



# EXAM 950 2021 Examination Security Form

**This form is to be completed, signed and sent to the AVDC Executive Director by October 31<sup>st</sup>, in the year prior to taking the Phase 1 examination, or by March 1st for the Phase 2 Examination.**

## **Ethical and Professional Standards Statement**

AVDC endorses the AVMA Principles of Veterinary Medical Ethics and the American Board of Veterinary Specialties (ABVS) statement that members of ABVS-recognized specialty colleges are to “*Demonstrate unquestionable moral character and ethical professional behavior*”. I understand and accept that candidates for the AVDC examination are required to adhere to this standard.

I understand and accept that I am required to abide by the AVDC Guidelines for Use of Specialty Titles (*available on the AVDC web site*), and specifically that I may not use the terms “veterinary dentist”, “board eligible” or “board qualified” and that no connection with the AVDC may be made or implied until I have successfully completed the examination and am certified as a Diplomate of AVDC.

### *Specific Limitations on Examination Conduct and Communications:*

I understand and accept that the giving or receiving of aid in the examination as evidenced by observation at the time of the examination, or the use of notes, or the taking of notes other than on the examination booklet, or removal of materials from the examination room, or discussion of the examination with other individuals, or any other forms of misconduct or cheating may be sufficient cause for the American Veterinary Dental College to terminate my participation in the examination, and/or to invalidate the results of my examination, and/or to deny my entrance to all future examinations.

I understand and accept that the format and content of the examination are the property of the AVDC, and that I may not divulge information about the examination to others. I accept that the only exception to this rule is that, should I fail any part of the examination, I am permitted to discuss my performance with my supervisor/program director in order to better prepare myself for my next examination attempt.

If you have a chronic disability that may impact your performance on the examination, please review the AVDC Disability Form and contact the AVDC Executive Director for further guidance.

Printed Name of Candidate: \_\_\_\_\_

Signature of Candidate: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Mentor: \_\_\_\_\_ Date: \_\_\_\_\_

