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ACCREDITED INTO SCARCITY

The case for terminating AVMA COE's federal recognition—and opening veterinary education to independent accreditors that hold competence constant while cutting cost and expanding supply

THE CASE IN ONE MINUTE

- COE cannot independently validate itself while its governance, administration and standards remain rooted in the professional guild and incumbent schools.
- COE has not tied its costliest institutional inputs to better day-one clinical outcomes, yet its rules foreclose the lower-cost models capable of disproving them.
- A fully costed nonprofit planning case supports three-year DVM tuition near $31,100–$32,100, while the integrated route charges about $17,100 in foundation years and $26,200 in professional years—without a research enterprise or owned teaching hospital.
- Termination with a protected transition, multiple independent accreditors, common exit gates and paid provisional practice can expand supply without lowering the licensing standard.

THE BARRIER	THE ALTERNATIVE	THE SAFEGUARD
Outside-capital model	**Tuition-supported schools**	**Competence, not overhead**
Demand alone cannot open seats	Capacity can grow with demand	Common exit and workplace gates

RULE STATUS Addresses the Department of Education NPRM published August 20, 2026 (91 FR 53940); comments due September 21, 2026. Evidence current through August 23, 2026.

AUTHORSHIP NAVEC conducts research and advocacy. It is not an accreditor, school, licensing board or tuition guarantor. Models are transparent policy counterfactuals, not audited school offers.

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EXECUTIVE SUMMARY

The case against continued federal recognition

On August 20, 2026, the U.S. Department of Education published Accreditation, Innovation, and Modernization, a proposed rule implementing the Administration's effort to make accreditation more independent, competitive, outcome-focused and receptive to lower-cost educational models. This report applies that proposal to veterinary medicine and supplies the profession-specific evidence requested by the Department. [1], [45]

The American Veterinary Medical Association (AVMA) is a professional membership association for veterinarians. Its Council on Education (COE) is the only federally recognized specialized accreditor of veterinary medical programs. COE's defects are structural, cumulative and self-reinforcing: AVMA appoints members and supplies essential administration; COE validates costly inputs through professional perceptions rather than causal outcome evidence; it relies on the unauditable North American Veterinary Licensing Examination (NAVLE) as its principal numerical outcome; and AVMA applies a harsher, task-specific clinical gate to foreign graduates than COE requires domestic schools to teach or assess. Fifty years of AVMA and AVMA-sponsored forecasts warned against excess supply while the profession moved into a record shortage. [2]–[4], [39], [41]–[43]

THE GATE | independence and proof

- COE validates standards largely through stakeholder perceptions; it has not shown that permanent-faculty status, institutional research, fixed weeks or residential quotas cause better day-one practice outcomes. [2]
- Lincoln Memorial University's (LMU) probation under COE's research standard and its antitrust allegations show how a research-production interpretation can threaten a school built around distributed clinical training. [3], [18]–[19]
- Reconstructing COE would preserve the same institutional memory, personnel network, legacy standards and veto culture under new paperwork. Multiple independent accreditors are needed to create comparative evidence.
- Five decades of AVMA and AVMA-sponsored forecast error, restrictive state incorporation and an unvalidated foreign-only gate make "mere accident" implausible. The pattern supports the conclusion that limiting supply is a function of the system, not an incidental side effect. [39, source 57 therein]

THE COST | accreditation blocks market entry

- AAVMC's 2025 mean college spent $111.8 million. Tuition and fees supplied only $17.2 million—15% of mean revenue—so demand alone cannot finance a new school built to the incumbent architecture. [4]
- Every alternative is self-funding from tuition: about $32,100 independently, $31,100 for one school with three complete branches, and approximately $17,100 in the integrated foundation years and $26,200 in its professional years.
- The integrated route replaces four pre-veterinary years. It totals about $112,700 of tuition from college entry—about $137,700 living at home or $252,700 living independently—followed by a paid supervised year.

THE SUPPLY | one standard, two channels

- Five years from postsecondary entry to a DVM is feasible: accredited schools already use early admission, a continuous three-year DVM, distributive education and a five-year direct-entry degree. [10]–[14]
- AVMA's Educational Commission for Foreign Veterinary Graduates (ECFVG) applies seven exact foreign-only Clinical Proficiency Examination (CPE) batteries that COE does not require every domestic graduate to perform. NAVEC identified no published representative CPE benchmark study of recent COE graduates. [39, pp. 6–8]
- Domestic programs expand while applicants and employers demand seats. Already-trained foreign veterinarians enter sooner through verified credentials, common independent gates and paid provisional practice; medicine supplies an approximately 25% annual-entry benchmark. [29], [38]

NAVEC recommendation

- Open an immediate recognition-compliance review and terminate, suspend or decline renewal of COE's federal recognition on the present record.
- Protect enrolled students and existing graduates through a defined transition while rapidly recognizing multiple qualified successor accreditors under common public outcome and patient-safety floors.
- States should accept graduates of any federally recognized veterinary accreditor and remove statutory language that makes AVMA COE the exclusive route.

0 / 7	~25%	2
Exact CPE station batteries	**First-attempt CPE pass**	**Current U.S. test sites**
Universally mandated by COE	All seven sections	Dominant foreign gate

Contents

INTRODUCTION

A historic federal reset for accreditation

The Department's August 20, 2026 proposed rule is a necessary and potentially transformative correction to an accreditation system that has too often rewarded institutional conformity instead of measurable educational value. The proposal implements Executive Order 14279, Reforming Accreditation to Strengthen Higher Education, and seeks to improve educational quality, protect students and taxpayers, lower unnecessary cost, expand accreditor competition and remove barriers to innovative educational models. [1], [45]

NAVEC strongly supports this direction. Accreditation should establish that students receive a sound education and can perform the work for which a professional degree prepares them. It should not give a private professional association power to prescribe an expensive institutional design, exclude less costly alternatives or decide how many qualified programs may enter the market without proving that each restriction is necessary for public protection.

Why the proposal matters

The Department is not merely changing paperwork. It is restoring the burden of proof. When an accreditor increases the cost or length of professional education, limits training capacity or blocks a less restrictive model, the accreditor must justify the restriction with evidence rather than professional custom.

What federal recognition means

The Department of Education does not operate veterinary schools and does not license veterinarians. Under the Higher Education Act, it decides whether an accrediting agency is a reliable authority on educational quality for federal purposes. COE program accreditation does not by itself establish a university's eligibility for federal student aid, but federal recognition gives COE official national status and reinforces the reliance that state licensing laws and institutions place on its decisions. Terminating recognition would withdraw that federal endorsement while a transition protects current students, graduates and programs. [44]

What the Department is proposing

Federal objective	Practical meaning
Independent accreditors	Require genuine separation from related professional and membership associations, including governance, staff, budgets, facilities, technology and information.
Accreditor competition	Reduce barriers to recognition of new agencies and allow institutions to change or use multiple accreditors.
Proof before restriction	Require clear and convincing evidence when accreditation rules restrict access to employment, increase credential cost or reduce training availability.
Lower-cost education	Require scrutiny of staffing, facilities, capital, administrative burdens and program length; support cost-effective models.
Outcomes and innovation	Focus quality assurance on student achievement and permit alternative standards and pilots where outcomes and protections are equivalent.

The governing principle

- Accreditation is a delegated public trust, not a private entitlement.
- Professional judgment may inform a standard; it cannot substitute for evidence of necessity, benefit and proportionality.
- Competition among accreditors can preserve a common safety floor while allowing different educational methods to prove themselves.
- The public—students, patients, animal owners and taxpayers—must receive benefits greater than the costs imposed by an accreditation restriction.

The veterinary system in plain English

Veterinary education is governed by several different private and public gates. They are often discussed through acronyms, but they perform different jobs. Understanding those jobs is essential to understanding why a school-accreditation rule can ultimately affect tuition, veterinarian supply, appointment availability and the price of animal care.

Term	What it means
DVM / VMD	The professional veterinary degree. The names differ, but the credentials are equivalent. A degree is not itself legal authority to practice.
Accreditation	Approval of the educational program that grants the degree. In veterinary medicine, COE is the only federally recognized specialized program accreditor.
AVMA	The American Veterinary Medical Association, a private professional membership association for veterinarians. It houses and administers COE and controls the ECFVG foreign-graduate pathway.
COE	The AVMA Council on Education. It writes the standards veterinary schools must meet and decides whether programs retain accreditation.
NAVLE / ICVA	NAVLE is the multiple-choice licensing examination required across U.S. jurisdictions. ICVA is the private organization that owns and administers it. COE also uses school-level NAVLE pass rates as an accreditation outcome.

Term	What it means
State board	The public authority that licenses an individual veterinarian. States commonly require an accepted veterinary degree, NAVLE passage and jurisdiction-specific conditions.
ECFVG / CPE	AVMA's certification pathway for graduates of non-COE-accredited foreign schools. Its Clinical Proficiency Examination, or CPE, is a hands-on, multi-section examination.
Distributive model	A school provides core teaching while students obtain clinical training across a supervised network of independent practices and hospitals instead of relying primarily on one university-owned teaching hospital.
Provisional practice	A limited state permit allowing a DVM graduate to work for pay under defined supervision before receiving unrestricted practice authority.

How the gates connect

Path	Sequence
Domestic student	COE-accredited school → DVM/VMD → NAVLE → state licensing board → authority to practice
Foreign graduate from a non-COE school	Foreign veterinary degree → ECFVG or another state-accepted equivalency route → NAVLE → state licensing board → authority to practice
Proposed alternative	Recognized veterinary school or verified foreign degree → common independent knowledge and clinical gates → paid provisional practice → independent workplace assessment → unrestricted license

Why veterinary medicine is a direct test of the new rule

COE controls which educational models may produce generally accepted veterinary degrees. AVMA also controls the dominant foreign-graduate equivalency route, and COE relies on a licensing examination produced inside the same organized-profession network. If the Department permits these gates to survive through nominal separation without testing their necessity, independence and effect on supply, the central promise of the proposed rule will not reach the profession that most clearly demonstrates its need.

1

NAVEC FINDING

Independence, evidence and competition

No accreditor should be allowed to turn professional consensus into an exclusive, untested barrier to entry.

The proposed rule flips the burden. An accreditor could not restrict access to a profession unless it gave the Secretary clear and convincing evidence that the restriction protects the public, produces public benefits greater than the costs of reduced access, and has no less restrictive alternative. The proposal expressly treats higher credential requirements, higher education cost or level, and reduced training availability as possible restrictions. [1]

Because COE is currently the only broadly accepted veterinary programmatic accreditor, its standards determine which educational models can reach most licensing systems. Monopoly status magnifies the cost of every rule: COE does not merely describe a preferred school; it determines which counterfactual schools may exist to test whether the preference is necessary.

The Department currently lists COE for a Winter 2027 review. Executive Order 14279 expressly identifies denial, monitoring, suspension and termination as available recognition remedies and directs the Department to increase accreditor competition. The Department therefore has both a pending recognition process and an announced policy basis for decisive action. [44]–[45]

Four provisions matter most

Proposed rule	What it requires
§§600.11, 602.12	Lower barriers to new agencies, changing agencies and multiple accreditation; recognition should support competition, innovation and responsiveness.
§602.14	Full separation from a related professional or trade association: decision makers, staff, budget, dues, facilities and information technology.

Proposed rule	What it requires
§602.15(e)(7)	Clear-and-convincing evidence before restricting professional entry; benefits must exceed public costs; no adequate less restrictive alternative.
§602.17	Cost-benefit review of staffing, facilities and capital; flexibility in instructional staffing; scrutiny of program length; removal of barriers to accelerated and innovative models.
§602.18(c)	Alternative standards and pilots where goals and metrics are equivalent and students receive equivalent benefit without harm.

COE cannot become independent by changing letterhead

COE is not beginning from a neutral baseline. AVMA directly appoints eight COE members, while AVMA personnel and offices administer core accreditation functions. Proposed §§602.14–.15 would prohibit a related professional association from selecting decision makers or sharing personnel, services, equipment, facilities and information technology with the accreditor. On the current record, COE cannot satisfy that standard without ceasing to retain its present relationship with AVMA in every material respect. [1]–[2]

Compliance would require reconstruction of appointments, staff, budget, office, technology, counsel, data custody and standards validation—not a paper spin-off. But reconstruction is not a cure for an institution whose governing network, standards, enforcement record and evidentiary habits were formed inside the system the rule is designed to displace. A renamed or formally separated COE would inherit the same legacy standards, relationships, institutional memory and power to decide whether threatening alternatives may exist. The proper federal response is termination of recognition with an orderly transition—not preservation of the incumbent veto under new letterhead.

The Department of Justice has already rejected the idea that federal recognition immunizes veterinary accreditation from antitrust review. In its December 2025 statement of interest in Lincoln Memorial University v. AVMA, DOJ emphasized that professional accreditation rules remain subject to antitrust law and can restrict provider entry, raise cost and inhibit innovation. [3]

A monopoly cannot be the remedy for monopoly accreditation

An exclusive accreditor decides whether the experiments capable of disproving its standards may exist. Multiple federally recognized veterinary accreditors are necessary so programs can choose among agencies, alternative standards can generate comparative outcome data, and no private organization can veto a model merely because it threatens the incumbent design.

Competition with a common floor

Competition need not be a race to the bottom. Every agency would remain subject to federal recognition, common outcome definitions, independent audit, solvency and student-protection rules, and state patient-safety law. Agencies may compete over inputs, modality and process—not over whether graduates must be competent.

The recognition consequence

COE's failures go to the threshold question of whether it is a reliable, independent authority—not merely whether several standards should be edited. The Department should open an immediate compliance review and terminate, suspend or decline renewal of recognition. Continued recognition would convert a rule against guild control into a compliance roadmap for the incumbent guild.

Fifty years of one-direction forecast failure

AVMA and AVMA-sponsored workforce studies repeatedly warned policymakers against excess veterinary supply. The predicted surplus, falling incomes and underutilization did not arrive. Shortages, vacancies, rising incomes, federal shortage designations and access failures did. Yet each new forecast again minimized the need for more veterinarians. [21], [39, source 57 therein], [43]

Exhibit A. AVMA and AVMA-sponsored forecasts consistently predicted surplus or underutilization while subsequent conditions showed shortage. The full forecast ledger and underlying sources are identified in NAVEC’s companion materials. [43]

One failed forecast is error. Fifty years of error in the same supply-restricting direction is strategy. The consistency matters because the forecasts came from AVMA or AVMA-sponsored work while AVMA also controlled accreditation, foreign-graduate entry and much of the profession’s information supplied to legislatures. Each warning against “too many veterinarians” supported restraint; each restraint protected existing practitioners from additional competition; and each failure was followed by another forecast pointing in the same direction.

No deference remains

An accreditor embedded in a professional system with this record cannot ask the Department to presume that its costly entry restrictions are neutral safety judgments. The burden belongs entirely on COE to prove necessity, proportionality and the absence of a less restrictive alternative. Its present evidence file does not do so.

2

NAVEC FINDING

COE's evidence failure

COE defines quality as an outcome, then validates inputs by asking insiders whether they seem important.

COE's manual contains the standard by which COE should be judged. It defines adequacy as preparation for practice and points to Standard 11 outcomes, employer and alumni satisfaction, and NAVLE results. But its four-year validation exercise reduces standards to components and asks practitioners, faculty, fourth-year students and deans about ease of interpretation and perceived contribution. AVMA's survey group analyzes the responses, and COE considers revision when perceived importance falls below 80%. [2]

This method measures professional acceptance. It does not measure whether the input causes safer diagnosis, better treatment, fewer complaints, lower error, stronger retention, or better access to care. It contains no comparison group, no outcome-linked effect size, no student-cost estimate and no search for a less restrictive alternative.

5,200	2,400	0
Practitioners surveyed	**Faculty surveyed**	**Required causal studies**
Perception of importance	Incumbent institutions	No outcome attribution

What an evidence file must contain

Required showing	Minimum evidence
Public-protection endpoint	The specific failure, harm or competency the rule prevents.
Causal evidence	Comparative data showing the mandated input improves that endpoint.
Magnitude	Expected effect size, affected population and confidence interval.
Full cost	Operating, capital, administrative, opportunity and student-financing cost.
Alternatives	Each cheaper option tested and the evidence that it is inadequate.
Review	Public data, independent replication, sunset date and scheduled revalidation.

COE's internal contradiction

Standard 6 tells colleges to be responsible stewards of student debt. COE simultaneously compels costly institutional inputs without showing what each adds to graduate performance. A debt-stewardship sentence cannot cure an unpriced accreditation system.

What COE has never demonstrated

- That permanent full-time faculty produce safer entry-level clinicians than a calibrated core of qualified practicing veterinarians.
- That institutional research production improves ordinary diagnostic, treatment, surgical or communication performance at graduation.
- That fixed residential percentages outperform shared didactics when clinical contact, assessment and outcomes remain equivalent.
- That 130 instructional weeks and immediate independent practice protect patients better than competency progression followed by paid supervised practice.

3

NAVEC FINDING

The standards that create scarcity

The problem is not a single rule. It is the cumulative architecture.

COE rule	Current mandate	Scarcity effect	Less restrictive protection
1 — Organization	Must be a major division of an institution of higher learning; full-time veterinarian dean.	Blocks a single-purpose nonprofit and imports parent governance and overhead.	Permit an independent nonprofit with audited solvency, teach-out protection and qualified veterinary oversight.
3 — Facilities	Hospital or affiliations; every required off-campus site inspected in person at least annually.	Makes a large clinic network travel- and compliance-heavy; encourages costly facility replication.	Risk-based approval, remote audit, outcome triggers and sampled in-person review.
4 & 9 — Breadth	Broad species, specialty, field, herd, diagnostics, necropsy and care settings.	Can force duplication of specialists, facilities and case sourcing even when a distributive network demonstrates the same generalist competencies.	Retain broad general-DVM outcomes; allow schools to meet them through contracted expertise, shared laboratories and verified clinical networks.
8 — Faculty	Part-time faculty, locums and residents may only supplement permanent full-time faculty.	Prevents practicing veterinarians from being the economical teaching core.	Judge qualifications, continuity, assessor reliability and outcomes—not payroll status.
9 — Time	At least 130 weeks of direct instruction and 40 concluding clinical weeks.	Makes elapsed time a gate even when competence is demonstrated earlier.	Competency-based progression with minimum case and observation sufficiency.
10 — Research	Substantial high-quality research activity and continuing scholarly productivity.	Requires institution-level research activity beyond what is needed to teach evidence appraisal and clinical quality improvement.	Require evidence appraisal and quality improvement; do not require the institution to produce research.
11 — Independence	Graduates must provide entry-level care independently at graduation.	Prevents a paid, supervised transition that can be safer and cheaper for students.	Allow a limited provisional-practice permit followed by observed workplace competence.
Distance policy	Predominantly residential; 85% of preclinical curriculum and 50% of each course in person.	Blocks shared lectures, specialist teaching and lower-cost space even when outcomes match.	Require in-person patient contact; allow any modality that demonstrates equal outcomes.

Market-scalability screen

Converting each COE requirement into a tuition surcharge misstates the present system: tuition and fees provide only 15% of reported mean college revenue. The relevant question is whether a new school can open and expand from student demand, or must first assemble hospitals, research, university support, grants, philanthropy and other external revenue. The table traces that mechanism; it does not allocate incumbent spending to individual standards.

COE architecture	Why it blocks tuition-supported entry	Tuition-scalable alternative
1 & 2 — Organization and finances	An applicant must finance the full institutional package before it has students, operating history or measured outcomes.	Independent nonprofit governance, audited solvency, reserves and a teach-out plan sized to the teaching model.
3 — Facilities and sites	Hospitals, owned facilities and inspection-heavy networks add capital and fixed compliance; student demand does not create referral business.	Leased skills space, purchased clinical teaching, risk-based site review, verified case mix and measured outcomes.
4 & 9 — Breadth	Permanent multispecies staffing, facilities and case sourcing enlarge the fixed base even though COE already accepts contracted expertise.	Broad generalist outcomes through contracted expertise, shared laboratories and verified clinical networks.
8 — Permanent faculty	A large salaried establishment must exist before cohorts mature and cannot flex with enrollment or local practitioner capacity.	A small accountable academic core plus qualified contracted practitioners and independent assessment.
10 — Research	Research-production infrastructure adds faculty, laboratories, compliance and protected-time costs before enrollment or grant revenue can carry them.	Require evidence appraisal and quality improvement; make institutional research production optional.
Distance — Residential quota	Duplicated lecturers, rooms, scheduling and local delivery block central scale across distant branches.	Shared curriculum and specialists; local laboratories, patient contact, student support and accountability.

Time mandates cost the student directly

Standards 9 and 11 are different from recurring operating inputs. Every avoidable school year exposes a student to roughly $50,500–$86,500 of tuition and living cost under this report's assumptions, before interest, and delays about $129,000 of gross starting earnings. Arizona proves that 130 instructional weeks can fit a continuous three-year DVM; a competency-based or paid-supervision route could go further.

COE's own precedents defeat categorical necessity

- COE uses risk-based sampling and aims to visit no more than 50% of off-campus sites during its own comprehensive reviews, while requiring schools to inspect every required site in person every year.
- COE accepts contractual clinic educators and distributive training, yet says part-time practitioners may only supplement permanent faculty.
- COE permits admission without a bachelor's degree, yet retains vague broad-general-education language that colleges can convert into extra semesters.
- COE requires comparison of online and in-person outcomes, yet imposes fixed residential percentages regardless of demonstrated equivalence.
- COE accepts supervised workplace learning before graduation but demands immediate independent practice after graduation, making credential timing—not patient safety—the dividing line.

The federal test applied

If COE itself accepts a cheaper method in one setting, or an accredited program already achieves the same endpoint through a different design, COE cannot merely assert that the expensive method is the only safe one.

What this section establishes

- COE's own exceptions show that cheaper staffing, delivery and clinical-site methods can satisfy the same safety objective.
- Without comparative outcome evidence, cost-increasing input mandates are institutional preferences—not proven necessities.
- Under the proposed federal rule, the burden belongs to COE to validate each restrictive input or accept a less costly alternative.

The market-entry consequence

COE makes permanent faculty, institutional research production, facilities and site oversight, residential delivery and fixed time part of the entry package. Standard 2 then requires applicants to prove they can finance that package before students or outcomes exist. The combined result is not merely higher tuition; it is a school model that cannot open or scale from tuition demand alone.

4

NAVEC FINDING

The accreditation barrier to supply

When tuition cannot sustain an accredited school, demand cannot create new seats.

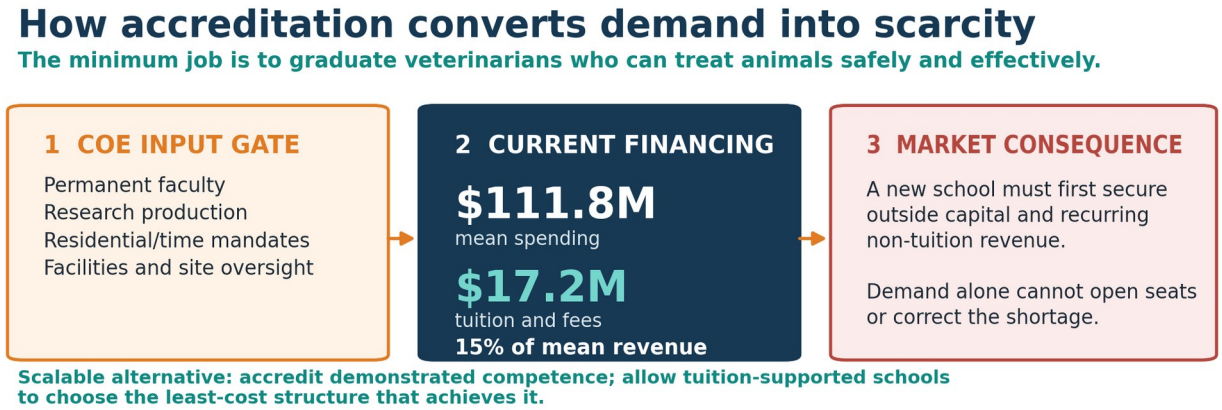

Figure 1. AAVMC sector means show an incumbent financing structure that cannot be reproduced through tuition alone. The figures describe current spending and revenue; they do not assign every dollar to COE. The accreditation question is which costly inputs are actually necessary to produce a competent entry-level veterinarian.

For accreditation purposes, the required mission is narrow: graduate veterinarians who can treat animals safely and effectively. Schools may add research, referral hospitals, specialty training or public service, and governments, donors or students may fund them. An accreditor should identify the minimum necessary to award the DVM—not make every valuable activity a condition of entry.

AAVMC reports $111.84 million of mean spending and only $17.24 million in tuition and fee revenue. Standard 2 requires an applicant to finance COE's input package before students or outcomes exist. Proposed §602.15(e)(7) directly addresses such barriers: restrictions that increase education cost or reduce training availability require clear and convincing evidence of necessity, net public benefit and no adequate less-restrictive alternative. [1]–[2], [4]

Market test	Annual amount	Consequence for entry
Mean college spending	$111.84M	Incumbent cost structure; not minimum DVM instruction.
Tuition and fee revenue	$17.24M	Student demand supplies 15% of mean revenue.
Spending not covered by tuition	$94.60M	Must be avoided or financed from sources demand alone does not create.

Market consequence. COE has not shown that the institutional inputs above are necessary for competent graduates. When those inputs make tuition-supported entry impractical, demand cannot produce new schools, supply cannot self-correct, and accreditation becomes a barrier to the profession. [1]–[2]

Case study: COE moved against distributive expansion

LMU is not a cost benchmark. It shows that a distributive school can produce licensable graduates without a traditional teaching hospital—and that COE used Standard 10 against expansion of a tuition-dependent distributive school. Its significance is the entry barrier, not its sticker price. [3], [18]–[19]

DOJ's statement of interest recites LMU's allegation that its graduates—many from economically disadvantaged Appalachia—achieve about a 90% licensing-exam pass rate, comparable to several better-funded universities. It also records LMU's claim that COE shifted Standard 10 from exposing students to research toward requiring faculty research as a stand-alone institutional activity, effectively pressing tuition-dependent distributive schools toward the high-cost research-and-hospital model they were designed to avoid. [3]

Date	Documented event
Jan. 2019	COE grants LMU's Tennessee DVM full accreditation.
Oct. 2024	COE places the program on probation for a major deficiency under Standard 10—Research. [18]
June 2025	LMU files its antitrust suit and publicly reports that Orange Park faces impending denial under the disputed research interpretation.
Aug. 2025	COE grants Orange Park a Letter of Reasonable Assurance, allowing recruitment and enrollment. [19]
Dec. 2025	DOJ intervenes with a statement of interest: accreditation is subject to antitrust scrutiny, and federal recognition does not immunize COE. [3]
June 2026	Orange Park's first class begins; the program now reports Provisional Accreditation. [19]

The chronology establishes that COE used Standard 10 to place an accredited distributive school on probation and threaten a second distributive campus before allowing it to proceed after LMU filed its antitrust challenge.

A functional barrier, even without the word "ban"

COE has not written a categorical ban on distributive education and today accredits distributive programs. But formal permission is economically hollow if COE can require a distributive school to build the stand-alone research apparatus its clinic-based model is designed to avoid. The public-protection question is graduate competence, not whether the school reproduces a research university.

$37k	$58.5k	$212.5k
2025 resident median	**Nonresident median**	**Mean DVM debt**
First-year tuition and fees	First-year tuition and fees	2025 graduates with debt

From 2015 to 2025, the workbook's AAVMC compilation shows median resident tuition rising from about $25,500 to $37,000 and nonresident tuition from $39,000 to $58,500. AVMA reports that 2025 graduates with DVM debt owed an average $212,499; 40% of all graduates owed at least $200,000 and 6% owed at least $400,000. The system prices out precisely the applicants it says it wants to recruit. [4], [20]

The economic lesson

- Research production may be valuable, but value does not make it a necessary input for every entry-level DVM program.
- The LMU chronology shows how Standard 10 can place a tuition-dependent distributive model—and its lower-cost structure—at risk.
- Common exit and workplace outcomes can protect quality without forcing every school to finance a research university. Medical accreditation already permits tuition-supported scale; veterinary accreditation can do the same.

Medical accreditation proves scale is possible

COCA-accredited LECOM operates distant campuses and describes itself as the nation's largest medical college. It charges $41,825 in the first two DO years, reports 100% 2025 graduate-medical-education placement, and its FY2025 filing reports $173.5 million in tuition and fees against $134.4 million of total institutional expense. The filing covers all LECOM programs, not the DO program alone; it nonetheless proves that accreditation can permit tuition-supported scale. [51]

5

NAVEC FINDING

Lean, self-sustaining general-DVM models

Price is not cost. NAVEC builds a conservative planning case from fully loaded people, paid clinical teaching, occupied space and explicit launch financing.

Common design floor

- Every case produces a broad general DVM and is designed to be replicated or expanded as student demand and verified clinical capacity grow.
- Tuition pays 100% of operating expense, a 5% reserve and repayment of startup and enrollment-ramp financing; no recurring subsidy closes a gap.
- The independent case enrolls 200 students a year; the branch reference is one school with three full, distant campuses; the integrated program has two foundation and three professional cohorts.
- Every model rents its teaching footprint, pays instructors and clinical partners, funds external assessment and retains the same competence and patient-safety endpoint.

Three tuition-only designs

Model	Student path	Staffing, facilities and clinical design
Independent 3-year DVM	Three continuous professional years after prerequisites; 200 entrants a year and 600 tuition-paying students.	One nonprofit; small accountable academic core; paid practitioner faculty and placements; rented laboratories, skills and office space.
Single-school, three-branch-campus DVM	One nonprofit and one degree; three full campuses in different cities or states; 1,800 students at the 200-entrant-per-campus reference.	Curriculum, assessment, administration and data systems are central. Each campus fully funds local leadership, faculty, laboratories, student support, IT and clinical capacity.
Five-year BS/DVM + paid transition	Five years from college entry: two lower-cost foundation years, three professional years and one paid provisional-practice year after the DVM.	Large-section foundation science; progressively smaller professional, laboratory and clinical groups; external exit gates and paid supervised practice.

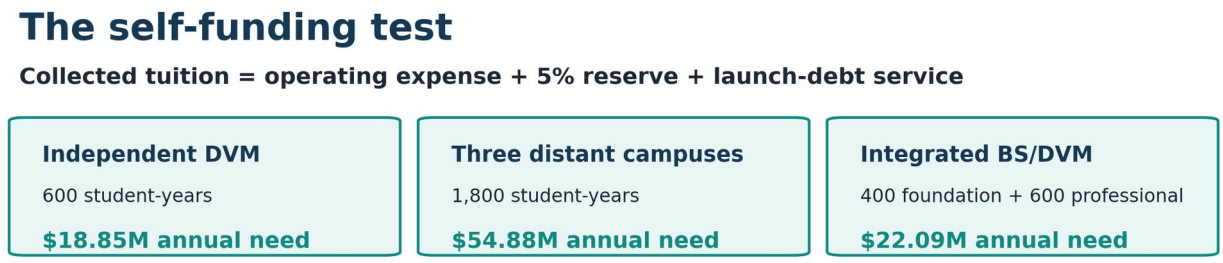

Figure 2. The same self-funding equation governs each alternative. Tuition—not state subsidy, hospital margin, philanthropy or unpaid labor—repays the complete modeled cost structure.

Bottom-up annual budget: no unexplained fixed-cost placeholder

Annual cost bucket	Independent	3-branch school total	Integrated BS/DVM
People and instruction	$4.25M	$11.95M	$9.40M
Clinical teaching, laboratories and assessment	$6.60M	$19.85M	$2.40M
Student services, administration and technology	$2.55M	$6.75M	$3.00M
Occupancy, compliance, insurance and operations	$2.50M	$8.00M	$3.00M
Operating expense	$15.90M	$46.55M	$17.80M
5% operating reserve	$0.795M	$2.328M	$0.890M
Startup/ramp debt service	$2.152M	$6.004M	$3.399M
Gross annual funding requirement	$18.847M	$54.882M	$22.089M
Tuition-paying student-years	600	1,800	400 foundation + 600 professional
Break-even tuition schedule	$32,053 × 3	$31,112 × 3	$17,060 × 2 / $26,192 × 3

The realism correction

The integrated school is not a flat-price program. Its $22.09 million annual need is allocated between 400 foundation student-years and 600 professional student-years. Large-section foundation delivery supports about $17,060 in Years 1–2; specialized professional delivery supports about $26,192 in Years 3–5. The five-year total remains $112,697 and fully repays the same conservative $30 million launch plan.

The independent $4.80 million placement line equals 200 final-year students × 48 weeks × $500 per student-week. The branch network pays $14.40 million for the same rate across three campuses; no clinical placement is treated as shareable across distance. The $500 rate is 60% below Utah State's published $1,250 payment and avoids assuming donated teaching. The combined model replaces those purchased final-year weeks with paid provisional practice while retaining site QA and external assessment. [40]

Launch and enrollment-ramp capital: bottom-up check

Model	Two-year preopen	Fit-out / equipment	90-day liquidity	Peak ramp deficit	Financed principal*
Independent 3-year	$7.20M	$4.00M	$3.98M	$2.00M	$19.0M
Three-branch school	$18.80M	$12.00M	$10.98M	$6.20M	$53.0M
Combined 5+1	$10.70M	$6.00M	$4.45M	$6.03M	$30.0M

*Rounded principal includes capitalized pre-maturity interest and contingency; 15-year amortization begins at maturity. The branch total stages a $19M first campus and two $17M additional full campuses; no building, local faculty or clinical network is shared across distance. The 5% steady-state reserve is not opening cash or a teach-out reserve.

Three self-sustaining models: no resident/nonresident split

Model	Entry point	Foundation years	Professional years	Degree tuition	Annual school need	Tuition-funded
Independent 3-year DVM	After prerequisites	Not included	3 × $32,053	$96,160	$18.847M	100%
Single-school, three-branch DVM	After prerequisites	Not included	3 × $31,112	$93,336	$54.882M	100%
Five-year integrated BS/DVM	College entry	2 × $17,060	3 × ~$26,192	$112,697	$22.089M	100%

Read the starting point first. The $96,160 and $93,336 totals begin only after prerequisite study. The integrated $112,697 starts at college entry and replaces the pre-veterinary degree. All three schools charge one modeled price; there is no in-state/out-of-state distinction because no state operating subsidy is assumed.

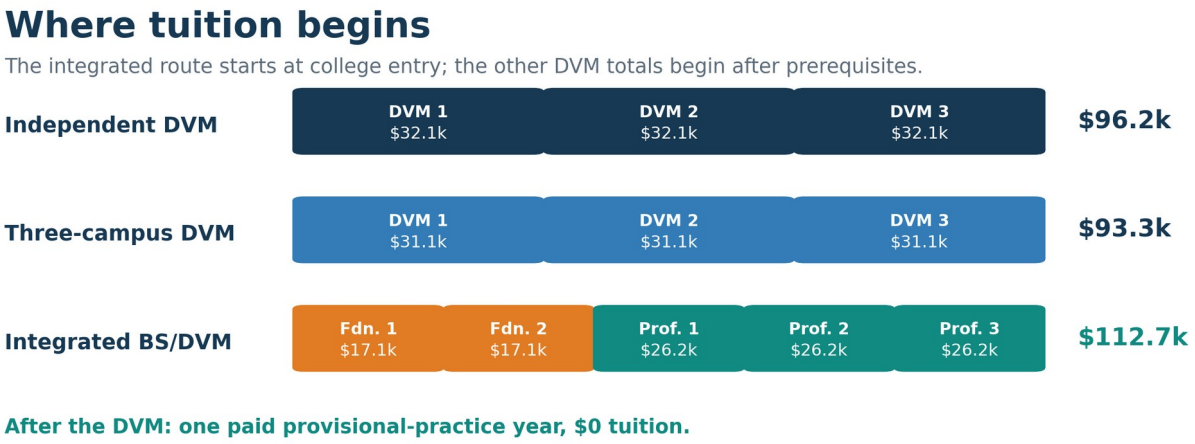

Figure 3. Student-facing tuition schedules for the three new models. The integrated total appears higher only because it includes the two foundation years that the other DVM models require before entry.

Page summary

- Each model recovers 100% of operating cost, reserve and startup debt from tuition; none depends on a state subsidy, research grant or teaching-hospital margin.
- The integrated schedule is cost-shaped: about $17,100 in the two foundation years and $26,200 in the three professional years—not one flat blended rate.
- At 300 entrants per branch, the branch rate falls to about $26,178 if paid clinical capacity and independent outcomes support the larger cohorts.
- The current-versus-integrated comparison begins on the next page and counts the entire route from college entry.

One price, one complete school budget

These are tuition-supported nonprofit prices, not public-school resident subsidies or private-school sticker prices. Tuition alone pays the modeled school bill; optional philanthropy would reduce debt service rather than conceal an operating deficit.

6

NAVEC FINDING

The five-year BS/DVM

Four years of liberal-arts college is not a COE requirement and should not be treated as one.

COE Standard 7 asks for prerequisites and broad general education; it does not require a bachelor's degree or four undergraduate years. Accredited schools already admit earlier. Cornell permits entry after 60 semester credits and no bachelor's; Iowa State requires 64 credits and no bachelor's; Oregon State expressly says a bachelor's is not required. [10]–[12]

The professional phase can also be shorter than four calendar years. Arizona operates an accredited continuous three-year DVM with a distributive clinical year. Edinburgh admits students into a five-year veterinary degree after secondary school; its qualification is DVM-equivalent and AVMA-accredited. [13]–[14]

COE already accepts every major component of a five-year route separately: early professional admission, a continuous three-year DVM, distributive education and an AVMA-accredited five-year direct-entry degree abroad. The alternative model tested here goes one step further: it awards the combined BS/DVM after five years, issues a limited state provisional-practice permit—not a full practice license—and moves the clinical transition into one paid year.

The 5+1 paid provisional-practice design

Phase	Content, payment and credential
Years 1–2	Undergraduate portion: large-section biology, chemistry, quantitative reasoning, writing and communication; approximately $17,060 tuition in each year.
Years 3–4	Undergraduate portion continues: professional science, diagnostics, surgery, public health, simulation and progressively entrusted patient work; approximately $26,192 tuition in each year.
Year 5	Professional aid classification: advanced synthesis, procedural laboratories and external exit gates; approximately $26,193 tuition. Combined BS/DVM awarded and provisional permit issued.
Year 6: paid transition	$0 tuition and an illustrative $36,000 W-2 wage. Unrestricted licensure follows one year of observed work and an independent competency decision; extensions are limited to documented gaps.

Route from college entry	College / foundation	DVM / professional	Total tuition	Live at home*	Live away†	First paid vet work
Current public-resident 4+4	4 years / $47,800	4 years / $148,000	$195,800	$235,800	$419,800	After 8 school years
Current private + nonresident 4+4	4 years / $180,000	4 years / $234,000	$414,000	$454,000	$638,000	After 8 school years
Integrated 5+1	2 years / $34,120	3 years / $78,577	$112,697	$137,697	$252,697	After 5 school years

*Living at home adds $5,000 a year for books, commuting and personal cash expenses; family-provided housing and meals are an in-kind contribution, not valued at zero. †Living away uses the same $28,000 annual planning allowance for every school year. Current-route tuition uses 2025–26 College Board and AAVMC benchmarks; these are comparison cases, not prices for the new schools. [20], [50]

A working-family path that can actually be financed

- Illustrative student: two-parent family of four; $52,000 of 2024 income; $20,000 college fund; student lives at home.
- Five-year cash cost: $137,697, including tuition, books, commuting and personal expenses.
- Non-loan resources: $29,580 from four maximum Pell awards + $20,000 college fund + $12,000 family cash ($200/month) + $18,000 summer earnings = $79,580.
- Remaining loan principal: about $58,117 before fees and interest.
- Current-route comparison: even with additional summers and three more years of family contributions, the public-resident 4+4 route leaves about $235,020 to finance, more than current student Direct Loan limits. Eligibility and future awards vary. [52]–[54]

7

NAVEC FINDING

Paid supervised practice

Replace a tuition bill with a paycheck—and use the same public gate for U.S. and foreign graduates.

The report uses “paid transition-to-practice year,” not “residency,” because veterinary residency ordinarily denotes specialty training. COE Standard 11 demands independent entry-level practice at graduation. That forces the school to purchase every element of immediate independence while the student pays. A limited provisional-practice permit—analogous to a graduate-medical training permit—allows the DVM graduate to deliver useful service under defined supervision while competence is measured in real practice. It is not an unrestricted license. [33]–[34]

Gate	Public-protection design
Academic DVM	Verified degree requirements, external knowledge examination, national clinical-skills examination, case portfolio and professionalism review.
Provisional permit	State law creates a limited student, trainee or provisional-practice credential and defines supervision availability, permitted acts, prescribing and surgery limits, records, escalation, liability and complaint jurisdiction.
Employment	The provisional practitioner is a W-2 employee, receives wages and benefits, carries a progressively entrusted caseload and pays no tuition.
Workplace evidence	Repeated direct observations, case mix, outcomes, referral judgment, records, client communication, multi-source reviews, complaints and remediation.
Full license	Independent authority follows one paid year and a successful external workplace assessment. A documented deficiency may extend supervision for three or six months with focused remediation.

The clinic economics

Employer equation

$36,000 wage + $7,200 payroll burden + $12,000 supervision + $8,000 other cost = $63,200 all-in cost. At a 60% contribution margin, break-even attributable collections are $105,300; $120,000 of collections produces an illustrative $8,800 surplus.

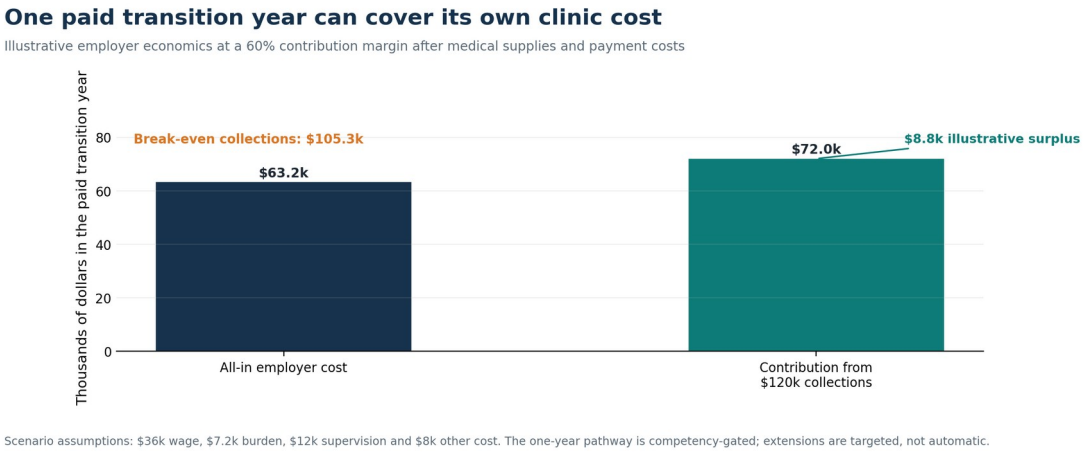

Figure 4. Illustrative first-year employer economics. At a 60% contribution margin, $120,000 of attributable collections contributes $72,000 against $63,200 of modeled employer cost, leaving $8,800. Break-even collections are about $105,300.

The first year pays for itself under the scenario; a second mandatory year is therefore not needed to make the employment model viable. Requiring it would delay unrestricted supply and risk turning licensure into a mechanism for retaining a productive veterinarian at trainee wages. Any independent clinic, nonprofit, shelter, public practice or rural consortium may sponsor a slot if it meets the same supervision, caseload, wage, data and patient-safety rules. Shared regional administration can support small practices.

8

NAVEC FINDING

Quality under competing accreditors

End the exclusive private gate while imposing harder, comparable outcome accountability.

NAVEC proposes a falsifiable research design. It does not seek accreditation or licensing power. A recognized veterinary accreditor—not NAVEC—would decide whether a program meets the common floor, and verified performance would be the condition of expansion.

Actor	Proper role
NAVEC	Research, economic modeling, advocacy, pilot design and public-data analysis; no accreditation or licensing vote.
Department of Education	Recognizes and supervises accrediting agencies; enforces independence, evidence and competition requirements.
Competing veterinary accreditors	Evaluate schools under common outcome, transparency, solvency, student-protection and patient-safety floors.
States and licensing boards	Define unrestricted and provisional-practice authority; license individuals; accept graduates of any federally recognized veterinary accreditor; replace private foreign-graduate certificate mandates.
Independent assessment bodies	Administer entry examinations, workplace instruments and completion audits with published reliability; remain separate from schools, employers and professional guilds.
Schools and clinics	Educate, supervise, assess and employ learners; publish cost and outcome data.

The common quality floor

Quality gate	Required evidence
Knowledge	Independent, transparent examination of the common safety core and broad general-practice reasoning; published reliability, item-performance evidence and school-level score patterns.
Clinical skills	National multi-station OSCE covering examination, diagnosis, procedures, anesthesia, communication, records, emergency stabilization and referral.
Workplace performance	Repeated direct observation by calibrated assessors across sites; minimum case diversity and entrustment thresholds aligned to observable veterinary workplace activities. [36]–[37]
Transition safety	A limited provisional permit, one paid supervised year and no unrestricted authority until workplace competence is verified; targeted extensions address documented gaps.
Graduate outcomes	Completion, licensing, employment, employer ratings, complaints, discipline, remediation and first-year retention.
Program control	Enrollment freeze, focused review or loss of accreditation when outcomes fail; no ability to compensate with more buildings or publications.
Transparency	Public program dashboard, standard definitions, risk adjustment, independent audit and student-level privacy protection.

Requirements for every recognized veterinary accreditor

- Independent appointments, staff, budget, office, information systems, counsel and data custody.
- No appointment or governance control by AVMA or another related professional membership organization.
- Common national definitions and public reporting for competence, completion, licensing, complaints, discipline, remediation, employment and student cost.
- Independent audit and cross-accreditor outcome comparison.
- Freedom to use different educational inputs, modalities and pathways while meeting common competence and patient-safety floors.
- Institutional freedom to choose, change or use multiple recognized agencies without retaliation.
- State portability for graduates of any federally recognized veterinary accreditor.
- Public evidence submissions from NAVEC, AVMA, veterinary schools and other interested organizations—but no controlling appointments or accreditation votes for those organizations.
- Withdrawal of recognition when an agency persistently permits unsafe outcomes or suppresses competition without evidence.

Why multiple agencies improve the evidence

- A monopoly accreditor controls the counterfactual: it can prevent the schools needed to test whether its own inputs matter.
- Competing agencies permit controlled variation in staffing, facilities, program length and delivery while holding public outcomes constant.
- Comparable public data allow regulators to identify both weak programs and weak accreditors; persistent failure triggers enrollment limits, loss of accreditation or loss of recognition.

No sacrifice in quality

Quality is held constant by the exit and workplace gates. If a student cannot demonstrate required knowledge, clinical skill and performance, the student does not receive authority to practice—regardless of the school's cost or accreditor.

The integrated gatekeeping network: COE and ICVA

Corporate separation does not establish functional independence. COE assigns accreditation consequence to NAVLE results produced by ICVA, while ICVA's governance and leadership remain embedded in the same organized-veterinary network. The public record shows an AVMA Council on Education designee on ICVA's board. ICVA CEO Heather Case previously served as an AVMA division director and now chairs the American Veterinary Medical Foundation, AVMA's charitable arm. [46]–[47]

Network component	Documented function or relationship
COE	Uses NAVLE performance as its only explicit numerical accreditation outcome and can impose existential consequences on a school.
ICVA	Controls the examination, item pool, scoring process, candidate investigations and the data needed to explain an institutional anomaly.
Formal overlap	ICVA's board includes a COE designee; its CEO is a former AVMA executive and current chair of AVMA's charitable arm.
Practical result	The same professional network supplies the metric, receives the metric and imposes the consequence, while schools and candidates cannot independently reconstruct the result.

Paper separation cannot cure functional integration

The Department should evaluate appointments, leadership relationships, data access, communications and operational dependence together. Separately incorporated entities can still function as one insider-controlled gate when the same professional network controls the measurement, the accreditation consequence and access to the evidence.

COE's quality metric rests on a private black box

COE Standard 11 uses NAVLE performance as its single explicit numerical accreditation outcome: at least 80% of each graduating class taking the examination is expected to have passed at graduation. Schools can face accreditation consequences when that number falls. Yet COE does not own the examination, publish an independent audit of its scoring integrity, or provide schools and the public the information needed to determine why a program's results change. COE has therefore outsourced its most consequential quantitative quality judgment to another private gatekeeper it cannot independently verify. [2], [41, pp. 10–18]

80%	0	~39 pts
COE's NAVLE threshold	**Published score appeals**	**Tuskegee pass-rate fall**
Program accreditation consequence	No rescore or result appeal	~90% in 2018 → 51% in 2024

Verification dimension	Public record
Equating and error	ICVA's public technical materials do not publish the equating or item-response-theory (IRT) model, reliability, standard error of measurement or item-level anomaly statistics needed for outside replication.
Candidate process	No substantive rescore or appeal of a NAVLE result; ICVA reserves sole-discretion authority to withhold, cancel or invalidate scores without proving candidate misconduct.
Item accountability	The live item pool is sealed and candidates are contractually restricted from describing questions, topics, images or scenarios—including material needed to document a defective or off-blueprint item.
School feedback	COE receives the pass-rate number it uses for accreditation, while schools do not receive public content-area evidence capable of explaining persistent underperformance.
Independent assurance	The first announced external audit followed legal pressure and is managed through ICVA's litigation counsel. ICVA has refused to publish the scope or commit to complete disclosure of the findings and underlying results free of any attorney-client-privilege claim.

The allegations COE has treated as someone else's problem

A national gate under unresolved challenge

- A 1,200-plus-signature petition reports confusing or poorly written items, low-quality diagnostic images, off-blueprint content and no meaningful feedback after failure. [41, pp. 6–7]
- A national plaintiffs' firm, after reviewing records and interviewing examinees, alleged opaque scaling, defective items, unexplained failures and score patterns consistent with group or institutional targeting; ICVA denied the allegations but has not released the data capable of resolving them. [41, pp. 5–7], [42, pp. 16–18]
- Tuskegee's reported pass rate fell from roughly 90% in 2018 to 51% in 2024. COE then moved on an expedited path toward expelling a veterinary program established in 1945; Tuskegee's complaint identified departures from COE's own procedures during that effort. A sudden institutional anomaly followed by accelerated elimination of an historic school that has produced prominent leaders in veterinary medicine is peculiar conduct and suggests possible coordination between the entities controlling the score and the accreditation consequence. [41, pp. 5–7, 17–18], [42, pp. 16–18], [48]–[49]
- ICVA reset every candidate to five new paid attempts after a review of undisclosed "NAVLE data," then adopted sweeping investigation and sanctions powers. Its later audit was routed through litigation counsel, while ICVA refused to publish the audit scope or promise complete disclosure of the findings and underlying results free of any attorney-client-privilege claim. [41, pp. 2–10, 21–22]

These allegations need not be finally adjudicated to establish the accreditation failure. The defect is that COE uses the disputed score as a decisive quality measure while possessing no independent mechanism to test allegations of blueprint deviation, faulty questions, score manipulation or group and institutional targeting; replicate the scoring; review disputed items; or explain a school's decline. An accreditor cannot call itself a reliable authority when its principal quantitative judgment is supplied by an unauditable monopoly and accepted on trust.

Federal recognition consequence

COE's dependence on NAVLE is not an incidental testing controversy. It is evidence that COE cannot demonstrate the reliability, consistency and independence of its own accreditation decisions. Until the exam is subject to genuinely independent verification, NAVLE results cannot support continued federal recognition of the accreditor that makes them dispositive.

The Department should compel the record COE never required

A recognition review should not accept another assurance that NAVLE is "valid and reliable." It should require the underlying evidence from both COE and ICVA under protective order where genuine item security requires confidentiality. Trade-secret treatment can protect live questions; it cannot excuse withholding the psychometric and governance record needed to test a federal accreditation consequence. [41, pp. 10–22]

Required production	What the federal record must contain
Score accuracy	Form-by-form reliability, conditional standard error of measurement, equating design, cut-score maintenance and the number of candidates whose classification could change within the score-error band.
Pattern integrity	Candidate-group and institution-level score distributions, item-behavior anomalies, unexplained failure clusters, self-assessment-to-score deviations and every investigation or remediation decision triggered by those patterns.
Content validity	Current blueprint-to-item mapping, panel composition, conflict disclosures, item-performance flags, image-quality review and documentation of how off-blueprint or defective items are removed and rescored.
Institutional impact	School-level diagnostic evidence, the causes assigned to abrupt pass-rate changes, communications between ICVA and COE, and every instance in which NAVLE data changed accreditation status.
Governance and audit	AVMA–ICVA financial, appointment, committee and data-sharing ties; auditor selection; the complete scope; litigation-counsel instructions; privilege assertions; access limits; final findings and workpapers; and all corrective actions.
Candidate due process	Rules and case files governing score cancellation, investigations, sanctions, accommodations, appeals and attempt limits, including the empirical basis for each burden.

The accreditation defect exists even before the allegations are resolved

- COE makes NAVLE performance dispositive but cannot reproduce the score, inspect the live evidence independently or give a school an adjudicable explanation for a sudden decline.
- ICVA controls the item pool, scoring, investigations, candidate speech restrictions and the terms of outside review; COE supplies federal consequence without supplying independent process.
- A private examination may inform accreditation. An unauditable examination controlled inside the same professional network cannot be the decisive federal quality measure.
- If COE cannot obtain and evaluate this record, it lacks the capacity to validate its own decisions. If it chose not to demand the record, it lacks the independence federal recognition requires.

Required interim protection

Pending a genuinely independent audit, the Department should bar COE from imposing or extending any adverse accreditation action whose material basis is NAVLE performance. Students and schools should not carry the risk created by ICVA secrecy and COE's decision to rely on it.

ECFVG: a blatant domestic–foreign double standard

> ***COE compliance is not CPE readiness.***
>
> NAVEC, The Benchmark No One Benchmarked, pp. 6–8 (Aug. 2026). [39]

ECFVG does not measure foreign graduates against the written minimum COE applies to accredited schools. Its Clinical Proficiency Examination requires all foreign candidates to pass seven fixed, species- and task-specific sections under prescribed timing, operator, repeat and fatal-flaw rules. COE requires broad clinical education and assessed entry-level competence, but it does not require every accredited-school graduate to perform any of those seven complete batteries or name every CPE species as a universal student requirement. A foreign veterinarian can therefore be excluded for an exact performance COE never requires every domestic graduate to be taught, assigned, observed and scored on. [2], [39, pp. 6–8]

NAVEC identified no published representative, track-stratified study in which recent COE graduates took the CPE without special preparation. AVMA has not shown that its own comparison class can pass the benchmark, that CPE failure predicts unsafe ordinary practice, or that the all-seven decision rule outperforms modular and supervised alternatives. Until that evidence is published, "equivalence" is an assertion—not a validated comparison. [39, p. 8]

The double standard in four findings

- COE does not require every domestic graduate to complete any of the seven CPE station batteries.
- AVMA has published no representative benchmark showing that recent COE graduates can pass the CPE without special preparation.
- A foreign veterinarian can be excluded for a species, task, operator role, time limit or fatal-flaw rule absent from the universal domestic minimum.
- The same professional association controls the domestic accreditation gate and the dominant foreign-equivalency gate, while the narrower gate restricts already-trained competitors.

Why this belongs in the federal recognition record

COE recognition gives AVMA's domestic standard public force while the same AVMA system sells foreign candidates a materially harder clinical gate. A federal reviewer cannot evaluate COE's independence, occupational-access burden or effect on competition without examining both standards together.

> ***A standard cannot be called equivalent when the comparison group is never required to meet it.***
>
> NAVEC finding

Seven mandatory foreign-only batteries; zero COE equivalents

The double standard is established by the governing documents themselves. It is not merely that AVMA has failed to prove domestic graduates could pass the CPE. COE standards do not require accredited schools to train or test every domestic graduate on the performances the CPE makes mandatory for every foreign graduate. [2], [39, pp. 6–8]

CPE section	Mandatory foreign-graduate performance	What COE requires of every domestic graduate
Anesthesia	Canine drug plan, examination, machine setup, catheter, induction, intubation, maintenance and recovery through ovariohysterectomy (spay surgery) under fixed timing and fatal flaws.	Broad assessment in anesthesia, pain management and welfare; no canine sequence, operator role, timing or CPE rubric.
Equine	Three timed horse stations: clinical case, specified procedures and lameness evaluation.	Broad-species medicine, surgery and field exposure; no universal horse-specific practical battery.
Food animal	Adult bovine plus calf or small-ruminant work, procedures, reproduction, food-safety and regulatory tasks.	Population medicine, biosecurity and food safety; no universal cow, calf, sheep or goat task requirement.
Necropsy	Complete timed necropsy, heart dissection, head removal, written findings and tissue samples.	Hands-on necropsy and pathology; no universal independent complete protocol or time limit.
Radiography	Position a sedated or anesthetized dog and produce diagnostic views within 45 minutes and repeat limits.	Imaging experience and interpretation; no universal canine acquisition task, views, timing or repeat rule.
Small-animal medicine	Three timed canine/feline stations with case work, prescriptions and selected procedures.	Diagnosis, treatment, records, emergency care and communication; no universal dog/cat station battery.
Surgery	Personally perform a live-dog elective ovariohysterectomy (spay surgery) within 2.5 hours, directing limited assistance and avoiding fatal flaws.	Basic surgery and case-management assessment; no universal canine spay operation or primary-surgeon requirement.

The double standard

A foreign veterinarian can be excluded for failing an exact species, procedure, operator role, time limit or fatal-flaw rule that AVMA's accreditor never requires an accredited school to teach, assign, observe or score for every domestic graduate. That is differential entry regulation—not equivalence under a common standard.

The economic direction is unmistakable. Domestic COE graduates pass through a broader written minimum; the narrower foreign-only standard blocks already-trained competitors at a two-site gate with an approximately 25% first-sitting success rate and five-figure cost. AVMA controls both the domestic accreditation system and the dominant foreign-equivalency system.

Designing the foreign gate above the domestic minimum while supply remains scarce is consistent with an intent to constrain entry, not a neutral effort to reproduce COE competence. [39, pp. 8–12, 18–22]

> ***The claimed comparison class is neither textually specified nor empirically tested.***
>
> NAVEC finding. [39, p. 8]

0 / 7	~25%	$14,654	2
Exact CPE batteries	**First full sitting**	**Direct fee floor**	**U.S. CPE sites**
Universally required by COE	Passes all seven sections	Before travel or retakes	Reported current footprint

A dominant private gate with no scalable substitute

In the latest matched public year, ECFVG issued 210 of the 263 certificates reported by the two pathways—79.8%. The Program for the Assessment of Veterinary Education Equivalence (PAVE), an alternative pathway operated by the association of state veterinary boards, issued 53 certificates, requires an accredited-school clinical-year placement and warns that placement is not guaranteed. Candidates occupy different ECFVG stages, but the controlling fact remains: a dominant route with more than 2,000 active candidates releases only about 220 certificates annually through two sites. The CPE offered 230 full-examination seats in 2025. [39, pp. 8–10]

The price compounds the capacity barrier. The 2026 direct floor is $14,654. One failed-section retake raises direct fees to $19,225 before repeated travel, lodging, preparation and lost work; every section retaken costs $4,571. NAVEC's companion report documents a published candidate estimate of $20,000–$22,000 all-in. Access is therefore allocated partly by the ability to absorb a five-figure, nonrefundable and potentially repeated loss. [39, pp. 11–12]

A structural conflict pointing in one direction

AVMA is not merely a testing vendor. It represents incumbent veterinarians, houses the accreditor whose graduate standard ECFVG claims to reproduce, appoints eight of ECFVG's 12 voting commissioners and retains approval over material or cost-bearing program changes. The combination of practical dominance, unequal entry burden, scarce capacity and private professional control makes the economic direction of the system unmistakable: it protects incumbent supply from competition while assigning the cost to foreign veterinarians and animal owners. [39, pp. 18–20]

The equivalence problem in one sentence

A benchmark AVMA has never published on its own comparison class is not proof of equivalence; it is a different, foreign-only gate.

The accidental explanation defies common sense

- NAVEC's companion forecast ledger describes roughly five decades of profession-aligned surplus forecasts ending in a severe shortage.
- State laws continue to incorporate private AVMA-controlled credentials instead of independently defining and supervising an outcome standard.
- The CPE adds an exact foreign-only benchmark AVMA has not published on its own graduates, even though less restrictive supervised pathways already operate in medicine.
- Repeated error, inertia and caution do not credibly explain a system that consistently restricts supply in the economic interest of incumbents. The pattern supports the conclusion that supply limitation is an intended function of the gate—and shifts the burden to AVMA to prove necessity, validation and proportionality under active public supervision. [25]–[26], [39, pp. 8, 18–20 & source 57 therein]

This matters because an economically protectionist result does not become a patient-safety rule merely because a legislature incorporates a private certificate. Where a state does not design, validate, price, audit or retain power to modify the gate, it has outsourced the restraint—not actively supervised it. NAVEC's companion report establishes the basis for investigation: incumbent economic interests and delegated public authority have been allowed to blur. [39, pp. 19–20]

Replace ECFVG as a mandatory licensure gate

Dimension	Exclusive CPE model	Competitive outcome model
Authority	AVMA-controlled certificate incorporated by states	State board plus multiple approved evaluators
Benchmark	Foreign-only seven-section CPE battery	Common published outcomes for every entrant
Evidence	Approximately three staged examination days	One paid year of cases, records, follow-up and feedback
Capacity	Two physical U.S. sites	Every qualified board-approved practice
Candidate economics	$14,654 floor plus retakes, travel and lost work	Paid W-2 provisional practice; no tuition
Failure response	Retake, delay and added fees	Targeted remediation and continued supervision
Final decision	Private certificate precedes eligibility	Sovereign board grants or denies authority

The objective is complete replacement of ECFVG certification as a prerequisite to licensure—not a supplemental shortcut layered beneath it. Foreign graduates should enter one public sequence: authenticated degree, identity and professional standing; the same independent knowledge and clinical-skills gates used for U.S. graduates; a paid 12-month provisional-practice permit; graduated supervision, record audit and multi-source feedback; then unrestricted licensure after an independent workplace decision. Supervisory extensions should occur only for defined competencies that remain unmet. States may authorize the pathway directly or approve multiple independent equivalency providers. [25]–[27], [33], [35], [39, pp. 14–17, 19–21]

One standard, two supply channels

New low-cost schools expand domestic seats. Replacing ECFVG exclusivity opens a second pipeline of already-trained foreign veterinarians. Both channels end at the same independently measured knowledge, clinical-skill and workplace-performance standard. Competition is among methods—not over patient safety.

NAVEC FINDING

9

Open the supply market

Foreign-trained veterinarians add supervised capacity now; new schools expand until unmet demand no longer supports more seats.

NAVEC's needs-based workbook estimates unmet need of about 37,000 veterinary-service FTE in 2026 and 83,000 in 2031 if present constraints continue. These figures are not a quota that one predetermined number of schools must erase by a selected date. They are market signals: employers cannot fill positions, families face delayed or forgone care and qualified applicants greatly outnumber seats. A fixed assumption that exactly five schools may open each year would replace one supply limit with another. [4]

The number of schools is an outcome—not a quota

- No nationwide numerical cap: any financially sound nonprofit program may enter or expand when it meets published knowledge, clinical-skill, graduate-performance, solvency and patient-safety standards.
- Existing programs may add cohorts; regional universities and practitioner-led consortia may open programs; expansion continues while qualified applicants seek seats and employers seek graduates.
- Accreditors judge each program's outcomes and financial capacity. They do not decide how much veterinary capacity the country is permitted to create.
- Public indicators—vacancies, appointment waits, wages, prices, applications, seats, outcomes and closures—show when added capacity is still justified.

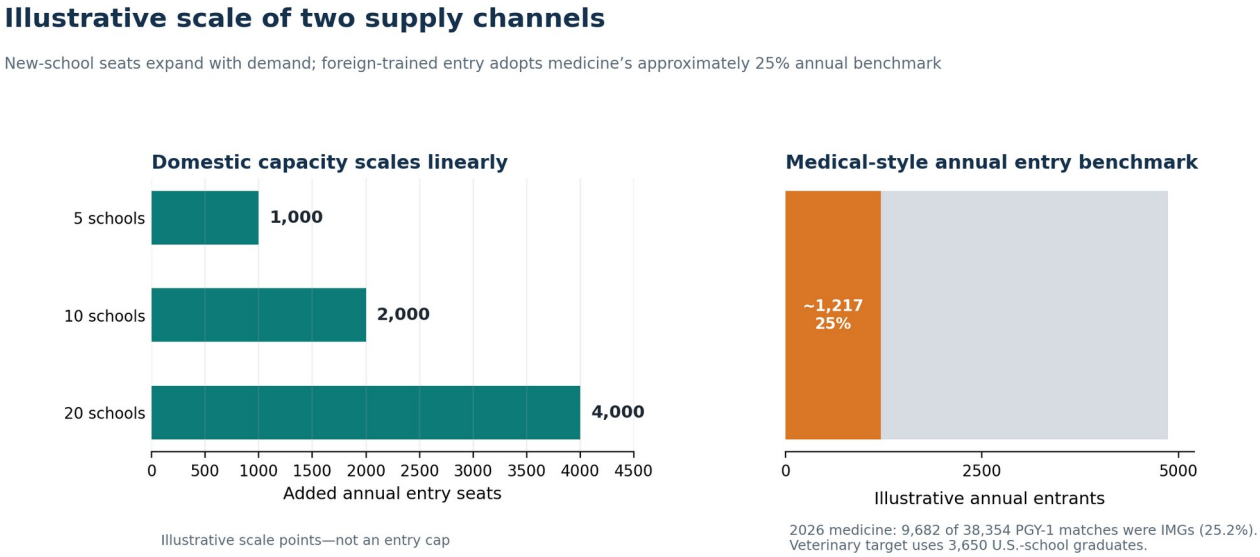

Figure 5. Illustrative scale—not a fixed forecast. At 200 entrants per program, five new schools add 1,000 annual seats, ten add 2,000 and twenty add 4,000. In the 2026 medical Match, 9,682 international medical graduates obtained first-year residency, or postgraduate-year-one (PGY-1), positions—25.2% of 38,354 PGY-1 matches. Applying a 25% annual-entry benchmark to 3,650 U.S.-school veterinary graduates implies about 1,217 foreign-trained entrants and 4,867 total entrants. [4], [38]

Domestic education is the durable supply response. NAVEC's bottom-up models show why entry can become much faster and less capital-intensive: a broad general-DVM program need not own a referral hospital, research enterprise, tenure system or residential campus. Programs can use a roughly two-year launch scenario, but the policy places no cap on how many qualifying schools open, how quickly existing schools expand or which region responds. Every five 200-seat schools add 1,000 annual entry seats; ten add 2,000; twenty add 4,000. Expansion naturally slows when applications, vacancies, wages, appointment waits and program economics no longer support more seats.

Foreign-trained veterinarians are the immediate bridge because their professional education is already complete. Medicine supports the 25% comparison in both flow and stock. The National Resident Matching Program (NRMP) reports that 2,949 U.S.-citizen international medical graduates (IMGs) and 6,733 non-U.S.-citizen IMGs matched to first-year residency, or postgraduate-year-one (PGY-1), positions in 2026: 9,682 of 38,354 total PGY-1 matches, or 25.2%. The Association of American Medical Colleges (AAMC) separately reports that IMGs constituted 25.6% of active U.S. physicians in 2024. Both define international graduates by medical-school location, not citizenship. NAVEC therefore adopts 25% of total annual entrants as the veterinary benchmark. With 3,650 U.S.-school graduates, the corresponding foreign-trained flow is approximately 1,217 a year because $F \div (3{,}650 + F) = 25\%$. [4], [29]–[30], [38]

The expanded domestic-school channel should also admit qualified international students on the same academic and outcome rules. Those students enlarge the education pipeline but are not counted again in the 25% foreign-trained benchmark, which is defined by where the veterinary degree was earned. Immigration status and work authorization remain federal constraints separate from accreditation and licensure.

A benchmark, not a ceiling

The 25% annual foreign-trained share is the medical-model baseline for veterinary entry. During a severe shortage it may be exceeded if qualified candidates pass the common gates and supervised-practice capacity is available; it should not become a new numerical cap.

Replacing ECFVG with direct degree verification, independent examinations and a provisional-practice permit converts education already completed abroad into supervised U.S. service after the common entry gates. That channel can begin before a new domestic school produces its first cohort, subject to immigration and state-law requirements. The long-run domestic channel and immediate foreign-trained channel converge at the same independent workplace assessment and unrestricted-license decision.

How added capacity could affect care prices

Additional veterinarian capacity expands appointments, operating hours, practice formation and provider competition. The table applies the transparent formula 1 − (1 + capacity gain)^(−β) across a 0.15–0.60 response range and reports the price pressure avoided at each capacity gain.

Service-capacity gain	Lower response β=.15	Central β=.35	Higher response β=.60
+5%	0.7%	1.7%	2.9%
+10%	1.4%	3.3%	5.6%
+20%	2.7%	6.2%	10.4%
+25%	3.3%	7.5%	12.5%

At 20% more service capacity, the model places prices 2.7%–10.4% below the no-reform counterfactual, with 6.2% centrally. Families may use part of the resulting savings to obtain previously deferred care, increasing access even if total spending rises.

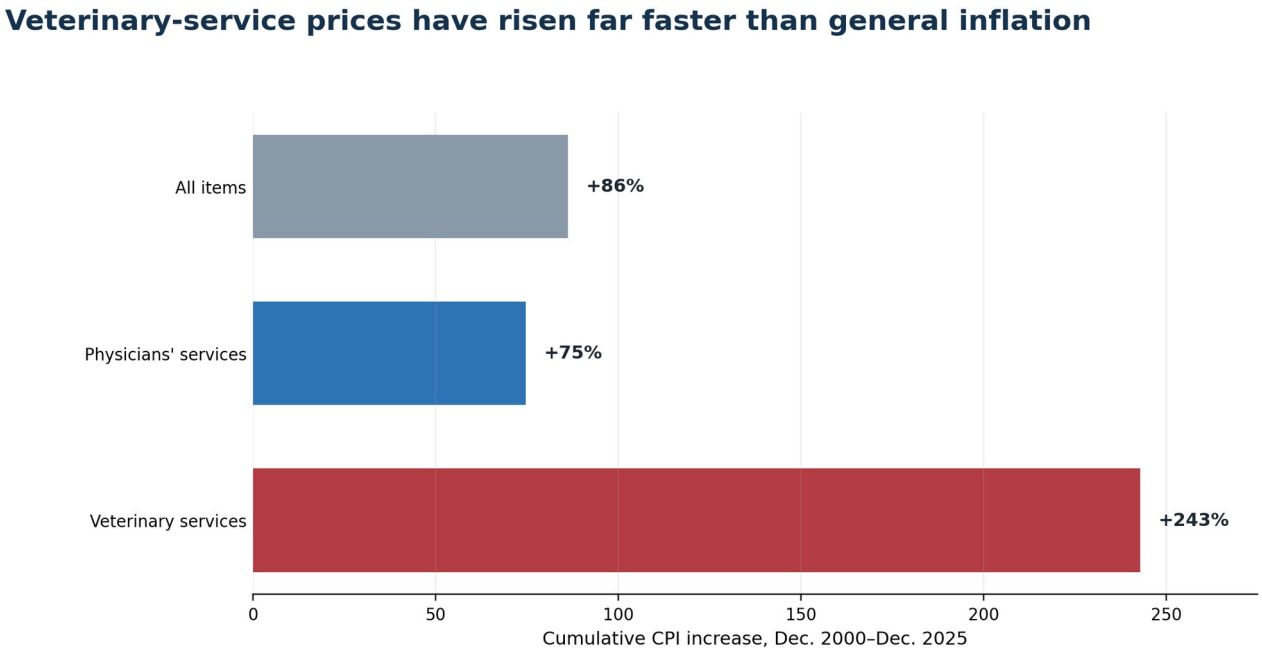

Figure 6. BLS CPI-U comparison, December 2000 to December 2025. Veterinary services rose 242.8%, compared with 86.2% for all items and 74.7% for physicians' services. [7]

The PetSmart Charities–Gallup owner study found 52% of U.S. pet parents had skipped or declined needed care—overwhelmingly for financial reasons. Its veterinarian survey found 94% of clinicians said clients' finances sometimes or often limited recommended care. [8]–[9]

Accreditation controls school entry, required institutional inputs and years of tuition. Those rules raise education cost, constrain veterinarian supply and weaken price competition. Reform therefore improves access and price pressure relative to a market whose education and foreign-entry gates remain closed; the public dashboard should measure the realized effect as capacity expands.

10

NAVEC FINDING

Termination and transition

End federal recognition of the incumbent gate without abandoning students, schools or patient safety.

The record supports termination—not reconstruction

By this point the record has established the core failure, quantified the avoidable cost, specified workable lower-cost pathways, supplied a stronger common quality floor and documented the overlapping gatekeeper network. The remedy should follow the evidence: terminate recognition of the incumbent authority, protect current students and programs during a defined bridge, and recognize multiple independent successors.

Department of Education

1. Open an immediate recognition-compliance review of AVMA COE under the independence, reliability and occupational-access provisions; apply no presumption arising from incumbency.
2. Terminate, suspend or decline renewal of COE's federal recognition. The defects concern the identity and reliability of the accrediting authority—not isolated language capable of cure through a compliance report.
3. Open recognition to multiple qualified veterinary accreditors without an artificial numerical cap, and remove barriers to changing or using multiple recognized agencies.
4. Require a public evidence docket for Standards 1, 3, 4, 6, 8, 9, 10, 11 and the distance policy under the §602.15(e)(7) necessity, net-benefit and less-restrictive-alternative test.
5. Permit recognized agencies to evaluate controlled practitioner-led, distributive, five-year and provisional-practice pilots under §602.18(c), with comparable outcomes and student protections.
6. Prohibit retaliation, delay or adverse treatment when a school chooses, changes or adds another recognized accreditor.
7. Refer the ECFVG/CPE double standard and the COE–ICVA/NAVLE structure to the Department of Justice and appropriate state authorities as evidence of coordinated professional-gate control affecting supply.

Continuity plan: terminate recognition without stranding anyone

Transition element	Continuity mechanism
Day 0 protection	Preserve the status of every student already enrolled, every graduate already holding a DVM/VMD and every program currently accredited while the transition clock runs. No degree is rescinded.
Existing programs	Provide a defined 24-month safe harbor in which currently accredited programs retain recognized status while applying to one or more successor accreditors.
New accreditors	Create an expedited recognition and scope-expansion track for qualified agencies using common graduate-outcome, solvency, due-process and patient-safety requirements.
Interim oversight	Authorize a temporary public transition panel or qualified institutional accreditors to monitor teach-out capacity, complaints, financial stability and material program changes until successor coverage begins.
Students and aid	Maintain federal-aid and loan continuity to the maximum extent permitted while institutions update programmatic accreditation; publish individual guidance before the termination date.
State licensure	Issue model language accepting graduates of any federally recognized veterinary accreditor and protecting current students and graduates; states repeal provisions naming AVMA COE as the exclusive route.
Foreign graduates	During transition, states may replace ECFVG exclusivity with verified credentials, an independent knowledge screen and paid provisional practice under board supervision.
No new veto	COE may preserve records and cooperate in transfer, but it receives no control over successor appointments, standards, data, school assignments or transition decisions.

Continuity is not continuation

Protecting students and schools does not require preserving COE. A transition can grandfather people and programs while ending the federal authority of the institution that created the problem. The Department has tools to separate the status of learners from the recognition status of the accreditor.

States and licensing boards

8. Accept graduates of any federally recognized veterinary accreditor rather than naming AVMA COE as the exclusive route.

9. Create a one-year provisional-practice permit for paid supervised work. The DVM degree does not itself confer unrestricted authority; state law defines permitted acts, supervision, liability, due process and the external completion assessment. Extend only in three- or six-month increments for a documented competency gap.
10. Repeal mandatory ECFVG and PAVE certificate requirements. Verify foreign degrees directly, permit independent exam eligibility and route qualified foreign graduates into the same paid provisional-practice pathway.
11. Make completed transition-to-practice decisions portable across states and prevent a second state from forcing the veterinarian to repeat supervised practice.
12. Permit competency-based and alternative examinations when they demonstrate equal public protection.

Schools, clinics and funders

13. Form one nonprofit DVM institution able to add complete branch campuses in different cities or states under a common curriculum, degree and outcome system, with local leadership, laboratories, teaching staff and clinical networks at every branch.
14. Use philanthropic or public startup capital when available to reduce financing cost—not to hide an operating gap. The planning cases remain viable without it because tuition repays startup and ramp debt.
15. Pay practitioners transparently for teaching and assessment; require provisional-practice employers to pay wages and meet supervision standards; do not rely on unpaid labor.
16. Publish the complete cost per graduate, tuition target, reserve policy, capital structure and outcome dashboard before recruiting students.

Questions COE and the Department must answer

- What comparative evidence shows full-time permanent faculty produce safer entry-level care than qualified practitioner faculty?
- What graduate outcome improves because a college itself produces substantial research?
- Why must every required clinic receive an annual in-person inspection when COE uses risk-based sampling for its own site visits?
- What evidence makes 130 weeks necessary for every competent student?
- Why do fixed residential quotas survive when online and in-person outcomes are equivalent?
- Why must every graduate be independently ready on graduation day instead of entering paid supervised practice?
- Why must a foreign-trained veterinarian purchase an AVMA-controlled certificate and terminal CPE instead of proving equivalence through independent testing and a paid, audited provisional-practice year?
- What is the per-student cost of each mandate, and what less restrictive alternative did COE test?
- Why is COE's standard-validation process administered through AVMA and based on perceived importance rather than causal outcome evidence?
- What standard will COE repeal first if it cannot meet the proposed federal burden?

NAVEC position

The Department should terminate, suspend or decline renewal of AVMA COE's federal recognition. Structural dependence, unvalidated cost-raising mandates, the domestic–foreign CPE double standard, reliance on an unauditable licensing examination and five decades of supply-restricting forecast error establish that COE is not a reliable independent authority. A protected transition and multiple successor accreditors can preserve every legitimate student- and patient-safety interest without preserving the incumbent gate.

APPENDIX A

Model definitions and assumptions

These school designs are transparent research counterfactuals, not audited financial reporting, accredited programs, tuition offers or forecasts. Each asks what annual tuition would be required under an identified operating and revenue structure. All values are nominal 2026 dollars unless a source states otherwise.

The same equation applies to programs of different length because the tuition-paying population is explicit:

$$\text{Annual tuition } T = [1.05 \times A + D - R] \div (0.98 \times P)$$

A is itemized annual operating expense; D is annual debt service for startup, fit-out and enrollment ramp; R is recurring non-tuition revenue; and P is the number of students billed that year. The 1.05 factor funds a 5% reserve and 0.98 assumes 98% collection. R equals zero in every final model: no clinic contract, donor, hospital profit or institutional subsidy is used.

Model	Operating A	5% reserve	Startup debt	Annual D	Paying P	Tuition T
Independent 3-year DVM	$15.900M	$0.795M	$19M	$2.152M	600	$32,053
Single-school, three-branch DVM	$46.550M	$2.328M	$53M	$6.004M	1,800	$31,112
Five-year BS/DVM + transition	$17.800M	$0.890M	$30M	$3.399M	400 F + 600 P	$17,060 F / $26,192 P

Integrated phase equation: 0.98 × (400 × F + 600 × P) = $22.089M; F = $17,060 and P ≈ $26,192. The five-year student total is $112,697.

Program totals and financing exposure

Model	Paying years	Program tuition	Living cost	Financing exposure	Starting point
Independent 3-year DVM	3	$96,160	$15k home / $84k away	$111,160 / $180,160	DVM-stage only
Single-school, three-branch DVM	3	$93,336	$15k home / $84k away	$108,336 / $177,336	DVM-stage only; all branches
Five-year BS/DVM + transition	5	$112,697	$25k home / $140k away	$137,697 / $252,697	Full route from college entry

The integrated budget allocates $5.56M of operating expense to 400 foundation students and $12.24M to 600 professional students, then assigns the 5% reserve and launch-debt service by phase. The resulting $17,060/$26,192 schedule preserves the full $22.089M annual requirement; it does not assume a subsidy or reduce the audited planning budget.

Branch-campus scale sensitivity

Entrants / branch	School payers	Operating	Startup	Debt service	Annual need	Tuition
150	1,350	$40.213M	$48.5M	$5.494M	$47.718M	$36,068
200 reference	1,800	$46.550M	$53.0M	$6.004M	$54.882M	$31,112
250	2,250	$52.888M	$57.5M	$6.514M	$62.046M	$28,139
300	2,700	$59.225M	$62.5M	$7.080M	$69.267M	$26,178

Reference case, not a cap. Scaling preserves full local-campus teaching, laboratories, support and paid placements; only central fixed costs are spread. Required clinical volume rises from 21,600 to 43,200 student-weeks. Growth remains contingent on case mix, supervision, patient safety and independent outcomes.

Clinical-placement price sensitivity

Placement rate	Independent A	Three-branch A	Independent tuition	Three-branch tuition	Interpretation
$100 / week	$12.06M	$35.03M	$25.2k	$24.3k	No market support identified
$250 / week	$13.50M	$39.35M	$27.8k	$26.8k	Lean sensitivity
$500 / week	$15.90M	$46.55M	$32.1k	$31.1k	Report planning case
$1,250 / week	$23.10M	$68.15M	$44.9k	$44.0k	Utah State published payment [40]

All cases hold nonclinical costs and launch principals constant and use 7.5% financing, a 5% reserve and 98% collection. Fifteen-year amortization begins at maturity; pre-maturity interest is capitalized. At the 200-entrant reference, the branches buy three times the placement volume; the 5+1 route instead uses paid provisional practice.

Market-response supply framework

Element	Assumption or benchmark	Interpretation
Needs signal	About 37,000 veterinary-service FTE in 2026 and 83,000 in 2031	NAVEC needs-based benchmark; a market signal, not a capacity quota
Domestic program scale	200 entrants per new school: 5 schools = 1,000 seats; 10 = 2,000; 20 = 4,000	Illustrative scale points; no policy cap
Domestic timing	Roughly two-year launch scenario, then five-year BS/DVM and paid provisional practice	Actual launch, enrollment and completion vary
Foreign-trained annual benchmark	25% of total entry: 3,650 domestic graduates → about 1,217 foreign-trained entrants	2026 medical PGY-1 matches were 25.2% IMGs
Immediate channel	Verified foreign DVM + common examinations → paid provisional practice	Subject to immigration and state law; no repeat U.S. degree
Entry rule	Programs may enter or expand while outcomes, solvency and market signals support them	Accreditor controls quality—not national seat quantity

The annual comparison is directly observed in medicine: 9,682 IMGs matched to PGY-1 positions in 2026, or 25.2% of 38,354 PGY-1 matches. The separate AAMC stock statistic—25.6% of active physicians—corroborates that the annual flow is not anomalous. NAVEC rounds both to a 25% annual veterinary-entry benchmark. The implied 1,217 is the gross annual benchmark and may be exceeded while shortages remain severe. [29]–[30], [38]

Measurement domain	Required public indicators
New and expanded seats	Annual seats by program, region, tuition and accreditor
Provisional entry	U.S.- and foreign-trained permits, credential-to-permit time and work authorization
Quality	Exam, OSCE, workplace-assessment, extension, complaint and discipline outcomes
Workforce	Completion, unrestricted licenses, retention, vacancies, hours and geographic distribution
Access and price	Appointment waits, unmet care, new practices, prices and veterinary-service CPI

Avoided price pressure = $1 - (1 + \text{service-capacity gain})^{-\beta}$

Capacity gain	β=.15	β=.35	β=.60
5%	0.7%	1.7%	2.9%
10%	1.4%	3.3%	5.6%
20%	2.7%	6.2%	10.4%
25%	3.3%	7.5%	12.5%

Market response, not a quota

- The 37,000- and 83,000-FTE estimates are market signals, not limits on how many qualified schools or entrants may respond.
- The 25% foreign-trained share is medicine's annual-entry baseline and may be exceeded while shortages remain severe.
- Every additional 200-seat school adds another 200 annual entry seats after launch; expansion continues while outcomes and demand support it.
- Public reporting of waits, prices, vacancies and quality determines when supply has caught up—not a national seat allocation.

APPENDIX B

Model standards for independent accreditors

NAVEC publishes the following language as a research and advocacy proposal for evaluation by federally recognized veterinary accreditors. Publication is not an accreditation act, a licensing decision or a promise that any program will qualify.

Domain	Proposed language
Institution	A program may be operated by an accredited institution or an independently authorized nonprofit professional school. It shall demonstrate governance, solvency, student protection, teach-out capacity and qualified veterinary oversight. No corporate form is required.
Faculty	A program shall employ or contract enough qualified educators and clinical preceptors. No proportion is prescribed by appointment status. Continuity shall be demonstrated through agreements, coverage, training, calibration and outcomes.
Facilities	Ownership is not required. The program shall demonstrate safe access to resources needed for its competencies. Off-campus oversight shall be risk- and performance-based, using remote review, sampling and in-person inspection for cause.
General-DVM outcomes	Every graduate shall demonstrate the required broad entry competencies. A program may obtain species, specialty, diagnostic and field expertise through contracted practitioners, shared laboratories and verified clinical networks; ownership and appointment status are not outcome substitutes.
Research	Every student shall demonstrate evidence appraisal, research ethics and clinical quality improvement. The institution is not required to produce original research.
Duration	Program length shall be sufficient for demonstrated competence and shall not be fixed by elapsed weeks. Competency-based acceleration is permitted when observation, case mix and external assessment remain adequate.
Practice authority	The DVM is an academic credential, not automatic unrestricted authority. State law may issue a provisional-practice permit after external entry gates and grant independent authority after one paid year, documented workplace performance and an independent assessment. Three- or six-month extensions require a documented competency gap.
Foreign-trained veterinarians	States shall be able to verify a recognized foreign veterinary degree directly and place a qualified graduate into the same independent examinations, provisional permit and paid transition-to-practice pathway without requiring an ECFVG or PAVE certificate.
Delivery	Modality shall follow the learning objective and demonstrated outcomes. Patient-contact skills occur in person; didactics, case review, feedback and consultation may occur remotely where outcomes are equivalent.

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Data integrity statement

Printed AAVMC totals are treated as reported; digitized chart values remain approximate. Tuition and fees are 15% of mean revenue, not a teaching-cost allocation. The approximately 489-student normalization is a cross-tab estimate and does not price the models. NAVEC budgets and pathways are planning scenarios, not audited finances or offers. The integrated phase schedule retains the full $22.089M annual need. Living at home assumes $5,000 of annual student cash expense plus family-provided housing and meals in kind. The Pell illustration holds the 2026–27 maximum constant and assumes continuing eligibility; family cash and earnings are modeled, not guaranteed. Startup debt begins amortization at maturity. The federal rule is proposed.

Report date: August 28, 2026. Suggested citation: NAVEC, Accredited Into Scarcity: The Case for Terminating AVMA COE's Federal Recognition (Aug. 2026).

> ***The public question is not whether a new school looks like the incumbent model. It is whether its graduates can demonstrate the same knowledge, clinical skill, judgment and workplace performance at a lower cost.***
>
> NAVEC conclusion

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