Outcomes Assessment, requires that "new graduates must have the basic scientific knowledge, skills, and values to provide entry-level health care, independently, at the time of graduation," that students be "observed and assessed formatively and summatively," and that schools remediate students "who do not demonstrate competence in one or more of the nine competencies." The nine competencies are stated as domains, including "anesthesia and pain management, patient welfare" and "basic surgery skills and case management." The standard's quantitative outcome measure is the school's pass rate on the NAVLE.[13]

How schools translate the standard, with the COE's approval

The COE does not inspect an operative log for each graduate. It reviews each school's own system for teaching and assessing the nine competencies, and it accredits the school. Those systems are public. Virginia–Maryland College of Veterinary Medicine publishes a clinical handbook that maps each COE

competency to the school's own learning outcomes and grading scale.[46] The University of Arizona publishes a clinical-year handbook whose "entrustable professional activities," it says, "were developed to meet" the COE's nine competencies.[47] Purdue, Cornell, Florida, Colorado State, Ohio State and Western University publish their tracks, rotations and surgical training models.[39, 40, 41, 42, 43, 44] Every one of these schools is accredited. What they publish is therefore what the COE accepts as meeting its standard. It is the second half of the benchmark.

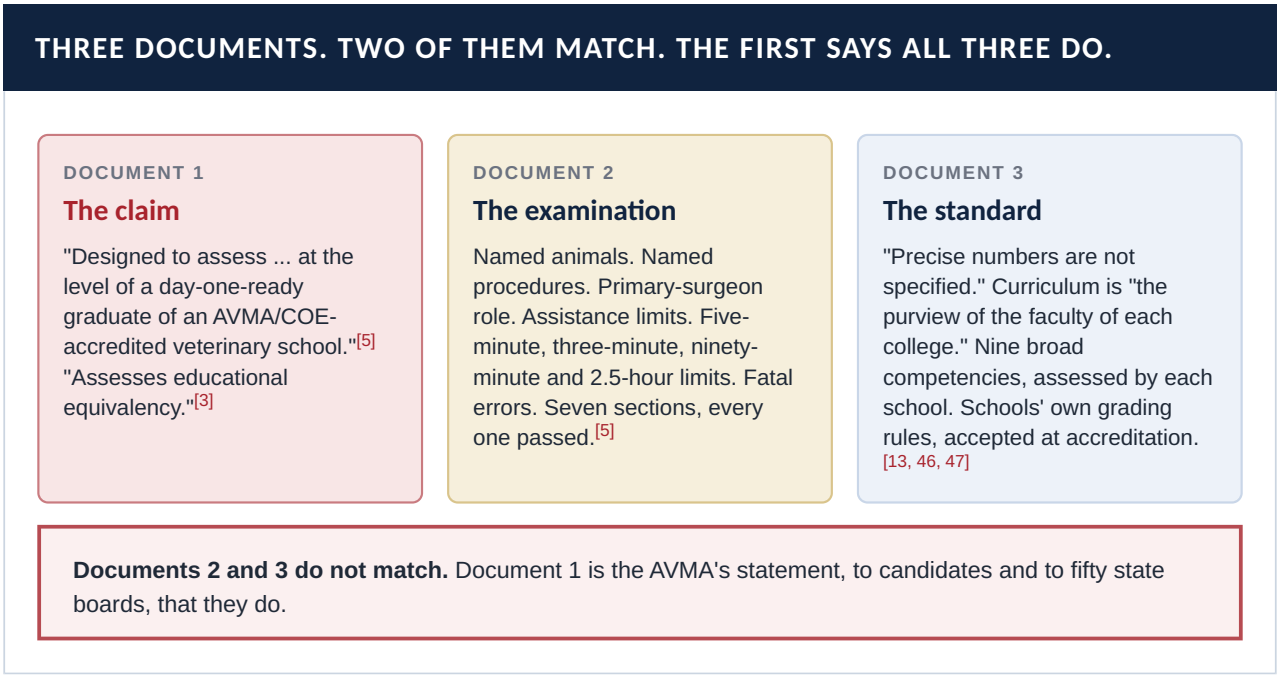


Figure 3. The comparison this study makes is between the examination rulebook and the accreditation rulebook. The claim sits on top of both.

PART II

The comparison

Section by section, what the examination demands, what the standard requires, and what accredited schools actually publish as their graduation rules.

THE SEVEN SECTIONS

3. The examination, section by section, against the standard

Every row below follows the same pattern. The examination converts a broad domain into named animals, named procedures, a defined role, permitted assistance, a clock, an error rule and a cut score. The standard supplies the domain and nothing else. The schools' published rules, accepted by the COE, confirm that nothing else is required.

Section	What the examination requires of every foreign graduate[5]	What the standard requires of every accredited graduate[13]	What accredited schools publish, and the COE accepts
Anesthesia	Anesthetize, stabilize and monitor a live dog for a spay: examination, ASA classification, laboratory decisions, machine and circuit assembly and leak test, IV catheter, induction, intubation "within 5 minutes" or "immediate dismissal," monitoring "within 3 minutes of intubation," ECG, blood pressure, pulse oximetry, temperature, capnography, analgesia, records; patient ready "within 90 minutes" or a failing score; one major or four minor failures fails the section.	Competence in "anesthesia and pain management, patient welfare," assessed by the school.	Virginia–Maryland: the student "can recognize problems during an anesthetic procedure and request assistance when appropriate"; equipment set-up with "minimal assistance required."[46] Arizona: "perform general anesthesia and recovery of a stable patient," assessed over the clinical year.[47]

Section	What the examination requires of every foreign graduate[5]	What the standard requires of every accredited graduate[13]	What accredited schools publish, and the COE accepts
Surgery	Act as the surgeon for a complete live-dog ovariohysterectomy, preparation to final skin suture, within 2.5 hours, with a technician assisting only at the candidate's direction; checkpoints on pedicles, uterine stump and closure; five "fatal flaws," any one of which ends the section; complications within 24 hours can alter the result. Before the examination, candidates must document "one (1) ovariohysterectomy as the primary surgeon" in the preceding five years.[3]	"Basic surgery skills and case management," assessed by the school. No named operation, species, role, count, time limit or rubric.	Virginia–Maryland: the student "participates willingly in the procedure, providing retraction, instrumentation, or other tasks as needed."[46] Arizona: "perform a common surgical procedure (spay, neuter or castration) on a stable patient."[47] Ohio State: "surgical simulators," "cadaver practice," then live procedures "via a collaborative surgery program with a local shelter."[44] Colorado State: fourth-years perform elective spays on shelter animals while "third-year students assist with surgery and perform anesthesia."[43]
Equine	Three 45-minute stations: a clinical case; eight techniques including rebreathing-bag auscultation, IV and IM injections, a dental examination with manual floating of the upper cheek teeth, a support bandage, direct ophthalmoscopy, and descriptions of rectal examination, abdominocentesis and official identification; and a lameness evaluation with hoof testers, flexion tests, regional-block knowledge and imaging selection.	Education across "a broad range of species"; schools design required and elective experiences. No horse station, procedure list or cut score.	Purdue: seven fourth-year tracks including a Small Animal Track; "the track determines both your required and elective courses for the fourth year."[39] Cornell: equine surgery, equine medicine and production-animal ambulatory services listed among elective rotations.[40] Colorado State: "choose between two tracks: small animal exclusive or large/mixed/equine."[43]

Section	What the examination requires of every foreign graduate[5]	What the standard requires of every accredited graduate[13]	What accredited schools publish, and the COE accepts
Food animal	An adult-bovine case; a calf, sheep or goat case; mandatory four-quarter California Mastitis Test, milk-culture sampling and haltering; five additional procedures from a list of thirteen; a rectal pregnancy examination with three minutes of palpation; correction of a dystocia on an obstetric model; and a list of five drugs "prohibited for extralabel use in food animals in the United States or Canada (answer for the country in which examination is taking place)."	Population medicine, biosecurity, food safety and public-health education. No cow, calf, sheep or goat task required of every graduate.	Florida: Small Animal track clerkships are companion-animal; large-animal clerkships belong to the Large/Mixed track.[42] North Carolina State: a "Small Animal Species Priority" concentrating "on careers in companion canine and feline animal medicine."[45] Western University: "one college-assigned Core Internal Medicine rotation, one college-assigned Core Surgery rotation, and six student-identified selective rotations."[41]
Necropsy	A complete necropsy on a 2 to 45 kg carcass: examination of the carcass, cavities, organs, heart structures, at least two joints and two major muscles, lymph nodes and endocrine organs; "remove the animals' head at the atlanto-occipital joint as if to submit for rabies examination"; collection of fourteen prescribed tissues; a written report; dissection stops at 90 minutes.	"Diagnostic pathology, and necropsy" among required hands-on experiences. No protocol, tissue set or time limit.	Virginia–Maryland: the student "can perform a basic necropsy identifying major and minor organ system components."[46] Arizona: "perform a necropsy using proper technique, gather tissue and/or fluid samples," twice in the year.[47]
Radiography	Given a sedated dog and a suspected diagnosis, select the region and views, position the patient, choose machine settings, produce at least two orthogonal diagnostic views, repeat each view no more than once, select the submitted images and critique them, in 45 minutes.	"Diagnostic imaging" among required hands-on experiences. No acquisition task, view list, repeat rule or timer.	Arizona: "perform proper radiograph positioning using required personal protective equipment."[47]

Section	What the examination requires of every foreign graduate[5]	What the standard requires of every accredited graduate[13]	What accredited schools publish, and the COE accepts
Small-animal medicine	Three 45-minute stations: a live dog-or-cat case; a hospitalized-case exercise with written assessment, orders, doses, fluids and monitoring followed by a technician handoff; and seven procedures drawn by lot, two of them from cystocentesis, thoracocentesis, abdominocentesis and male-dog urinary catheterization. A dangerous error at one station fails the section.	Diagnosis, treatment planning, records and communication competencies, assessed by the school.	Virginia–Maryland: the student "adequately performs most (>75%) of technical tasks with direction."[46]

Detail for the surgery, radiography and small-animal medicine rows is drawn from the 2026 Manual of Administration and the CPE Candidate Bulletin; the manual's section text for those three sections should be quoted in full in any regulatory submission (Appendix A).

What the rows have in common

In every section the examination prescribes what the standard leaves open. The standard requires hands-on experience, and the schools provide it. But the standard does not identify the operation, the number of performances, the student's role, the assistance allowed, or a task-specific independence threshold, and the schools' published rules show that supervised participation, including assisting, retracting and performing steps "with direction," satisfies the standard. Exposure to a procedure is not the same as performing it; assisting is not the same as taking primary responsibility; and supervised performance is not the unaided, timed, single-attempt performance the examination demands. None of those concepts, as the COE writes them, establishes the examination's species, procedures, assistance limits, time limits, error rules or passing score.

The graduation rules make the point without any help from NAVEC. Virginia–Maryland requires "a performance score of 2 (developing competency) or above" on each clerkship criterion, an average of "2.5 or higher in each of the AVMA core competencies," and "at least 90 of the core technical skills" scored 2 or higher, on a scale where "3" is "day-1 ready."[46] So an accredited school can graduate a student its own scale still rates as developing on individual skills, and the COE accepts that as meeting Standard 11. The examination, meanwhile, fails a foreign graduate for one uncontrolled hemorrhage, one intubation past five minutes, or one missed tissue in a ninety-minute necropsy.

Why "some could pass" and "some schools teach it" are the wrong questions

The AVMA's likely reply is that many accredited graduates could pass the examination, and that most schools teach the skills it tests. Both statements may be true, and neither rescues the claim. A statement that an examination measures "a day-one-ready graduate of an accredited school" is a statement about the standard for such graduates. The only evidence that can support it is the standard itself, as written and as applied. If the AVMA means something else, a typical graduate, or a well-prepared one, it would need to test a representative sample of accredited graduates under examination conditions and publish the results. It

has never done so. The only review of the examination the AVMA has ever described in public, an internal audit in 2001, concluded that the examination "assesses the minimal clinical competency of a graduate of a non-accredited veterinary program": the examination measured against its own goal, with no accredited graduate tested and no comparison to the standard (Section 11).[48]

THE AVMA'S OWN CONCESSIONS

The candidate bulletin states: "The CPE assesses a subset of the entry-level clinical veterinary skills taught in an AVMA/Council on Education veterinary school."[4] A subset, on the AVMA's own description, is something less than the standard. The FAQ states that "successful completion of the final year (clinical year) in an AVMA COE accredited program cannot be accepted to fulfill the requirement of step 4, CPE."[2] The clinical year of an accredited school produces a licensed American veterinarian. The same clinical year is, according to the AVMA, insufficient to excuse a foreign graduate from the examination. Those two positions cannot both describe a single standard.

CONCLUSION OF PART II, FIRST HALF

The examination rulebook and the accreditation rulebook do not match. The accreditation rulebook, as written and as the COE applies it through the schools' own published graduation rules, requires no accredited graduate to perform the examination's tasks, in the examination's role, on the examination's species, within the examination's time limits, under the examination's error rules, to the examination's cut score. The AVMA's statement that the examination measures "a day-one-ready graduate of an AVMA/COE-accredited veterinary school" is therefore false as a description of the standard it names. The AVMA's bulletin and FAQ say as much.

THE OTHER GATES

4. The two other gates: English and the science examination

The examination is the largest gap, not the only one. Two earlier ECFVG steps also impose requirements the standard does not.

English

ECFVG candidates educated outside specified English-language circumstances must meet the AVMA's standardized English thresholds. Communication is a legitimate licensing concern. But the COE accredits veterinary education delivered in French. VetAgro Sup in Lyon, France has been COE-accredited since 2013, with accreditation renewed after a 2023 visit, "which gives VetAgro Sup graduates in veterinary medicine the opportunity to immediately take the North American Veterinary Licensing Examination."[15] The Université de Montréal, also French-language, is likewise accredited.[14] Those graduates do not enter ECFVG and take no English examination. A requirement that accredited status waives cannot be described as equivalency to accredited status. If a state wants evidence of English, it should say so as a state rule, tied to the work, and applied to everyone.

The science examination

The third step of the program, the Basic and Clinical Sciences Examination (BCSE), is a written science examination required only of foreign-route candidates. Accredited graduates never take it. Both groups take the NAVLE, the actual licensing examination. The AVMA has published no analysis showing what the BCSE detects that the NAVLE does not. Its pass rate, by the AVMA's account, "is about 45%."[2] The examination may be defensible as a screen of an unfamiliar curriculum. It is not equivalency to anything the comparison group is required to do.

The question the exam manual answers in a footnote

The food-animal section requires a candidate to list drugs prohibited from extralabel use "in the United States or Canada (answer for the country in which examination is taking place)."[5] The COE accredits schools in France, the Netherlands, the United Kingdom, Ireland, Australia, New Zealand, Mexico and Korea, whose graduates learn their own countries' drug law and take the NAVLE.[14] Country-specific regulatory recall is a reasonable licensing subject. It is not part of the standard the AVMA imposes on accredited graduates abroad, and its presence in an "equivalency" examination shows how freely the examination was assembled from things its authors thought useful rather than from the standard it claims to measure.

KNOWLEDGE

5. One building, one executive: why "unaware" is not available

A misrepresentation can be innocent when the speaker did not know the facts. This speaker wrote them.

The Council on Education and the ECFVG are two programs of the American Veterinary Medical Association. Both are staffed by the AVMA's Division of Education and Research.[11] Both are administered from the AVMA's headquarters at 1931 N. Meacham Road, Schaumburg, Illinois, the address to which ECFVG candidates send their documents and their appeals.[4, 8] In January 2025 the AVMA announced that Dr. Jim Weisman, its Chief Academic Affairs, Research and Accreditation Officer, "will oversee the activities of the AVMA's Division of Education and Research, which include accreditation of colleges/schools of veterinary medicine and veterinary technology programs; certification programs for veterinary specialists and foreign veterinary graduates."[11] The same executive oversees the body that writes the standard and the body that claims to measure equivalency to it. The ECFVG's program manager reports within that division.[25]

The commissioners who govern the ECFVG are, with narrow exceptions, "made by the AVMA Board of Directors for terms of six years."[12] The Council on Education's veterinarian members are chosen half by an AVMA selection committee and half by the schools' association; its public members are appointed by the Council itself.[59] Lincoln Memorial University alleges, and the Department of Justice recounts, that the Council "sits within the same building as the AVMA, uses AVMA email addresses, and relies heavily on the AVMA for staff, who report to the AVMA."[29]

THE CORE FALSEHOOD

The AVMA cannot say it does not know what its accreditation standard requires. It wrote the standard, revised it in 2015, 2016 and 2017, and applies it to every school in the country through the same division that runs the ECFVG.[13, 34] It cannot say it does not know what its examination requires; it publishes the manual. Two explanations remain. Either the ECFVG knows the standard contains none of the examination's tasks and describes the examination as measuring the standard anyway, or it has never placed the two documents side by side. The public record cannot tell us which. It can tell us that a representation made in these circumstances, by the author of both documents, to candidates paying $12,804 and to fifty state boards relying on the word, is hard to see as anything less than an intentional falsehood or a reckless one. Which it is, and who knew, is what compulsory process exists to determine.

Two audiences relied on the word

The representation runs in two directions. Candidates rely on it when they pay: they are told they are being measured against an accredited graduate, and they prepare, travel, and pay to be measured against that. State boards rely on it when they write "ECFVG" into their rules: the AVMA states that its certificate "is accepted by all state regulatory boards as meeting, either in full or in part, each state's educational prerequisite for veterinary licensure," and that "the majority of states require graduates of veterinary schools not accredited by the AVMA COE to hold an ECFVG certificate."[1, 3] A board that adopts a private credential because it is described as equivalency has delegated its judgment to that description. If the description is false, the delegation was obtained on a false premise.

MONEY

6. Who pays, how much, and on what representation

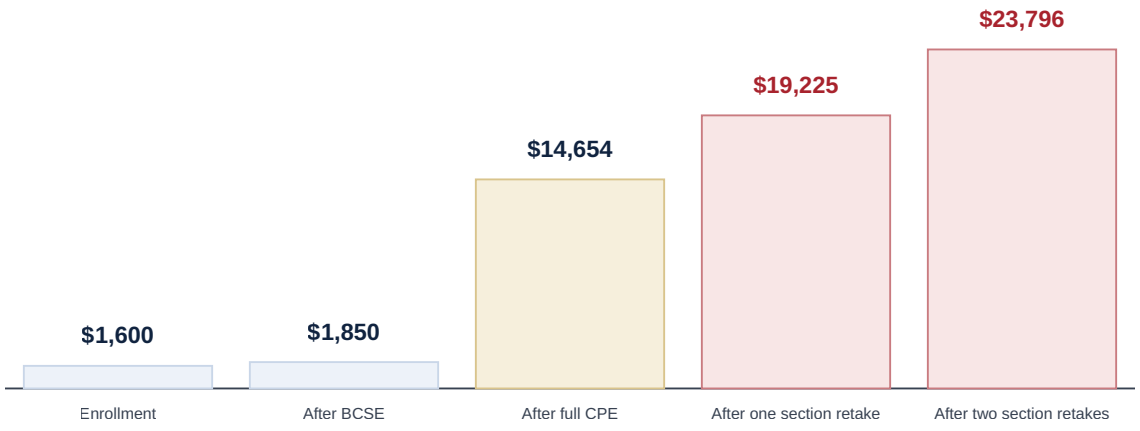
The people paying for the label are not students. They are veterinarians, some of them American, most of them with no other route into the profession.

The price

The 2026 fee schedule is: $1,600 to enroll ($700 application, $900 "quality assurance program"), rising to $1,800 for 2027; $250 for the science examination; $12,804 for the hands-on examination ($200 administrative, $12,604 examination, "may be paid in two installments" of $1,000 and $11,804); $4,571 for each retaken section; $120 every two years to remain registered.[4, 6] The direct minimum is therefore $14,654, a figure the AVMA itself now describes as "approaching $14,600."[10] One failed section raises it to $19,225; two, to $23,796. A formal appeal requires "a deposit of $5,000.00 (USD) to cover expenses associated with the hearing," by cashier's check or money order payable to the AVMA, with the travel, meals and lodging of the review panel "borne by the party requesting the hearing."[8]

The examination fee was $6,600 in 2016 and $7,630 through the 2025 cycle. For 2026 it rose 68 percent in a single step.[63] The refund rule is one sentence: "All fees for the CPE are non-refundable and non-transferable." Fees "cannot be refunded if the candidate fails to receive a visa or other required travel documentation," and a date may be changed only "if the ECFVG will succeed in finding another candidate to fill the vacated CPE dates."[4]

THE DIRECT PRICE OF THE GATE



Not included: English testing, credential services, preparation, travel, lodging, visas, lost income, NAVLE and state fees, the $120 re-registration, and the $5,000 appeal deposit. For comparison, the NAVLE, the examination that actually licenses every veterinarian, costs $825.[16]

Figure 4. Direct ECFVG charges, 2026. Arithmetic: $1,600 + $250 + $12,804 = $14,654; each retake adds $4,571.

What the program takes in each year

The AVMA states that the program "is not a revenue-generator for the association," that "approximately 87%" of the total program fee is "paid via the AVMA to the assessment sites," and that "other than the administrative fee, the entire CPE application fee goes to the CPE site."[2, 10, 20] Where the money goes is a different question from how much candidates pay and on what representation. Using the AVMA's published figures, about 600 applications a year, roughly 248 full-examination seats and more than 300 retake seats in 2024, and more than 2,000 active registrants, NAVEC estimates that candidates pay roughly $5.6 million a year in direct ECFVG fees: about $960,000 in enrollment fees, about $3.2 million in full-examination fees, at least $1.4 million in retake fees, and about $120,000 in re-registration.[10, 22] The arithmetic is shown in Appendix B. On the AVMA's account, the two examination sites, a public university and a nonprofit convention organization, receive the large majority of it. Who profits matters less than the fact that several million dollars a year change hands on the strength of a word the AVMA's documents do not support.

Who the candidates are

Since 1973 the program has issued more than 7,700 certificates "to veterinarians from over 60 countries"; the 2023 certificates went to graduates of 120 schools in 46 countries.[9, 10, 18] The candidates include Americans. VIN News profiled a Texas-born veterinarian who graduated in 2009 from Ross University in the Caribbean, before that school was accredited in 2011, and who therefore must complete ECFVG like any foreign graduate; and a veterinarian who practiced twenty years in Austria before moving to North Carolina.[20] These are working professionals with families, mortgages and immigration timelines, not applicants to veterinary school. They cannot shop elsewhere. They are told the fee pays for a measurement against an accredited graduate. What it pays for is a measurement against a script the accreditor never adopted.

PART III

The aggravating facts

A false description attached to a voluntary service is one thing. A false description attached to the only credential the law accepts, charged at a rising fee, administered through rules that shed the people paying it, during a shortage, by an association that forecasts surplus, is another.

MARKET POWER

7. A monopoly: accepted everywhere, no alternative that matters

ECFVG is a monopoly in the two senses that matter: it is the only credential every state accepts, and it issues the overwhelming majority of the credentials that exist.

The AVMA states that its certificate "is accepted by all state regulatory boards."[1] A foreign graduate who wants to be licensed anywhere in the country, or to move between states, has one route. The candidate cannot negotiate, cannot choose a nationwide competitor, and cannot ask most states to substitute months of supervised performance for a scarce three-day examination.

The only nominal alternative is the Program for the Assessment of Veterinary Education Equivalence (PAVE), run by the American Association of Veterinary State Boards (AAVSB), the association of the state licensing boards themselves. It is not accepted in Alabama, Kansas, Missouri, New Mexico or Nevada.[17] It issued 53 certificates in 2023, its last published year, against ECFVG's 210, and it depends on a year of clinical-year seats at accredited colleges that the colleges allocate as they choose; Oklahoma State, which once offered places, now states it is "NO LONGER offering the PAVE Program," and Penn Vet charges $85,000 for the year.[18, 19] By certificates issued, ECFVG held 79.8 percent of the 2023 market (210 ÷ 263). If PAVE output has fallen with its host seats, to 25 for example, ECFVG's share is about 89 percent (210 ÷ 235). A route with no guaranteed placement, a handful of seats and tuition of $85,000 does not constrain ECFVG's price, capacity or rules. This study does not return to it.

WHY THIS IS MARKET POWER AND NOT A PERCENTAGE

ECFVG's power comes from legal acceptance, the absence of a scalable substitute, the cost of switching, control of the benchmark, and the dependence of both candidates and state boards on the credential. What is at issue is not examination preparation or credential review, which anyone may offer, but the specific certificate that state law accepts, which no other body may issue.

DESIGN

8. Rules that shed candidates

Whatever the intention, the program's capacity, scheduling, retake and expiration rules combine to produce one result: most of the people who enter do not come out.

The flow, in the AVMA's numbers

In February 2026 the AVMA reported to its House of Delegates that applications had risen "from around 200 annually before the pandemic to roughly 600 each year since 2023," that "more than 2,000 candidates are currently active," and that the program issues "approximately 220 certificates ... annually in recent years."[10] The difference between those two numbers accumulates each year in a queue the AVMA describes as "at varying stages of completion" and in which "not all are actively progressing."[21]

Capacity

The examination is given at two sites: Mississippi State University's veterinary college in Starkville, Mississippi, and the Viticus Group's facility in Las Vegas, a nonprofit continuing-education organization formerly known as the Western Veterinary Conference.[4, 64] VIN News reported in April 2024 that candidates "face hot competition for the 570 seats a year available for the Clinical Proficiency Examination," of which, that year, 248 were seats for the full seven-section examination and more than 300 were for retakes of individual sections.[20, 22] The per-site arithmetic explains the number: Mississippi "can seat eight candidates four times a year; the Las Vegas venue can accommodate 18 or so candidates 10 times a year."[22] The Las Vegas site itself began as a "temporary" warehouse lease the AVMA funded to lift capacity to 137 seats.[26] No third site has been announced. The revision the AVMA announced in 2025 concerns the examination's content, not its capacity.[52]

THE CAPACITY ARITHMETIC

With about 248 first-time seats a year and more than 2,000 registrants, the program could not give every current candidate a first attempt for roughly eight years even if none of them ever failed (2,000 ÷ 248). Because "the first-time (full CPE) pass rate is now about 25%," in the AVMA's words, roughly three of every four first-time examinees enter the retake queue, which is why the program must reserve more seats for retakes than for first attempts.[2, 22] The AVMA says the average wait from applying for the examination to sitting it is eight months; candidates describe longer, and the wait to become eligible to apply is additional.[20]

The retake rule

The rulebook states: "A candidate with a 'fail' in four or more sections of the examination must retake the entire examination," and a candidate who fails one to three sections "is allowed two additional opportunities to retake and successfully pass the failed sections as long as the candidate applies for retakes within six months of each failure and accepts one of the first available retakes offered."[4] Decline the offered date, for work, family, visa or money, and the candidate must retake the entire examination and pay $12,804 again. The rule ties the candidate's career to the program's calendar.

The seven-year clock

For candidates enrolled on or after January 1, 2015, the AVMA requires them "to complete Step 3 and Step 4 requirements within seven years of completing Step 2 requirements"; those who do not "will be required to start over again at the Step 2 level," which means new English scores and another science examination before they may return to the queue.[7] The clock runs while the candidate waits for a seat the candidate does not control.

Figure 5. The seven-year clock attaches to ECFVG Steps 2 and 3, not to the NAVLE.[7, 16]

The scheduling system, and what its replacement admits

For years the program released examination dates in blocks, with no calendar. The AVMA told VIN News in April 2024 that it "opens registration with minimal advance notice to avoid overwhelming the system," that it had "issues with a large number of candidates trying to register concurrently, resulting in overbooking," and that "establishing a waitlist is beyond" the program.[20] Its own notice read: "Please note that full and retake testing slots are limited and offered on a first-come, first-served basis."[28] A candidate described the experience: "we have no idea when test dates will even open ... There are hundreds of us waiting, each of us trying to get spots that are snapped up in minutes." Checking too often had its own penalty: "logging in too frequently can trigger a security lock on accounts, causing them to freeze temporarily."[20]

NAVEC calls this administrative cruelty, and defines the term: a system that required people to organize work, childcare, travel, savings and immigration status around a date they could not predict or secure, for a credential they could obtain nowhere else. In the fall of 2025 the AVMA replaced the system. Its new portal lets eligible candidates "join a waitlist for upcoming test dates," and the program manager explained that "this new feature will provide candidates with a clearer sense of when they may be scheduled for the CPE, easing the uncertainty and anxiety that previously surrounded the registration process."[25] The sentence concedes what candidates had been saying for years. The program knew its registration process produced

"uncertainty and anxiety"; eighteen months earlier it had told a reporter that a waitlist was beyond it; then it built one. The change is not a point in the program's favor. It shows the program understood the harm while paying candidates were living with it, and it leaves the two sites, the seat count, the retake rule and the clock as they were.

THE HUMAN RECORD

9. The human record

Every person in these accounts had already earned a veterinary degree. Several were already licensed abroad. One was already an American specialist.

Twelve years for a graduate who became an American specialist

Dr. Mariana Pardo earned her veterinary degree in 2009 from the Universidad Mayor in Santiago, Chile. In the United States she worked as an unlicensed technician while saving for the program, completed internships at the University of Georgia and the University of Florida, a residency in emergency and critical care at Cornell University, and board certification as a specialist in veterinary emergency and critical care.[27] She failed the CPE anesthesia section twice and completed the program only 12 years after she began.[27]

> "I arrived in the United States as a licensed veterinarian, only to start over, working as an unlicensed veterinary technician in Florida while I faced the rejections of the Veterinary Internship and Residency Matching Program (VIRMP), and saved and started the American Veterinary Medical Association's (AVMA) Educational Commission for Foreign Veterinary Graduates (ECFVG) certification program."
>
> Dr. Mariana Pardo, writing in Today's Veterinary Practice.[27]

WHAT HER EXPERIENCE PROVES

A system can be difficult and still valid. But when American institutions have already trusted a veterinarian with residency training and specialty certification in critical care, a discipline in which anesthesia and analgesia are daily work, and the "entry-level equivalency" examination fails her twice on anesthesia, the gatekeeper cannot point to the failure as proof that the gatekeeper was right. The result demands validation against real practice and against the graduates the examination claims as its benchmark. None exists.

Twenty years in practice, then a lottery for a seat

Dr. Elisabeth Billod-Girard practiced for twenty years in Austria before moving to North Carolina in 2017. In 2024 she described the registration system to VIN News in terms any reader will recognize: like buying concert tickets, except "we have no idea when test dates will even open," with "hundreds of us waiting, each of us trying to get spots that are snapped up in minutes."[20] Dr. Amanda Fiser, born in Texas, graduated in 2009 from Ross University, two years before that school became accredited; she is an American in the same queue.[20]

Years outside the profession while saving for the examination

In a public first-person account compiled in NAVEC's July 2026 report, another foreign graduate described completing the science examination, the NAVLE and the English requirement within six months, then leaving veterinary medicine for five years to earn enough money to attempt the CPE, a seven-year journey; the writer knew others who took ten to twelve years.[33] That is one account, not a population estimate. It describes what completion averages cannot capture: the people who pause, leave, or never return.

The people who disappear from the statistics

The AVMA can count applicants, test takers, retakes and certificates. It does not publish, and may not count, the veterinarian who reviewed the cost and the odds and did not enroll, the candidate who stopped after failing, the person who could not leave work or obtain a visa for an offered date, or the clinician who accepted a permanent support role. In a high-cost monopoly pathway, attrition is one of the principal outcomes an investigation must measure, not a gap in the data.

Visible in published data	Usually missing or obscured
Candidates who sat for an examination	Qualified foreign graduates deterred before enrollment
Pass and fail results	Candidates unable to secure or finance an appointment
Certificates issued	People who withdrew after years of delay, or whose clock expired
Direct program fees	Travel, lost work, childcare, preparation and immigration costs
Completion time for those who finish	Total time for non-completers and people forced to restart

CONTEXT AND MOTIVE

10. The shortage, the forecasts and the motive question

The gate restricts supply during a shortage. The association that runs it has forecast surplus for fifty years, spent millions against a state measure to expand the workforce, and opposes the state laws that let candidates work while they wait.

The shortage

Families wait longer for appointments, emergency hospitals struggle to fill schedules, rural communities lose service, shelters ration care, and prices rise. An AVMA-reported survey found that emergency and critical-care practices were unable to fill roughly half of their veterinarian openings, and a later job-market snapshot identified about 18 advertised openings for each veterinarian actively seeking work; the first measure is historical and the second is not a labor census, but together with clinic experience across the country they describe a market in which demand substantially exceeds supply.[33] The most widely cited independent projection estimated a shortfall of roughly 15,000 companion-animal veterinarians by 2030 and

warned that up to 75 million pets could lack access to care.[35] NAVEC's need-based assessment, which counts the veterinarians required to deliver care rather than the jobs employers can afford to post, puts the 2026 shortfall at about 36,800 full-time veterinarians, with a conservative lower bound near 24,000.[33] Readers need not accept any single number. The direction is not in dispute, and the 2,000 veterinarians in the ECFVG queue are the fastest already-trained supply the country has.

The association's forecasts

For half a century, organized veterinary medicine has produced or commissioned studies warning of surplus, underemployment or excess capacity: the Arthur D. Little study (1978), the Wise and Kushman study (1985), the KPMG study (1999), the AVMA Veterinary Workforce Study (2013), which projected excess capacity of roughly 12.5 percent, and the AVMA's 2024 study by Brakke Consulting, which projected a surplus of about 8,200 veterinarians by 2030 and whose author stated that "the data do not support an expectation of a continued shortage in the US veterinarian labor markets."[32, 33] The AVMA's press release on that study warned: "If 13 new schools come onstream in the near future as proposed, it will require a significant increase in demand for veterinary services above current trends to absorb the additional supply without downward economic pressure."[32] The release does not say on whom the pressure would fall.

The association's conduct

When New Hampshire created a conditional license so that candidates who had completed every ECFVG step except the examination could work under supervision while waiting, the AVMA's spokesman said the association "believes licensure of any sort for ECFVG candidates should be restricted to those who complete the certification process," and that "conditional licensure is equivalent to an on-the-job training program for veterinarians with no standardization or oversight."[38] The AVMA defended its own program in the same breath as "a psychometrically sound, legally defensible educational equivalency certification process."[38] When Colorado voters considered Proposition 129 in 2024, creating a mid-level veterinary professional, the AVMA was the largest funder of the opposition committee, contributing $2,308,777.70 of the $2,441,007.70 it raised; the measure passed anyway, 52.76 to 47.24 percent.[60]

EFFECT CAN BE MEASURED NOW; INTENT REQUIRES RECORDS

None of this proves that any ECFVG rule was adopted to suppress competition. It establishes a long institutional interest in controlling workforce supply, expressed in forecasts, in money and in opposition to every alternative route, held by the same institution that runs a capacity-constrained foreign-entry gate it describes with a word its own documents do not support. Whether decision-makers intended those effects requires emails, minutes, contracts, psychometric files, financial records and communications with state boards. That is what compulsory process is for.

What the Department of Justice has already said

On December 15, 2025, in a lawsuit challenging AVMA accreditation, the Antitrust Division filed a Statement of Interest and issued a press release stating that "accreditors, which typically consist of interested market participants who develop standards in closed doors, face an inherent conflict of interest when regulating admission into a profession," and that "professional accreditation societies, like the AVMA, cannot erect

anticompetitive hurdles that reduce competition by restricting the number of veterinary providers entering the profession."[29] The Division took no position on the merits of that case. It concerned the COE. This study concerns the same association's other gate, which is subject to no federal recognition review at all.

TWO PROFESSIONS, TWO DIRECTIONS

11. The drift: how medicine solved this problem and veterinary medicine entrenched it

The examination was built for a veterinary curriculum that no longer exists. Human medicine faced the same asymmetry, argued about it in public, and abolished its examination. Veterinary medicine audited its examination against itself, removed the alternative, and raised the price.

A fixed examination and a moving standard

The CPE has existed in its recognizable form since at least 2001. An AVMA staff presentation to licensing regulators in 2005 described a "3.5-day, 7-section, hands-on assessment" and explained how its content was chosen: "Experts selected most pertinent skills to evaluate performance competency," with the "goal" being "to separate 'masters' from 'non-masters.'"[48] Practicing veterinarians of that era wrote down what they believed a new graduate of that era should be able to do, and the examination has tested it since.

The accreditation standard moved. The AVMA's accreditation staff told a National Academies workshop that "prior to 2002, outcomes assessment was part of the larger curriculum standard and did not have its own separate standard," with "no requirement for a feedback loop," and that "in 2007, the Council on Education added nine clinical competencies to its outcomes assessment."[49] From then on accreditation asked schools to demonstrate outcomes in nine broad domains and left the route to each faculty. The COE then accredited models the examination's authors would not have recognized: Western University, "the first veterinary college in the U.S. to adopt a full distributive clinical education model," with no teaching hospital, fully accredited by 2010; Calgary in 2012; Lincoln Memorial in 2019; Texas Tech in 2025.[50] At no point did the standard contain a list of procedures or species-specific tasks for every graduate. The examination was never re-anchored to the standard that now exists.

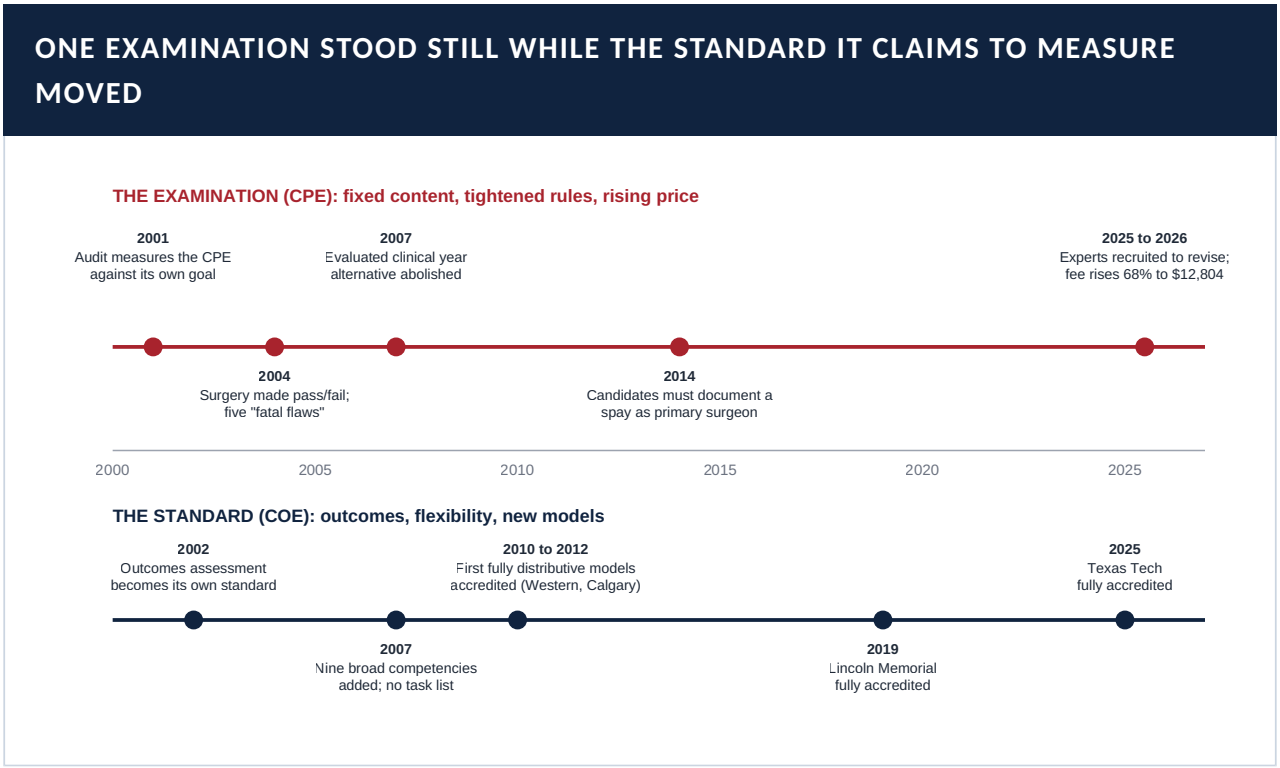


Figure 6. The examination's content was fixed by subject-matter experts and never re-anchored. The standard it claims to measure was rewritten around outcomes and now accepts curricula without a teaching hospital.[13, 48, 49, 50]

Medicine faced the same problem

On July 1, 1998, the Educational Commission for Foreign Medical Graduates began requiring a hands-on examination, the Clinical Skills Assessment (CSA), of international physicians only, "to ensure that international medical graduates (IMGs) could demonstrate clinical skills at a level comparable to that of graduating fourth-year U.S. medical students."[53] That is the CPE's claim, in medicine. Medicine noticed the flaw immediately. A peer-reviewed history records that "according to the ECFMG, the most frequent complaint about the CSA was that it was unfair for USMGs to be exempt from taking such an examination."[54] The objection was not that international physicians should be spared a clinical test. It was that a test given to one group cannot certify equivalence to a group that has never taken it.

> **"The most frequent complaint about the CSA was that it was unfair for USMGs to be exempt from taking such an examination."**
>
> The ECFMG's own account of its international-only examination, as recorded in a 2021 peer-reviewed history.[54]

Medicine's answer was one standard for everyone. On June 14, 2004, the National Board of Medical Examiners and the Federation of State Medical Boards launched Step 2 Clinical Skills, a component of the United States Medical Licensing Examination (USMLE) taken by every physician, replacing the international-only examination.[54] The decision was contested loudly, in the profession's most prominent journal. The American Medical Association and the deans of the medical schools formally opposed imposing the examination on U.S. students; letters in the New England Journal of Medicine called the format "outrageous, bordering on fraud" and "a needless initiative from a self-interested and paternalistic

bureaucracy."[55] Medicine's gatekeeping bodies were independent enough to overrule the physicians' association, and its journals open enough to print the dissent. Seventeen years later the examination was retired on the evidence. On January 26, 2021 the USMLE program announced: "We have decided to discontinue Step 2 CS. We have no plans to bring back Step 2 CS," after concluding that a relaunch "would not meet our expectations to be appreciably better than the prior exam."[56] The same day, ECFMG expanded the pathways by which international graduates satisfy the clinical-skills requirement without any examination.[56]

WHERE MEDICINE STANDS TODAY

- No hands-on national licensing examination exists for physicians, domestic or international.
- Every physician takes the same written USMLE. International graduates are then assessed where competence is visible: in supervised residency training accredited by an independent body.
- ECFMG certified 13,431 international physicians in 2024; international graduates matched to 9,682 residency positions in 2026, 2,949 of them U.S. citizens; international graduates are 25.6 percent of active U.S. physicians.[31]
- The certifier, ECFMG, is independent of the physicians' association and has been since 1956.[57]

Veterinary medicine went the other way

Over the same quarter century, every change to the veterinary gate made it narrower. In 2004 subject-matter experts and testing consultants converted the surgery section to pass/fail and wrote five "fatal flaws," any one of which ends the examination.[48] In 2007 the AVMA abolished the evaluated clinical year, the only route that measured competence through supervised practice, "partly because it was hard to standardize."[51] In 2014 it began requiring every candidate to document a spay as primary surgeon before sitting.[3] In 2026 it raised the fee 68 percent.[63] In 2025, announcing a revision, it recruited practicing veterinarians as subject-matter experts to decide the content, the method of the 1990s, with no benchmark study announced.[52]

THE AUDIT THAT AUDITED ITSELF

The only review of the CPE the AVMA has ever described in public was an internal audit in the spring of 2001, "findings provided to ECFVG Fall 2001." Its conclusion, as the AVMA presented it to regulators in 2005, was one sentence: the "CPE accomplishes the intended goal - it assesses the minimal clinical competency of a graduate of a non-accredited veterinary program," followed by "suggestions for enhancements."[48] The examination exists to certify equivalence to accredited graduates. The audit asked whether it assesses non-accredited graduates. It tested no accredited graduate, compared no station to the standard, and the presentation names no auditor. The post-audit activities listed were examiner training, a review of the manual, a review of scoring parameters and a survey of faculty and students. An equivalency instrument was audited against its own goal, by the program that runs it, and pronounced fit. That is not validation. It is the program grading itself, and it remains, twenty-five years later, the entire public basis for the AVMA's description of the program as "psychometrically sound, legally defensible."[38]

The same problem	Human medicine	Veterinary medicine
Foreign-only hands-on examination said to measure equivalence to domestic graduates	CSA, 1998 to 2004.[53]	CPE, in its current form since at least 2001.[48]
Recognition of the double standard	Recorded by ECFMG as the most frequent complaint; debated in JAMA and the New England Journal of Medicine.[54, 55]	Never acknowledged. The 2001 audit measured the examination against its own goal.[48]
Response	2004: one examination for everyone, over the objection of the AMA and the deans.[54, 55]	2004: fatal flaws. 2007: supervised-year alternative abolished. 2014: pre-examination surgical documentation.[3, 48, 51]
Evidence review	2020 to 2021: the clinical-skills component suspended, then discontinued when its owners could not show it was "appreciably better."[56]	2025: revision entrusted to subject-matter experts; no benchmark against accredited graduates announced.[52]
Current state	No hands-on examination for anyone; same written examinations for all; competence observed in residency; 13,431 certificates in 2024.[31, 56]	Seven-section hands-on examination for foreign graduates only; no supervised alternative; two sites; $12,804 non-refundable; about 220 certificates a year.[4, 10]

Why medicine reformed and veterinary medicine did not

The two professions did not differ in goodwill or in the quality of their practitioners. They differed in who held the gate. In human medicine the functions that control entry are spread across bodies that do not answer to the physicians' association. Medical schools are accredited by the Liaison Committee on Medical Education (LCME), co-sponsored by the American Medical Association (AMA) and by the Association of American Medical Colleges (AAMC), so the schools sit at the table as equals. The licensing examination is owned by the National Board of Medical Examiners together with the Federation of State Medical Boards (FSMB), the federation of the state boards themselves. International graduates are certified by the ECFMG, an independent nonprofit whose board is drawn from several organizations, of which the AMA is only one. Residency programs are accredited by the Accreditation Council for Graduate Medical Education (ACGME). And the federal government, through the National Committee on Foreign Medical Education and Accreditation (NCFMEA), reviews whether other countries' accreditation standards are comparable to American ones.[57] When the AMA objected to a universal clinical-skills examination in 2004, it lost. When the examination's owners concluded in 2021 that it added nothing, they ended it. At every step someone with standing, and no stake in the answer, was in a position to ask whether the examination earned its keep.

In veterinary medicine one association holds every lever. The COE that writes the standard is the AVMA's council. The ECFVG that certifies foreign graduates is the AVMA's program, staffed from the AVMA's headquarters, its commissioners appointed by the AVMA's board. The only alternative, PAVE, was created by the state boards' association in 2002 because, in its executive director's words, "there are problems with the ECFVG program," but it depends on seats controlled by the accredited colleges and has never issued

more than a few dozen certificates a year.[18, 58] No independent certifier, no federal reviewer and no other body has the job of asking whether the examination measures what it claims. The 2001 audit asked the only question an insider would think to ask and reached the answer an insider would expect.

WHO HOLDS THE GATE

Human medicine: distributed control

School accreditation	LCME, co-sponsored by the AMA and the medical schools (AAMC)
Licensing examination	USMLE, owned by the NBME and the state boards (FSMB)
Foreign-graduate certification	ECFMG, independent since 1956
Supervised practice	Residency, accredited by the ACGME
Federal review	NCFMEA, U.S. Department of Education

Veterinary medicine: one association

School accreditation	**AVMA** Council on Education
Licensing examination	NAVLE, by ICVA, a separate private nonprofit
Foreign-graduate certification	**AVMA** ECFVG, commissioners appointed by the **AVMA** Board
Supervised practice	None. The evaluated clinical year was abolished by the **AVMA** in 2007
Federal review	None

Figure 7. In medicine the physicians' association is one voice among several independent bodies. In veterinary medicine the veterinarians' association writes the standard, runs the foreign-graduate gate, abolished the supervised alternative and answers to no federal reviewer.[12, 29, 57]

THE LESSON

Medicine reformed because its association could be outvoted; veterinary medicine entrenched because its association cannot be. That is why this study does not ask the AVMA to fix its examination. An organization that has audited the examination against itself, abolished the alternative, raised the price by two thirds and announced a revision by the same method cannot be expected to ask the question its structure prevents. The question must be asked from outside. It is the reason an industry association should not be left in sole control of who may join its members' profession.

PART IV

What should happen

The public record is enough to justify compulsory process. It is not enough to pretend we already possess the internal evidence that process should obtain.

CALL FOR INVESTIGATION

12. The question for federal and state enforcers

Investigators do not need to resolve the equivalency question themselves. They need to obtain the records that show what the AVMA knew when it used the word.

THE QUESTION FOR THE DEPARTMENT OF JUSTICE AND THE FEDERAL TRADE COMMISSION

Has a private trade association used control over school accreditation, foreign-graduate certification, examination capacity and state licensing policy to restrict entry into the veterinary market, while charging candidates and assuring state boards that its examination measures "a day-one-ready graduate" of an accredited school, a claim that its accreditation standard and its examination bulletin both contradict?

Public materials establish the representation, the contradiction, the shared authorship, the monopoly and the exclusionary effect. Records obtained through compulsory process are needed to determine purpose, coordination, knowledge and intent.

Figure 8. The central federal question combines market power, a false benchmark, shared knowledge and measurable public harm.

The Department of Justice has already answered the threshold question

In *Lincoln Memorial University v. American Veterinary Medical Association*, No. 3:25-cv-00282 (E.D. Tenn.), the Antitrust Division filed a Statement of Interest on December 15, 2025.[29] It rejected each immunity the AVMA might invoke here. On state-action immunity: "No state has 'clearly articulated and affirmatively expressed as state policy' or 'actively supervised' AVMA's specific accreditation standards or review process," and "the Parker doctrine has no bearing here." On petitioning immunity: "the Noerr-Pennington doctrine, like Parker, does not bar LMU's antitrust claim." On federal recognition: "the antitrust laws apply fully to AVMA's establishment and enforcement of accreditation criteria."[29] Every one of those conclusions applies with greater force to the ECFVG, which is recognized by no federal agency, staffed by the same division, and accepted by boards that have not designed its examination, validated its cut scores, supervised its capacity or reviewed its fees.

Potential monopolization

Section 2 of the Sherman Act prohibits monopolization and attempted monopolization.[67] Investigators should define the relevant market, measure ECFVG's power in it, and determine whether that power has been maintained through exclusionary conduct rather than superior performance. Relevant conduct includes control of the only credential accepted in every state, a foreign-only standard mislabeled as equivalency, capacity held at two sites, the cumulative failure rule, the first-available-date retake rule, repeat fees, the seven-year clock, the 2007 elimination of the supervised-year alternative, the refusal to accept even an accredited clinical year, and public opposition to every state alternative.[2, 4, 7, 21, 38]

Potential concerted restraints

Section 1 should be examined if the AVMA, ECFVG commissioners, the examination sites, state boards, schools, ICVA or other entities agreed on restraints that limit entry or foreclose alternatives.[67] An investigation should not assume every relationship is unlawful. It should determine who decided each restriction, what economic interests were represented, whether independent public officials reviewed the substance, and whether the agreements reduced output.

State-action immunity cannot be assumed

The learned professions are not exempt from the antitrust laws, and Supreme Court precedent requires a clearly articulated state policy and, where private market participants control the restraint, active state supervision.[66] Accepting a private credential, or writing its name into a rule, is not supervision of examination design, price, capacity, scoring, validity or alternatives. The Department of Justice has already said so about the AVMA's accreditation program.[29]

Consumer-protection and misrepresentation questions

The AVMA markets ECFVG as an equivalency program to two audiences: candidates who pay, and boards that adopt.[1, 2, 3, 5] Investigators should determine whether the representation is material; whether the AVMA knew the standard did not require the tested tasks; whether the distinction was disclosed; and whether candidates paid non-refundable fees in reliance on it. The AVMA's bulletin, which describes the examination as testing "a subset" of accredited skills, and its FAQ, which refuses an accredited clinical year, are the starting points, together with the fact that both documents and the standard issue from one division under one executive.[2, 4, 11] State unfair-and-deceptive-practices laws, Section 5 of the FTC Act, contract law, unconscionability and restitution may be relevant depending on the evidence and jurisdiction.[67]

Fraud theories require evidence, not slogans

Applications, fee payments, candidate communications and representations to boards travel through interstate wires and mail. That alone establishes no crime. Mail and wire fraud require a knowing scheme to obtain money by material deception; racketeering theories require an enterprise, a pattern and qualifying predicate acts.[67] The public record establishes the representation, its falsity as a description of the standard, and the speaker's authorship of both documents. It does not establish state of mind. If internal records show that decision-makers knew the standard contained none of the examination's tasks and used the word anyway to collect fees or to preserve control of entry, those theories may warrant analysis. If the records show good-faith error, they may not. The point of an investigation is to find out.

What compulsory process should seek

Civil antitrust investigations proceed by civil investigative demand; other inquiries by subpoena.[67] Either should seek:

- Every comparison, internal or external, between CPE requirements and COE standards, and every communication between COE staff and ECFVG staff about the content or level of the examination.
- All validation studies, practice analyses, standard-setting files, cut-score records and reliability data for the BCSE and CPE, including the 2001 audit and the current Manual of Administration drafts.
- Minutes, emails and presentations discussing pass rates, failure rates, attrition, seat capacity, wait times, the waitlist decision, and workforce effects.
- Budgets, fee calculations, site contracts, revenue, costs, reserves, the basis for the 2026 fee increase and the flow of fees to the two sites.
- Communications with state boards, ICVA, AAVSB, veterinary colleges, examination sites, state associations and employers.
- Documents evaluating supervised practice, provisional licensure, additional sites, remote assessment or other less restrictive alternatives, including the 2007 decision to eliminate the evaluated clinical year, and all lobbying files on state conditional-license bills.
- Candidate complaints, appeal files, exception requests, disability requests and internal assessments of candidate harm.
- Historical workforce studies and communications linking foreign entry, accreditation expansion or examination policy to labor-market goals.

Immediate public disclosures

Before any demand issues, the AVMA can publish, and should be asked to publish: active-candidate counts by cohort and time to each step; wait time to first examination and to retake, by year and site; attrition by year of enrollment; pass rates by section and attempt; extension decisions under the seven-year rule; fee-cost accounting including the basis for the 68 percent increase; seat allocation between first-time and retake candidates; outcomes by school and country; all validation evidence; and every comparison it has ever made between the examination and the standard. Failure to publish does not prove illegality. It makes compulsory review more urgent.

THE OTHER SIDE

13. Anticipated objections

Investigators will hear these defenses. We state them fairly and answer them from the record.

The likely objection	What the record shows
"Foreign curricula vary, so a practical examination is necessary."	Variation is a reason to verify education and observe practice, not a license to describe an added test as the standard. New York evaluates each foreign program directly and requires the NAVLE; the ECFVG itself accepted an evaluated clinical year until 2007; the AVMA now refuses even the clinical year of its own accredited colleges. An objection that proves the accredited clinical year insufficient proves too much.[2, 21, 36]
"Many accredited graduates could pass, and most schools teach these skills."	Possibly. Neither statement is about the standard, and the claim is about the standard. If the AVMA means a typical graduate, it must test a representative sample under examination conditions and publish the results. It never has. The only audit measured the examination against its own goal.[48]
"Standard 11 says graduates must practice independently."	It states an overall graduate outcome. It does not say every graduate must independently perform every procedure in every species, and the schools' own COE-accepted rubrics show that assistance, direction and "developing" scores coexist with graduation.[13, 46]
"The examination is psychometrically sound and legally defensible."	The AVMA has said so.[38] No validation study has been published, no accredited graduate has been reported to have sat the examination, and the sole audit on record tested neither the standard nor its graduates.[48]
"Other countries use hands-on examinations."	True. Canada's examining board uses the same CPE; the United Kingdom and Australia use their own.[65] That other countries do the same thing is not evidence that any of them measured what they claim, and human medicine in the United States shows the alternative working at a scale of 13,431 certificates a year.[31]
"ECFVG is not a revenue generator."	The AVMA says so, and says 87 percent of the fee passes to the sites.[10, 20] Then the accounting behind a fee that rose from $7,630 to $12,804 in one cycle should be simple to publish. The misrepresentation question does not depend on who keeps the money.
"State boards choose to rely on ECFVG."	Reliance is not supervision. Boards have not designed the examination, validated its cut scores or reviewed its fees, and they adopted it on the strength of the word "equivalency." The Department of Justice has already stated that accepting a private standard is not active supervision.[29, 66]

THE MEDICAL MODEL WITHOUT THE DETOUR

14. A state-supervised replacement

States can measure real competence over time while foreign graduates provide supervised care. The model is not hypothetical. The AVMA used it, one state uses it now, and human medicine uses it at scale.

The AVMA already used the supervised model

"At one time, the ECFVG allowed participants to do an evaluated year of postgraduate clinical experience in lieu of the CPE, but that option was discontinued in 2007," VIN News reported from AVMA records, "partly because it was hard to standardize."[21, 51] For roughly twenty years the AVMA itself treated a year of evaluated clinical work as an acceptable measure of clinical proficiency. It has never published evidence that the evaluated year produced less safe veterinarians than the three-day examination. State law has not caught up: Wisconsin's agriculture department advised in May 2026 that its statute's licensing exemption applies "only while completing a year of clinical assessment," and "cannot be interpreted to apply to enrollees waiting to take their CPE. If there is not a year of clinical assessment, there is no licensing exemption."[37] The state wrote its law for the alternative the AVMA abolished.

New York shows that a state can do this itself

New York's regulation requires either a degree from an accredited or registered program, or "a doctoral degree in veterinary medicine, or the equivalent as determined by the department, and completion of combined prerequisite and professional study that the department determines to be comparable to a registered or accredited program."[36] The State Education Department tells applicants that ECFVG certification "is strongly recommended" but that graduates without it may submit their records "for evaluation of the foreign medical education." VIN News summarized: "New York is an outlier. While it doesn't offer a provisional license, it also doesn't require equivalency certificates for full licensure."[21, 36] New York verifies the degree, evaluates the program, and requires the same NAVLE every accredited graduate takes. Nothing in the public record suggests New York's veterinarians are less safe. Many other states already exercise flexibility: VIN News counted nine U.S. states and at least seven Canadian provinces that allow candidates well advanced in the process to obtain a conditional license; New Hampshire's 2024 law grants a two-year conditional license, under direct supervision, to candidates who have completed every ECFVG step but the examination; Virginia's traineeship took effect July 1, 2025; Indiana recognizes candidates who have completed the first three steps.[21, 24, 37]

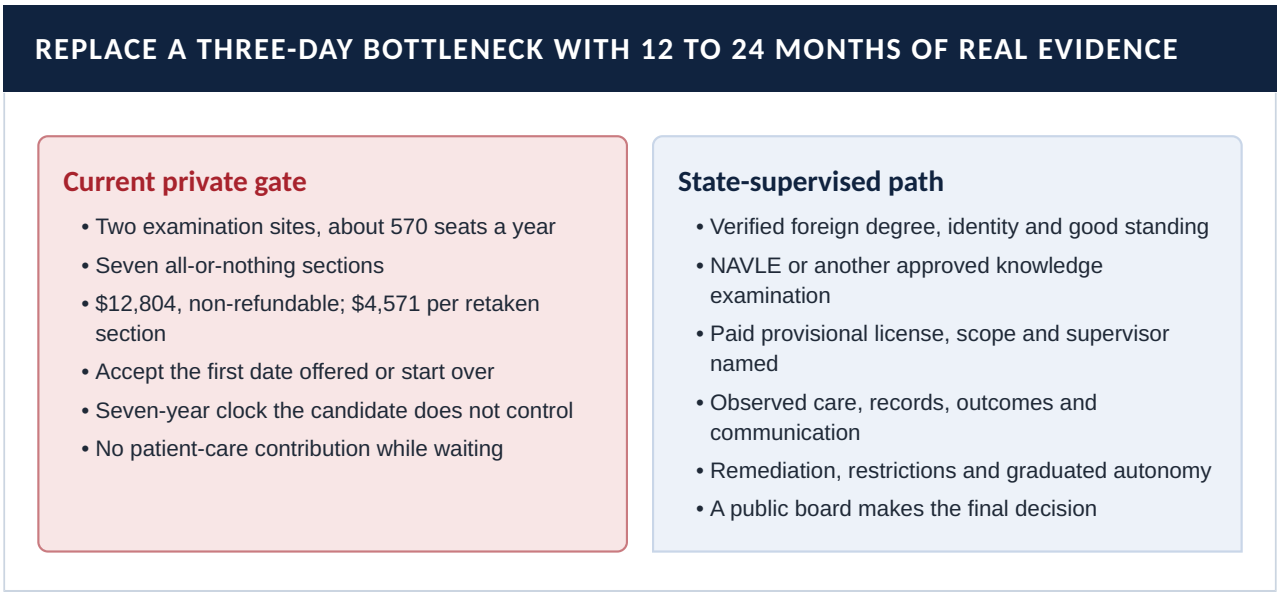


Figure 9. Continuous supervised practice produces more evidence than a short staged examination and expands care immediately.

Entry requirements

- Primary-source verification of the veterinary degree, identity, transcripts and prior licensure or professional standing.
- Passage of the NAVLE or another validated national knowledge examination accepted by the state.
- Evidence of the language and communication ability needed for the intended workplace, assessed as clinical communication rather than as a general language gate.
- A board-approved employer, supervisor, scope of practice, training plan and disclosure to clients.
- No serious unresolved discipline, fraud or patient-safety finding.

Twelve to twenty-four months of paid provisional practice

The state would issue a time-limited provisional license. The veterinarian would work lawfully and be paid, with direct supervision at the beginning and graduated responsibility only after documented competence. The state, not the AVMA, would approve the supervisor and site, define the scope, receive reports, investigate complaints and decide whether to convert the license. Supervisors would document examinations, diagnoses, treatment plans, procedures, anesthesia, prescribing, records, client communication, referrals, complications and outcomes. The board could require minimum case categories and targeted training where evidence is weak.

Protection against exploitation

A provisional pathway can become abusive if an employer controls immigration status, supervision, wages and the recommendation for full licensure. States should require a compensation floor, maximum supervisor ratios, conflict disclosures, grievance rights, the ability to transfer supervisors, protection against repayment penalties, and direct access to the board. Protecting the veterinarian from coercion is part of protecting patients.

Conversion, and why this is the stronger examination

After the required period the board would review the portfolio and attestations and grant an unrestricted license, a scope-limited license, remediation, an extension, or a denial with written reasons and appeal rights. The CPE samples staged performance over three days. Supervised practice shows whether a veterinarian can exercise judgment repeatedly, communicate with clients and teams, write records, recognize limits, handle complications, learn from feedback and protect real patients over time.

Three-day CPE model	State-supervised practice model
Staged tasks on a small number of cases	Hundreds of real cases observed over time
Two sites and scarce appointments	A network of approved clinics, shelters, farms and hospitals
One poor performance can end the attempt	Repeated observations reveal patterns and permit remediation
Fixed species and procedures unrelated to intended practice	Evidence tailored to scope while preserving core safety requirements
A private program controls fee, capacity and rules	A public board adopts rules, reviews evidence and remains accountable
The candidate provides no care while waiting	The candidate supplies supervised care during the evaluation period

Many boards can adopt such a rule under existing authority; where legislation is needed, New Hampshire and Virginia show it can pass. If a national credential-verification body is useful, human medicine supplies the model: a certifier independent of the practitioners' association, using the same national examination for everyone, under federal review.[57] National consistency does not require giving one member association exclusive control of the pathway.

NAVEC'S CONCLUSIONS

Findings and call for investigation

Our findings follow from the public rules, the published standard, the AVMA's statements and the candidate record. Internal intent remains a question for compulsory investigation.

1 The AVMA represents, in its examination manual, its bulletin, its FAQ and its policies, that the CPE measures skills "at the level of a day-one-ready graduate of an AVMA/COE-accredited veterinary school" and that the ECFVG "assesses educational equivalency."[1, 2, 3, 4, 5]

2 The COE standard, as written and as applied through the published graduation rules of accredited schools, requires no accredited graduate to perform the examination's tasks, in its role, on its species, within its time limits, under its error rules, to its cut score. The representation is false as a description of the standard it names.[13, 39, 40, 41, 42, 43, 44, 45, 46, 47]

3 The AVMA's own bulletin states that the CPE tests "a subset" of accredited skills, and its own FAQ states that an accredited clinical year "cannot be accepted" for the CPE. The AVMA's documents contradict the AVMA's label.[2, 4]

4 Both programs are run from one address by one AVMA division under one executive whose stated portfolio includes both accreditation and foreign-graduate certification. The AVMA cannot plead ignorance; the misrepresentation is either knowing or reckless.[11, 12, 29]

5 About 600 veterinarians a year, more than 2,000 at present, pay a direct minimum of $14,654, including a $12,804 non-refundable examination fee that rose 68 percent in one cycle, for a process described to them as equivalency. On NAVEC's estimate they pay roughly $5.6 million a year in direct fees.[6, 10, 63]

6 ECFVG is a monopoly: the only credential accepted by every state, and about 80 percent of all foreign-graduate certificates, rising toward 90 percent. PAVE is not a competitive constraint.[1, 17, 18, 19]

7 The program's rules shed candidates: two sites, about 570 seats a year, a 25 percent first-time pass rate, a first-available-date retake rule, a seven-year clock, and, until 2025, a registration system whose replacement the AVMA itself described as easing "the uncertainty and anxiety that previously surrounded the registration process."[2, 4, 7, 20, 25]

8 The gate restricts supply during a shortage. The association running it has forecast surplus for fifty years, warned of "downward economic pressure" from new schools, spent $2.3 million against a state workforce measure, and opposes every state alternative to its examination.[32, 33, 38, 60]

9 Human medicine faced the same asymmetry, applied one examination to everyone in 2004 over its association's objection, and abolished it in 2021. Veterinary medicine abolished its supervised alternative, audited its examination against itself, and raised the price. The difference is who holds the gate.[48, 51, 54, 56, 57]

10 The Department of Justice has already stated that accreditors "face an inherent conflict of interest when regulating admission into a profession" and that the AVMA's accreditation conduct enjoys no state-action, petitioning or federal-recognition immunity. The ECFVG is the same association's other gate, with no federal review at all.[29]

11 The public evidence warrants investigation of monopolization, concerted restraints, unfair or deceptive representations and contract remedies. Fraud theories depend on state-of-mind evidence that only compulsory process can obtain.[67]

12 States can replace the bottleneck with verified credentials, the NAVLE, paid provisional licensure, 12 to 24 months of supervised performance and a public-board decision, as New York's rule and the AVMA's own pre-2007 practice demonstrate.[21, 36]

Our calls for action

- The U.S. Department of Justice and the Federal Trade Commission should open a competition investigation of the ECFVG gate, extending the scrutiny already applied to AVMA accreditation, and should preserve records immediately.
- State attorneys general should examine the equivalency representation, the non-refundable fees, the retake and expiration rules, and the delay, under consumer-protection and antitrust law.
- State veterinary boards should identify what they independently reviewed before relying on the label, and should adopt direct evaluation, the NAVLE and supervised provisional practice where authority exists.
- State legislatures and auditors should require data on candidates, waits, retakes, withdrawals, costs and outcomes, and should stop enforcing any foreign-only requirement the AVMA cannot connect to an equally applied, independently validated standard.
- The AVMA should publish every comparison it has ever made between the examination and the standard, every validation record, and complete cohort, wait-time, attrition, cost and pass-rate data.
- Until independent validation exists, boards should prevent expiration of candidate progress caused by unavailable appointments and should waive repeat charges arising from program-created delay.

THE CHOICE

America can protect animals while admitting more qualified veterinarians. The alternative to a private bottleneck is not lower standards. It is a true standard, honestly described, applied by a public body that answers to the public.

TECHNICAL PROOF

Appendix A. The CPE-to-COE crosswalk in full

We compare the published examination requirement to the published accreditation standard and to the published graduation rules of accredited schools, not to assumptions about what a typical graduate may know. Examination detail is from the 2026 Manual of Administration and the Candidate Bulletin.[4, 5] Standard text is from the COE Accreditation Policies and Procedures.[13]

Section	What the CPE requires	Closest COE requirement	What the COE does not establish
Anesthesia	Manage anesthesia for a live dog undergoing ovariohysterectomy: preanesthetic examination, ASA classification, laboratory decisions, premedication, machine and breathing-system assembly and leak test, IV catheter, induction, intubation with cuff and connection "within 5 minutes" of induction, fluids, inhalant maintenance, ECG, blood pressure, pulse oximetry, temperature, capnography, analgesia, contemporaneous records. Patient ready for surgical preparation within 90 minutes; initial monitoring within three minutes of intubation. One major failure, four minor failures or a dismissible event fails the section.	Broad anesthesia, pain-management, welfare and hands-on requirements; competency "anesthesia and pain management, patient welfare."	A canine full-case assignment; the equipment sequence; catheterization and intubation requirements; the specified monitors; the 3-, 5- and 90-minute limits; the error taxonomy.
Surgery	Act as the surgeon for a complete live-dog ovariohysterectomy, from preparation through final skin suture, within 2.5 hours; a technician assists only at the candidate's request and direction; asepsis, tissue handling, ligation, hemostasis, removal of both ovaries and uterus, closure; mandatory checkpoints on pedicles, uterine stump and abdominal closure; five fatal flaws (failure to control significant hemorrhage; failure to create a secure abdominal closure; inability to achieve and maintain asepsis; significant damage to other tissues; any other behavior that puts the animal's life at risk); complications attributable to the candidate within 24 hours can alter the result. Prior documentation of one ovariohysterectomy as primary surgeon within five years.	Hands-on "therapeutic intervention (including surgery and dentistry)"; competency "basic surgery skills and case management."	Ovariohysterectomy; dog; primary-surgeon status; completion of the entire operation; any procedure count; the 2.5-hour limit; the checkpoints; the pass/fail error rules.

Section	What the CPE requires	Closest COE requirement	What the COE does not establish
Equine	Three 45-minute stations: a clinical case; eight techniques (rebreathing-bag auscultation; IV and IM injections; dental examination and manual floating of the upper cheek teeth; a support bandage; description of rectal examination; direct ophthalmoscopy; description of abdominocentesis; official identification); and a lameness evaluation with hoof testers, limb and joint examination, flexion tests, regional-block knowledge, imaging selection and interpretation, anatomical identification.	Broad-species instruction; hands-on patient participation; diagnosis and treatment planning.	This horse-specific battery; all eight techniques; the lameness station; the named nerve blocks; three 45-minute stations.
Food animal	An adult-bovine case; a calf, sheep or goat case; dairy-cow procedures; mandatory four-quarter California Mastitis Test with interpretation, milk-culture sampling and interpretation, haltering and restraint; five additional procedures from a thirteen-item list (oral examination, stomach tubing, coccygeal blood collection, urine collection, displaced-abomasum assessment, cervical examination, oral medication, descriptions of epidural, cornual or paravertebral anesthesia, and others); rectal pregnancy examination with three minutes of palpation; dystocia correction on an obstetric model; a list of five drugs "prohibited for extralabel use in food animals in the United States or Canada (answer for the country in which examination is taking place)."	Field or ambulatory and herd-health experience; population medicine; food safety; regulatory principles.	Any of these named procedures; cattle-, sheep- or goat-specific performance; palpation within three minutes; the dystocia exercise; country-specific drug recall; the selection formula; the cut score.

Section	What the CPE requires	Closest COE requirement	What the COE does not establish
Necropsy	Personally complete a necropsy on a 2 to 45 kg carcass: intact carcass, cavities, organs, heart structures, at least two joints and two major muscles, lymph nodes and endocrine organs; removal of the head at the atlanto-occipital joint as for rabies submission; collection of fourteen prescribed tissues (heart, lung, liver, small intestine, colon, stomach, spleen, pancreas, kidney, skeletal muscle, thyroid, adrenal, internal and peripheral lymph node); written report. Dissection ends at 90 minutes; 15 further minutes for the report.	Hands-on "diagnostic pathology, and necropsy."	A complete individual necropsy; the organ checklist; head removal; the joint and muscle requirement; the fourteen tissues; the timer; the 60-point threshold.
Radiography	Given a sedated or anesthetized dog and a suspected diagnosis, select region and views, position the patient, choose machine settings, produce at least two orthogonal diagnostic views, repeat each view no more than once, select the submitted images and critique them, in 45 minutes.	Hands-on "diagnostic imaging" and appropriate diagnostic testing.	The canine patient; independent view selection; machine settings; two orthogonal images; the repeat limit; critique; the 45-minute limit; the rubric.
Small-animal medicine	Three 45-minute stations: a live dog-or-cat case; a hospitalized-case exercise with written assessment, differentials, orders, doses, fluids, monitoring and prescription followed by a technician handoff; seven procedures drawn by lot, two of them from cystocentesis, thoracocentesis, abdominocentesis and male-dog urinary catheterization, five from a longer list (venipuncture, orthopedic and neurologic tests, dose calculation, urinalysis, PCV and total protein, skin scraping, fine-needle aspiration, ophthalmic tests). A dangerous error at one station fails the section.	Diagnosis, testing, treatment planning, records and communication competencies.	This three-station structure; the procedure lottery; the written and handoff division; station weights; timers; the one-station failure rule.

Verification note: the anesthesia, equine, food-animal and necropsy rows are quoted or closely paraphrased from the 2026 manual. The surgery, radiography and small-animal medicine rows follow the manual's structure and the bulletin; the manual's full text for those sections (surgery at pages 165 to 172; radiology at 128 to 134; small animal medicine at 135 to 153) should be quoted verbatim in any regulatory submission.

How accredited schools operationalize the standard, and the COE accepts it

School (accredited)	Published graduation rule[39, 40, 41, 42, 43, 44, 45, 46, 47]
Virginia–Maryland	Clinical handbook maps COE competencies to school outcomes. Anesthesia: the student "can recognize problems during an anesthetic procedure and request assistance when appropriate." Surgery: "participates willingly in the procedure, providing retraction, instrumentation, or other tasks as needed." Necropsy: "can perform a basic necropsy." Technical tasks: "adequately performs most (>75%) of technical tasks with direction." Graduation: score of "2 (developing competency) or above" on each clerkship criterion; average of "2.5 or higher in each of the AVMA core competencies"; "at least 90 of the core technical skills" scored 2 or higher on a scale where 2 is "developing" and 3 is "day-1 ready."
University of Arizona	2024 clinical-year handbook: the entrustable professional activities "were developed to meet" the COE's nine competencies; students "must successfully achieve one of the top two levels of entrustment" for all thirteen. Surgery: "perform a common surgical procedure (spay, neuter or castration) on a stable patient." Anesthesia: "perform general anesthesia and recovery of a stable patient." Necropsy: "perform a necropsy using proper technique, gather tissue and/or fluid samples," twice. Radiography: "perform proper radiograph positioning using required personal protective equipment." Accredited; last evaluation 2024.
Purdue	Seven fourth-year tracks: Equine, Food Animal, Small Animal, Companion Animal, Large Animal, Mixed Animal, Non-Practice. "The track determines both your required and elective courses for the fourth year."
Cornell	"Approximately 70% foundation/core courses (required) and 30% elective courses"; six clinical pathways; equine surgery, equine medicine and production-animal ambulatory services listed among elective rotations.
Western University	Distributive model: "eight 4-week clinical rotations," consisting of "one college-assigned Core Internal Medicine rotation, one college-assigned Core Surgery rotation, and six student-identified selective rotations (electives)."
Florida	Students "must choose a focused area of concentration": Small Animal Medicine and Surgery, or Large/Mixed Animal Medicine. Small Animal track clerkships are companion-animal.
Colorado State	"Choose between two tracks: small animal exclusive or large/mixed/equine." Fourth-years perform elective spays and castrations on shelter animals; "third-year students assist with surgery and perform anesthesia." Theriogenology delivered as second-year laboratories and one- and two-week elective rotations.
Ohio State	Surgical training through "surgical simulators and auto-tutorials," "cadaver practice," then live procedures "via a collaborative surgery program with a local shelter."
North Carolina State	A "Small Animal Species Priority" that "concentrates on careers in companion canine and feline animal medicine, surgery, and husbandry"; food-animal and field-service rotations organized as focus-area requirements.

What the COE assures, and what it does not

It assures

- At least 130 weeks of instruction and 40 weeks of hands-on clinical education or supervised workplace learning.
- Clinical education involving normal and diseased animals across a broad range of species.
- Assessment of nine entry-level competencies, by school-designed methods, with remediation.
- An 80 percent NAVLE pass-rate expectation at program level.

It does not assure

- That every student performs the same species-specific procedures.
- That every student acts as primary surgeon for the same operation, or performs any minimum number of surgeries.
- That every student completes the CPE's horse, cow, necropsy, radiography, anesthesia, medicine and surgery stations.
- That any student is graded under the CPE's timers, repeat limits, fatal errors or all-seven rule.

What the AVMA would need to produce to support the word "equivalency"

1. A task-level crosswalk connecting every decisive CPE requirement to a binding COE requirement or a validated proxy.
2. Evidence of what every accredited school must require, not what schools commonly offer.
3. The required student role for each comparator skill: observer, assistant, performer under direction, primary operator or independent clinician.
4. The assistance and supervision permitted at the COE graduation threshold.
5. The standard-setting studies behind the cut scores, timers, error rules and noncompensatory structure.
6. Performance data from a representative sample of recent accredited graduates scored under actual CPE conditions, by section.
7. An explanation of how country-specific legal knowledge and species-specific general-practice tasks are part of educational equivalency rather than added licensing or workforce policy.
8. Any nonpublic COE instructions showing that site teams require the CPE tasks across every accredited program.

THE BENCHMARK WAS NEVER BENCHMARKED

We found no published study showing that recent accredited graduates across schools and tracks, without special preparation, can pass the examination used to exclude foreign graduates; no comparison by the AVMA of its examination to its standard; and no accredited graduate reported to have sat the examination. The COE's own rules do not require the training the examination demands. That is the missing foundation beneath the word.

ARITHMETIC SHOWN

Appendix B. Cost, timing and market calculations

Every estimate in this study is shown here with its inputs. Published figures are labeled; NAVEC estimates are labeled.

Calculation	Inputs	Result
Minimum direct ECFVG charge (2026)	$1,600 enrollment + $250 BCSE + $12,804 CPE[4, 6]	$14,654
After one section retake	$14,654 + $4,571	$19,225
After two section retakes	$14,654 + 2 × $4,571	$23,796
CPE fee increase, 2025 to 2026	$12,804 ÷ $7,630[63]	+67.8%
CPE fee increase, 2016 to 2026	$12,804 ÷ $6,600[63]	+94.0%
CPE fee relative to the NAVLE	$12,804 ÷ $825[16]	15.5 ×
ECFVG share of certificates, 2023 (published)	210 ÷ (210 + 53)[18]	79.8%
ECFVG share if PAVE output has fallen to 25 (NAVEC assumption)	210 ÷ (210 + 25)	89.4%
Annual inflow versus outflow (AVMA figures)	About 600 applications a year; about 220 certificates a year[10]	380 net a year
Active pool in years of output	More than 2,000 ÷ about 220[10]	More than 9 years
Years to give every active candidate one first attempt	2,000 ÷ 248 first-time seats[22]	About 8 years
First-time examinees entering the retake queue	248 × (1 − 0.25)[2, 22]	About 186 a year
Enrollment fees paid per year (NAVEC estimate)	600 × $1,600	≈ $960,000
Full-examination fees per year (NAVEC estimate)	248 × $12,804	≈ $3.18 million
Retake fees per year, floor (NAVEC estimate)	300 × $4,571 (each retake seat counted as one section; candidates retaking two or three sections pay more)	≥ $1.37 million
Re-registration per year (NAVEC estimate)	2,000 × $120 ÷ 2	≈ $120,000

Calculation	Inputs	Result
Direct fees paid by candidates per year (NAVEC estimate)	Sum of the four lines above; BCSE fees excluded	≈ $5.6 million
Share of program fee the AVMA says passes to the two sites	AVMA, February 2026[10]	About 87%

Limits

- The seat counts are 2024 figures reported by VIN News from AVMA data; the AVMA has not published a seat schedule for 2026. The revenue estimate assumes seats are filled, which the queue makes likely.
- The 25-percent figure is the AVMA's, for passing all seven sections at the first full administration, not for any individual section.
- The PAVE share range uses the last published PAVE total (2023) and a NAVEC assumption about subsequent decline; AAVSB has not published a later total.
- Direct fees exclude English testing, credential services, preparation, travel, lodging, visas, lost income, the NAVLE, state fees and the $5,000 appeal deposit.
- Candidate accounts establish real possibilities and human consequences; they do not establish the distribution of completion times.

NOT A FINAL ADJUDICATION

Appendix C. Legal investigation map

The table identifies legal questions and the evidence needed to answer them. It does not label unproven conduct a violation.

Theory	Question	Evidence needed
Sherman Act § 2	Dominant market share plus exclusionary maintenance of monopoly power.	Market definition; acceptance by states; barriers to entry; internal purpose; alternatives considered and rejected; output and price effects.
Sherman Act § 1	Agreement among separate actors that unreasonably restrains entry.	Contracts, board communications, site agreements, adoption decisions and competitive effects.
State-action immunity	Whether private restraints were clearly authorized and actively supervised by a politically accountable state official.	State records showing substantive review of design, validity, fee, capacity, scoring and alternatives. The Department of Justice has already concluded none exists for AVMA accreditation.

Theory	Question	Evidence needed
FTC Act § 5 and state UDAP	Whether "equivalency" and related representations were material, misleading or unfair.	Marketing, candidate communications, board submissions, the AVMA's knowledge of the standard, and reliance.
Contract, unjust enrichment, restitution	Whether terms, fees, expiration, retake rules or retained payments are unconscionable or unsupported by the promised measurement.	Candidate agreements, fee-cost data, bargaining conditions, remedies and program-created delay.
Due process and delegation	Whether a state has delegated licensing power without adequate standards, review or procedural protection.	Statutes, rules, board minutes, appeal access and the degree of public control.
Mail and wire fraud	Whether a knowing scheme to obtain money used material deception through the mail or interstate wires. Not asserted; conditional on records.	Intent evidence, internal comparisons of examination to standard, fee communications, causation and interstate transmissions.

Priority agencies

Agency	Immediate role
U.S. Department of Justice, Antitrust Division	Investigate monopoly power, exclusionary conduct, agreements, market effects and state-action claims, building on its December 2025 Statement of Interest.
Federal Trade Commission	Investigate unfair methods of competition, deceptive representations and incumbent-controlled licensing restraints.
State attorneys general	Use antitrust, consumer-protection, charitable and nonprofit oversight, and state subpoena authority.
State veterinary boards	Document independent validation and active supervision; adopt less restrictive alternatives where authorized.
State legislatures and auditors	Create provisional licenses and require transparent validation, capacity and cost reporting.

THE INSTITUTION

Appendix D. The AVMA as a guild: governance, loyalty and reach

This appendix describes the association that holds the gate: how it is governed, what it asks of the people who serve on its bodies, how far its influence reaches, and what it has done with that influence when entry was at stake. Every statement is drawn from the AVMA's pages, from federal records or from reporting.

Governance: a house of associations, not of members

The AVMA's governing assembly, the House of Delegates, is made up of "members representing 70 state, territorial, and allied veterinary medical groups," a delegate and an alternate from each.[58] The president-elect and vice president are elected by that House, not by a direct vote of the membership; district directors are elected within eleven districts.[58] A working veterinarian's route to influence over the AVMA's national positions therefore runs through a state association, whose delegate votes in Schaumburg. That is the structure of a guild: an assembly of the profession's incumbent organizations.

The Council on Education, the accreditor, was until July 2013 largely elected by that House: fifteen of its twenty members. Since 2013 its veterinarian members are chosen by two selection committees, one of the AVMA and one of the schools' association, with the Council appointing its own public members.[59] The ECFVG's commissioners are, with narrow exceptions, appointed by the AVMA Board of Directors for six-year terms.[12] No public body appoints, reviews or removes the people who decide whether a foreign veterinarian may enter the profession.

Loyalty

The COE's own policies require each member to "uphold the fiduciary responsibility of a member of the COE, through the duty of care, duty of loyalty, and duty of obedience and adhere to the COE Confidentiality policy ... the AVMA COE Conflict of Interest policy ... and the AVMA Code of Conduct ... at all times."[13, 62] A duty of loyalty to the association is a normal feature of a private board. It is an abnormal feature of a body that decides who may compete with the association's members, and it explains what happened in 2023. VIN News reported that on March 27 of that year the ECFVG's commissioners, joined by an AVMA attorney, "voted to remove Tarassov, a practice owner in Utah, from the meeting. The reason: He had publicly criticized the ECFVG program and spoken to candidates about their experiences." The AVMA's position was that he had "crossed a line by publicly criticizing the program and communicating directly with licensing candidates."[23] The commission's one member who had spoken with the people it regulates was removed for doing so. The reporting describes no avenue of appeal.

> **"The reason: He had publicly criticized the ECFVG program and spoken to candidates about their experiences."**
>
> VIN News, on the removal of an ECFVG commissioner from the commission's meeting in March 2023.[23]

Reach

The AVMA maintains a Washington advocacy operation under a chief advocacy officer, a political action committee, and a congressional advocacy network.[10, 58] Its constituent state associations populate its House and are the organizations that lobby state legislatures on practice acts. It publishes a Model Veterinary Practice Act that state boards and legislatures draw on, and it invokes that model when opposing state measures it dislikes.[38, 58] State licensing boards are composed largely of practicing veterinarians drawn from the same profession and, in most states, the same associations. No level of the licensing system, federal, state or board, is without an AVMA presence, and no level has an independent body whose job is to check it.

What it has done with that reach when entry was at stake

Episode	What the record shows
New veterinary schools	The AVMA's press release on its 2024 workforce study warned that "if 13 new schools come onstream in the near future as proposed, it will require a significant increase in demand for veterinary services above current trends to absorb the additional supply without downward economic pressure."[32] Lincoln Memorial University's suit alleges, and the Department of Justice recounts, that the number of accredited U.S. colleges "has remained relatively constant for the past 45 years."[29]
Colorado Proposition 129 (2024)	A ballot measure creating a mid-level veterinary professional. The AVMA was the largest funder of the opposition committee, contributing $2,308,777.70 of the $2,441,007.70 it raised. The measure passed, 52.76 to 47.24 percent, over the opposition of "more than 200 veterinary industry organizations."[60]
State conditional licenses for ECFVG candidates	When New Hampshire allowed candidates who had completed every step but the examination to work under supervision, the AVMA's spokesman said the association "believes licensure of any sort for ECFVG candidates should be restricted to those who complete the certification process," and called conditional licensure "equivalent to an on-the-job training program for veterinarians with no standardization or oversight."[38] The same association abolished its own supervised year in 2007.[51]
Federal review of the accreditor's independence	At the U.S. Department of Education's accreditation committee, the COE was directed in 2014 to "undertake activities to ensure broader acceptance by the profession and by educators"; a former Council member testified in 2016 that renewal petitions were "conducted and handled strictly by the AVMA staff"; and six state veterinary associations (California, Nebraska, New Jersey, New York, Pennsylvania and Texas) urged "COE autonomy and independence, i.e., separation of the COE from the AVMA."[61] The Council remains inside the AVMA.
The accreditor and the association	Lincoln Memorial University alleges, and the Department of Justice recounts, that the COE "sits within the same building as the AVMA, uses AVMA email addresses, and relies heavily on the AVMA for staff, who report to the AVMA," and that both trade associations that appoint its members "fund their respective appointees' participation."[29] The university seeks "the complete and total separation" of the accreditor from the association.[30]
The commissioner who spoke to candidates	Removed from the ECFVG's meeting in 2023 for public criticism and for communicating with the candidates the commission regulates.[23]

WHY THIS MATTERS TO THE EQUIVALENCY QUESTION

A body governed this way will not ask whether its examination measures its standard, because no one inside it is rewarded for asking, and at least one person was removed for coming close. Human medicine's gates are held by bodies that can outvote the physicians' association; veterinary medicine's are held by the veterinarians' association alone. That is one reason the comparison in Part II had not been made in public before this study, and it is the reason the question must now be put by people the AVMA does not appoint.

REFERENCE

Appendix E. Terms used in this report

Every term below is also explained where it first appears in the text. This list is for readers who arrive mid-report or want one place to check.

Term	What it means
AVMA	American Veterinary Medical Association. The private membership association of U.S. veterinarians. It advocates for its members. It also runs the two bodies below.
COE	AVMA Council on Education. The AVMA body that accredits veterinary schools. Its written standards say what an accredited school must provide and what its graduates must be able to do. A graduate of an accredited school can take the licensing examination directly.
ECFVG	Educational Commission for Foreign Veterinary Graduates. The AVMA program that certifies graduates of non-accredited schools, mostly foreign, as "equivalent" to accredited graduates. Its certificate is accepted by every state licensing board. It has four steps: credentials, English, a written science examination, and a hands-on examination.
CPE	Clinical Proficiency Examination. The fourth ECFVG step: a three-day, seven-section, hands-on examination on live animals and specimens, given at two U.S. sites. Every section must be passed.
BCSE	Basic and Clinical Sciences Examination. The third ECFVG step, a written science examination taken only by foreign-route candidates.
NAVLE and ICVA	North American Veterinary Licensing Examination, the written licensing examination every veterinarian takes, run by the International Council for Veterinary Assessment, a separate private nonprofit.
AAVSB and PAVE	American Association of Veterinary State Boards, the association of state licensing boards, and its small alternative foreign-graduate program, the Program for the Assessment of Veterinary Education Equivalence.
Evaluated clinical year	A former ECFVG alternative to the CPE: a year of supervised, evaluated clinical work at an accredited college. The AVMA abolished it in 2007.
The two rulebooks	The Manual of Administration is the AVMA's rulebook for the CPE: what each section requires, the time limits, the errors that fail a candidate and the scoring rules. The Accreditation Standards are the COE's rulebook for schools; the ones relevant here are Standard 4 (clinical resources), Standard 9 (curriculum) and Standard 11 (outcomes).

Term	What it means
Outcomes-based accreditation	An approach that names broad competencies graduates must have and requires schools to measure them, rather than prescribing the courses, procedures or species every student must complete.
Distributive model	A curriculum in which the clinical year is delivered at outside practices and hospitals rather than a university teaching hospital. The COE accredits such schools.
Subject-matter expert	A practicing professional recruited by an examination program to decide what the examination tests and how it is scored.
Cut score, noncompensatory scoring	The cut score is the minimum passing mark. Noncompensatory scoring means each section must be passed on its own; strength in one cannot offset weakness in another.
Validation, benchmarking	Evidence that an examination measures what it claims. For an "equivalency" examination, benchmarking means testing the comparison group, here accredited graduates, under the same conditions. None has been published for the CPE.
IMG, ECFMG	International medical graduate: a physician trained outside the United States and Canada. The Educational Commission for Foreign Medical Graduates certifies them. It is an independent nonprofit, not part of the physicians' association.
CSA, USMLE, Step 2 CS	The Clinical Skills Assessment was a hands-on examination required of international physicians only, 1998 to 2004. The United States Medical Licensing Examination is the licensing examination for all physicians; its hands-on part, Step 2 Clinical Skills, applied to everyone from 2004 until it was abolished in 2021.
AMA, AAMC, LCME, ACGME, NCFMEA	American Medical Association (physicians' association); Association of American Medical Colleges (the schools); Liaison Committee on Medical Education (school accreditor, co-run by the two); Accreditation Council for Graduate Medical Education (residency accreditor); National Committee on Foreign Medical Education and Accreditation (a federal review committee).
House of Delegates	The AVMA's governing assembly, made up of representatives of state and allied veterinary associations. It elects the AVMA's president-elect. Ordinary members do not vote directly for the president.
Statement of Interest; civil investigative demand	A Statement of Interest is a filing in which the U.S. Department of Justice tells a court its view of the law in a private lawsuit; one was filed against the AVMA's position in December 2025. A civil investigative demand is the compulsory process the Antitrust Division uses to obtain documents and testimony, the civil equivalent of a subpoena.

PRIMARY MATERIALS FIRST

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METHOD NOTE

NAVEC reviewed public rules and data available through September 2, 2026, and verified each quoted passage against the cited source. Where an organization did not publish a figure, we say so and show the arithmetic behind our estimate. Figures reported by VIN News and dvm360 are the AVMA's figures as provided to those publications. We distinguish observed structure, representation and effect from subjective intent, which requires compulsory access to internal records. NAVEC welcomes corrections and will publish them.

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