AMERICAN VETERINARY DENTAL COLLEGE

Manual for Residency Directors

Revised June 2026

NOTE: Text shown in blue reflects new or revised content added during the 2026 revision. This document supersedes the April 2024 edition for programs beginning on or after July 1, 2026.

Beginning July 1, 2026, every AVDC residency training program must have a registered start date of either January 1st or July 1st. Limiting program start dates to these two times each year improves administrative tracking of document due dates and other residency-related submissions tied to timelines, and makes committee workloads more predictable.

Table of Contents

PART ONE: For Residents Beginning On or After July 1, 2026

1.0 Information for Diplomates 4

Objectives of a Residency Program 4

1.1 Should I Become a Residency Supervisor? 4

Other Specialty Hours 5

1.2 Definitions Relative to Role and Supervision by Diplomates 5

1.3 Questions to Ask Yourself Before You Decide to Become an AVDC® Residency Supervisor 6

1.4 New Requirements for Residency Directors (Effective July 2026) 7

2.0 Evaluating a Possible Resident 8

2.1 Program Requirements 8

2.2 Relationship Evaluation 8

2.3 Facilitated Reviews and Feedback 8

3.0 Residency Application 9

4.0 The Residency Supervisor Role 9

4.1 Annual Reporting 9

4.2 Preparing for Credentials 10

4.3 Credentials Results 10

5.0 Examination Structure: Phase 1A and Phase 1B 10

5.1 Phase 1A: Foundational Knowledge Exam 11

5.2 Phase 1B: Critical Thinking Exam 11

5.3 Foundations Course 11

5.4 Portfolio Requirements 12

5.5 Full and Provisional Approval of Credentials 12

5.6 Preparing Candidates for the Examination Process 13

5.7 Examination Results 13

6.0 Sample Residency Timelines 13

6.1 July Start Date Timeline 14

6.2 January Start Date Timeline 14

7.0 Missed Deadlines 15

8.0 Troubleshooting the Residency Process 15

8.1 RPAC Forms 16

9.0 Support Resources for Residency Supervisors 16
9.1 Human Resources 16
9.2 AVDC® Committee Support 16
10.0 Overview: Legacy and Conversion Pathways 18
10.1 Staying on the Legacy Pathway 18
10.2 Converting to the New Training Pathway 18
10.3 Mid-Pathway Conversion: Phase 1 Credit and Phase 2 Equivalency 19
10.4 Partial Phase 2 Pass — Case-by-Case Evaluation 20
APPENDIX A: Sample Residency Syllabus and Milestone Benchmarks (Example Only — Not a Requirement) 20
APPENDIX B: Suggested Journal Club / Topic Rounds Topics (Example Only — Not a Requirement) 23

PART ONE

For Residents Beginning On or After July 1, 2026

1.0 Information for Diplomates

Objectives of a Residency Program

- To promote aptitude and clinical proficiency in the diagnosis, treatment, and aftercare of animals with oral disease.
- To provide learning opportunities to review the basic sciences pertaining to oral disease.
- To provide exposure to a wide range of products and instruments related to oral health and treatment.
- To provide a mentoring environment that adequately prepares the resident for AVDC® board certification.
- To provide the opportunity to pursue career goals in teaching, research, clinical service, and/or specialty practice.

1.1 Should I Become a Residency Supervisor?

The decision to become a mentor to a colleague is an important and required step for the success of the applicant in an AVDC® training program and, ultimately, in the successful completion of the board certification process. Diplomates who have mentored residents often find it to be a very rewarding way of repaying their debt to those who helped them. An added advantage is that it keeps you current on the veterinary dental literature and aware of changes in College procedures.

2026 NOTE: With the retirement of the Phase 2 practical examination, the mentor's role as evaluator of hands-on clinical competency has increased significantly. Residency Directors are now the primary mechanism by which clinical skill development and decision-making are assessed throughout the training program. This is a responsibility that must be taken seriously and executed with rigor, honesty, and high standards.

The Supervisor's role is to guide and evaluate the resident through their training program, including preparation of credentials materials and the examination process. The Residency Site Requirements and Responsibilities Document can be found at https://avdc.org/diplomate-services/.

Diplomates apply for residency site approval with the AVDC®. These applications are reviewed by the Residency Program Administration Committee (RPAC). Re-application is required every 5 years using the Five-Year Re-Evaluation Form for Residency Sites (FORM AVDC 350), available at https://avdc.org/diplomate-services/.

In addition to providing your dental knowledge and expertise, mentorship will require time for: clinical case teaching; evaluation of MRCL cases, Annual Report and Credentials application submissions; didactic teaching; cadaver training sessions; and structured resident review meetings.

Other Specialty Hours

40 hours of postgraduate training in each of the following disciplines is required: Anesthesia, Surgery, and Radiology, supervised by Diplomates of the relevant specialty colleges.

Anesthesiology:

- Up to 8 of 40 required anesthesia contact hours may be fulfilled by attending Anesthesiology Specialist Training modules at the Annual Veterinary Dental Forum, CE lectures, or virtual content. Certification of attendance is required.
- A minimum of 32 (and optionally 40) of the 40 required anesthesia contact hours are to be spent with a board-certified (ACVA, ECVA) anesthesiologist on the clinic floor, including exposure to preoperative and postoperative pain management. Certification of attendance is required.

Radiology/Imaging:

- Of the required 40 hours, a minimum of 16 hours is to be focused on dental/oral/maxillofacial imaging techniques.
- Up to 4 hours of Advanced Imaging (cone beam CT, CT, MRI, etc.) can be satisfied with CE content provided by an OMFS Fellow.
- Up to 16 of 40 hours can be fulfilled by SIT content at the Forum, CE lectures, and/or virtual content.
- Maximum of 10 contact hours may be accumulated with a human radiologist or dentist focusing on oral/maxillofacial radiographs.

Surgery:

- Up to 20 hours spent with an OMFS Fellow can count toward SIT surgery specialty hours.
- Up to 8 of 40 hours can be fulfilled by SIT content at the Forum, CE lectures, and/or virtual content. The surgery SIT module at the VDF must include a hands-on wet-lab portion.
- Participating in clinical surgeries performed by an ACVS/ECVS diplomate, or oral/maxillofacial surgeries performed by a board-certified MD or DDS/DMD oral/maxillofacial surgeon, or cadaver practice under direct supervision of a Surgery diplomate. (Maximum of 16 hours may be claimed for human surgery observation.)

It is recommended that specialty hours be completed as early in the residency as possible, ideally within the first year, for maximum benefit to the resident's clinical development.

1.2 Definitions Relative to Role and Supervision by Diplomates

Residency Director is the AVDC® Diplomate responsible for supervising AVDC® Residency training program(s) at an approved site, signing all documentation verifying completion of the program, and all correspondence with the AVDC®.

Supervising Diplomate is an active AVDC® Diplomate responsible for direct supervision of a resident while the resident is in clinical training. In programs with a single AVDC® Diplomate present, the Supervising Diplomate is the Residency Director.

Diplomate Direct Supervision is defined as the Residency Director/Supervisor and the resident participating in clinical practice together, in which both the Diplomate and resident are on duty interactively and concurrently managing cases. Direct supervision means a Board-Certified Veterinary Dentist® is readily available on the premises where the patient is being treated and has assumed responsibility for the veterinary care given.

The AVDC® requirement is a minimum of **100** weeks of direct-diplomate-supervised dental and oral surgery clinical service time during the **36**-month residency training program.

To ensure the required 100 weeks of dental service time will be available, the dental service at the practice or institution hosting the Residency Program shall schedule on average at least 36 weeks per year of active clinical dental and oral surgery service. In the first year of the program, a minimum of 34–36 weeks of direct diplomate supervision is strongly encouraged. Under no circumstances should direct supervision fall below 30 weeks in any given year without prior RPAC approval.

Diplomate Indirect Supervision is defined as a Residency Director/Supervisor that may or may not be on the premises with the resident and who has provided either written or oral instructions for treatment of the patient. The Residency Director/Supervisor is to be readily available by telephone or other forms of immediate communication.

An AVDC® Diplomate may not be the official AVDC® supervisor for not more than three residents at the same time.

1.3 Questions to Ask Yourself Before You Decide to Become an AVDC® Residency Supervisor

1. Do I enjoy working with others and sharing my veterinary dental knowledge and skills?
2. Do I have the caseload to support a full-time resident?
3. Do I have the time to devote to the resident's training over the next several years, including case review, documentation evaluation, and structured feedback sessions?
4. Do I have the space, facilities, and cadaver access for the resident to practice and study? Am I prepared to make cadaver training available at a minimum of two days per month, and more frequently in the early months of the program?
5. Can I maintain a professional relationship with honest evaluation and constructive criticism? Am I willing to identify program or resident inadequacies and recommend changes, or even termination, if necessary?

6. Do I understand that with the retirement of the Phase 2 practical examination, my feedback and hands-on evaluation are now the primary mechanism for assessing resident clinical competency throughout the program?
7. Do I know what resources are available, what the supporting committees do, and how to contact them?
8. Am I comfortable providing thoughtful, accurate, and timely feedback on clinical cases, and addressing performance deficiencies directly with the resident?
9. If I encounter challenges with a resident, do I have a collegial network of diplomates I can consult?

1.4 New Requirements for Residency Directors (Effective July 2026)

The following requirements, whether new or existing, apply to all new Residency Director applications submitted on or after July 1, 2026.

- New Residency Directors establishing a new program must have a minimum of 3 years of clinical practice following board certification. Directors assuming responsibility for an established program must have a minimum of 2 years of post-certification clinical experience.
- If a diplomate has not had a resident or a site has not hosted a resident in the past 5 years, new site and director applications must be submitted. The site is considered inactive and closed until a new application is approved.
- Failure to submit a 5-year review when requested will result in closure of the site until a new application is approved.

The following are recommended for all residency sites:

- As part of the application to become a Residency Director, applicants are recommended to demonstrate completion of a minimum of 6 hours of training in leadership, mentoring, conflict resolution, understanding bias, and/or diversity, equity, and inclusion (DEI). These requirements may be met through certificate programs, lectures, or conferences. Refer to the AVDC® website for a curated list of suggested programs.
- An additional minimum of 10 hours of this training is recommended to be completed by the Residency Director by the time of the 5-year residency site re-evaluation.
- Primary Supervisors (supervisors of record who are not the Residency Director) are also recommended to complete a minimum of 10 hours of this training.
- Every site should ideally have two diplomates or have a written, signed contingency plan identifying a pre-approved backup diplomate willing to assume the role of Residency Director if needed. This should be disclosed to the prospective resident prior to the start of the program and documented on the APP-100 form.
- New residency sites are recommended to accept only a single resident until they have demonstrated that the first resident is meeting program expectations.

- 3D imaging capability (Cone Beam CT or conventional CT) is strongly recommended on-site. Sites without this capability are encouraged to develop a plan to obtain it. Effective June 2027, new site applications will be required to demonstrate access to 3D imaging.

2.0 Evaluating a Possible Resident

2.1 Program Requirements

1. The Residency Program shall consist of a minimum of 36 months of supervised training, postgraduate education, and clinical experience in the science and practice of veterinary dentistry and its supporting disciplines under the direct supervision of at least one Diplomate who participates actively in that program.
2. Candidates who have successfully completed other relevant forms of extensive, formal certification may petition for partial reduction of the program length via the Advanced Standing option. Approval must be completed before the residency program starts.
3. Graduate degree studies related to dentistry may be included in the program; however, at least 100 weeks of the time in a combined graduate degree-residency program must be allocated to clinical case responsibility.
4. Maximum time for a residency is 6 years.
5. All residency programs beginning on or after July 1, 2026 must meet the new training pathway requirements described in this Manual.

2.2 Relationship Evaluation

A long-term relationship of this sort requires planning and agreement initially, plus reevaluation along the way. Find out what you can about the potential resident: request a CV, seek references from colleagues or current/former employers (with permission), and directly observe their current level of dental skill and available facilities.

The resident must be aware of time and financial commitments, including:

- Preparation of registration application materials and payment of AVDC® fees.
- Commitment of professional time for visitations and training requirements.
- The need to grow advanced dental caseload and surgical skills.
- Ability and willingness to keep detailed records and logs.
- Expenditures for required dental equipment and materials.
- Travel and costs associated with specialty hour requirements.
- Payment of annual AVDC® training program fees.
- Time for and cost of additional dental continuing education.
- Preparation of credentials application materials.

2.3 Facilitated Reviews and Feedback

As part of an early discussion with the potential resident, prepare a plan to complete the residency. Both the Diplomate and resident need to agree on the planned program to avoid misunderstandings. Discussion should include when and how Diplomate guidance and resident evaluation will be provided.

Structured resident reviews are required at the following minimum frequency:

- Month 1 from start date
- Month 3 from start date
- Every 6 months through the end of the training program (or more frequently as needed)

A probationary period is recommended, including at least 2–3 days of direct observation at your practice. An end-of-probation evaluation, openly discussed by both parties, is strongly encouraged.

3.0 Residency Application

Within 30 days of the proposed program's start date, an application for registration of a training program is to be submitted to the AVDC® Executive Director. The residency site application should ideally be approved in advance of the program application for a specific resident. All forms are available at https://avdc.org/resident-forms/.

The APP-100 form requires the signature of the Residency Director. Beginning with applications submitted under the new 2026 requirements, APP-100 will include checkboxes confirming:

- A backup diplomate contingency plan has been identified (recommended).
- 3D imaging access has been confirmed, or a plan is in place (recommended).

4.0 The Residency Supervisor Role

4.1 Annual Reporting

The Residency Supervisor reviews and signs off on the resident's Annual Report to the TSC. Deadlines are updated regularly on the AVDC® website. Items in the Annual Report are to be sent to the Supervisor in sufficient time (several weeks) to allow review before the deadline.

A Residency Supervisor should not allow a resident to submit a deficient or substandard Annual Report. Incomplete or late materials submitted to the AVDC® will be returned unreviewed. Substandard submissions will not be approved and can result in delay, suspension, or termination of the program.

Annual Report documentation will include confirmation that required resident reviews have taken place and that the resident has been provided with a copy of any review feedback.

The TSC review of the Annual Report identifies areas where training progress may be insufficient and makes suggestions for correction. The Residency Supervisor should review this evaluation with the resident and address any deficiencies promptly.

4.2 Preparing for Credentials

Most of the preparation work should be done well before the resident submits their credentials application package. If the Residency Supervisor has to do the critical assessment work on behalf of the resident, this is an indicator that the resident is not yet ready to apply.

Three things a Residency Supervisor can do to help a resident's credentials application succeed:

1. Remind the resident to thoroughly read the AVDC® training program documents before preparing specific items.
2. Support the resident in performing and documenting each MRCL case from the start of the program as if it would be the subject of a case report. Well-kept logs result in rapid escalation of the standard of care patients receive.
3. Encourage early completion of Specialty Hours so that learned knowledge can be applied throughout the entirety of the program.

A residency completion certificate, signed by the Residency Director, is either required at the time of credentials submission or provisional acceptance can be requested. This certificate confirms that the resident has met all residency site requirements in addition to the minimum AVDC® requirements. Evidence of a certificate of completion of the 36 month residency training program is required for successful board certification.

Radiograph sets must be taken by the resident. The Residency Supervisor may comment on quality prior to submission. Publications are to be the work of the resident, with the Diplomate serving in an advisory role.

Residents are not permitted to sign off on their own forms where a supervisor's signature is required. Doing so will result in termination of the Residency Program.

4.3 Credentials Results

Approval: Time for celebration. Review the next major section of this Manual regarding the examination process.

Non-Approval: The AVDC® sends the decision to both the resident and the Residency Director. The non-approval notification lists options available to the resident. Remind the resident that review of publications and radiograph sets is conducted anonymously. Read the reasons for non-approval and assist the resident in determining objectively whether they are valid.

After credentials are accepted, the resident is referred to by the AVDC® as a 'candidate.'

5.0 Examination Structure: Phase 1A and Phase 1B

IMPORTANT: Effective for all residents beginning on or after July 1, 2026, the legacy Phase 1 written examination and Phase 2 practical examination are replaced by two new examinations: the Phase 1A Foundational Knowledge Exam and the Phase 1B Critical Thinking Exam. The legacy Phase 1 and Phase 2 examinations will continue to be offered through 2030 only for residents who started before July 1, 2026 and remain on the legacy pathway. See Part Two of this Manual for details.

5.1 Phase 1A: Foundational Knowledge Exam

The Phase 1A Foundational Knowledge Exam assesses core principles and facts including knowledge of materials, equipment, biology of dentistry and maxillofacial disease, anatomy, development of tooth and maxillofacial structures, procedural techniques, and basic surgical, radiographic, and anesthetic principles.

- Eligible to sit: After 18 months of residency training
- First offering: January 2028 (18 months after the July 2026 program start date)
- Offered twice per year following the initial offering
- Must be passed before the candidate is eligible to sit for Phase 1B
- Maximum of 3 attempts permitted, plus one appeal attempt
- Question formats include multiple choice and other formats (fill-in-the-blank, short answer, matching, etc.). See the candidate-facing Phase 1A Exam Information Document available on the AVDC® website for current format details.
- The exam is based on a specific reading list to be published in 2027. Refer to the AVDC® website for the reading list and any updates.

5.2 Phase 1B: Critical Thinking Exam

The Phase 1B Critical Thinking Exam gauges the candidate's ability to analyze, synthesize, and apply concepts from the veterinary dental literature to clinical scenarios. It is designed to assess higher-order thinking and clinical decision-making.

- Eligible to sit: After 30 months of residency training AND after passing Phase 1A AND after receiving Provisional or Full Approval of Credentials
- First offering: January 2029 (30 months after the July 2026 program start date)
- Offered twice per year following the initial offering
- Maximum of 3 attempts permitted, plus one appeal attempt
- Question formats include multiple choice, short answer, cases, and other formats. See the candidate-facing Phase 1B Exam Information Document available on the AVDC® website for current format details.

Eligibility to sit for an exam does not mean a candidate must take it at first eligibility. Residents should only sit for Phase 1A or Phase 1B when they and their Residency Director are confident they are adequately prepared. Given the 3-attempt limit on each exam, strategic preparation is essential.

5.3 Foundations Course

Completion of the AVDC® sponsored Foundations hands-on laboratory course is required for board certification under the new training pathway. The Foundations course is currently offered once per year. Refer to the AVDC® website for current scheduling, registration, and requirements. Plan early, as the once-yearly offering affects overall residency timeline planning.

5.4 Portfolio Requirements

Portfolio submissions are a required component of the new training pathway. Key rules:

- The first portfolio may be submitted no earlier than 12 months into the residency, and not before July 1, 2027.
- No additional portfolios may be submitted until the first two portfolios have been approved.
- Refer to the AVDC® website for the current number of required portfolios, submission guidelines, and deadlines, as these details are being finalized.

5.5 Full and Provisional Approval of Credentials

Full Approval of Credentials is granted when a candidate has met all the following requirements:

- Required number of portfolios approved
- 36 months of a residency training program
- SIT specialty hours completed
- MRCL completed
- Foundations course completed
- Radiograph sets approved
- Completion of 100 weeks of supervised clinical training
- Publication requirement form 890 (acceptance) approved

Provisional Approval of Credentials is granted when a candidate has met the following requirements:

- Required number of portfolios approved
- 24 months of a residency training program
- SIT specialty hours completed
- MRCL completed
- Foundations course completed
- Radiograph sets approved
- Publication requirement forms 870, 875, and 880 (submission) approved

Provisional Approval allows the candidate to sit for the Phase 1B Critical Thinking Exam following passing the Phase 1A Foundational Exam. Final board certification requires:

- Completion of 36 months of residency

- Completion of 100 weeks of supervised clinical training
- Publication requirement form 890 (acceptance) approved
- Passing Phase 1A
- Passing Phase 1B

5.6 Preparing Candidates for the Examination Process

Throughout the training program, the Residency Supervisor should:

1. Emphasize the importance of regular clinical practice and cadaver work as the primary vehicle for hands-on skill development, given that no practical examination will serve as the final competency check.
2. Review the Phase 1A reading list with the resident early and ensure the resident is systematically working through the material.
3. Encourage the resident to attend the Review and Assessment program at the annual Veterinary Dental Forum.
4. Discuss clinical cases in the context of written materials to build integrative thinking for Phase 1B.
5. Ensure the resident does not sit for either examination until genuinely prepared, given the 3-attempt limit.
6. Periodically review AVDC® web pages on training requirements and the annual Changes document.
7. Direct candidate questions to the AVDC® Executive Secretary rather than to Examination Committee members.

5.7 Examination Results

Pass: Congratulations to the new Diplomate. Encourage them to volunteer for a College committee or consider mentoring others.

Failure: The AVDC® sends a copy of the decision to the candidate and the Residency Director. Remind the candidate that examination decisions are based on code numbers, not names. Review the failure note and assist the candidate in developing a written plan to address weaknesses before the next attempt.

6.0 Sample Residency Timelines

The following timelines are illustrative. Actual milestone eligibility depends on individual start dates. Becoming eligible to take an exam does not obligate a resident to take it at first opportunity. Residents should only sit for exams when they and their Residency Director are confident they are ready. Note that the Foundations course is offered only once per year, which may affect overall timeline planning.

6.1 July Start Date Timeline

Example: Resident begins July 2026

Month / Date	July Start Milestone	Notes
Month 0 Jul 2026	Program begins	APP-100 filed, program registered
Month 12 Jul 2027	First portfolio eligible for submission	Cannot submit before Jul 1, 2027
Month 18 Jan 2028	Phase 1A Foundational Exam (first offering)	Eligible at 18 months; first exam Jan 2028
Month 18-24 Jan–Jul 2028	Portfolios 2 and 3 submitted	No more than 2 portfolios under review at any given time
Month 24 Jul 2028	Earliest credential submission (if all requirements met)	Provisional Approval of Credentials
Month 30 Jan 2029	Phase 1B Critical Thinking Exam (first offering)	Eligible at 30 months; must have Provisional Credentials
Month 36 Jul 2029	Completion of 36-month program 100 weeks supervised training	Final board certification if Phase 1B passed

6.2 January Start Date Timeline

Example: Resident begins January 2027

Month / Date	January Start Milestone	Notes
Month 0 Jan 2027	Program begins	APP-100 filed, program registered
Month 12 Jan 2028	First portfolio eligible for submission	Cannot submit before Jul 1, 2027
Month 18 Jul 2028	Phase 1A eligibility	First offering was Jan 2028; next Jul 2028
Month 18-24 Jul 2028–Jan 2029	Portfolios 2 and 3 submitted	No more than 2 portfolios under review at any given time
Month 30 Jul 2029	Earliest credential submission (if all requirements met)	Provisional Approval of Credentials
Month 30+ Jan 2029 or later	Phase 1B Critical Thinking Exam	First offering Jan 2029; must have Provisional Credentials

Month 36 Jan 2030	Completion of 36-month program 100 weeks supervised training	Final board certification if Phase 1B passed

Note: For January-start residents, the Phase 1B first offering (January 2029) occurs before the resident reaches 30 months of training (July 2029). These residents must wait until they reach 30 months of training AND have received Provisional Approval of Credentials before sitting for Phase 1B, regardless of when the exam is offered.

7.0 Missed Deadlines

Consequences for missed deadlines can be found at https://avdc.org/resident-services/. The AVDC® understands that legitimate circumstances may prevent timely completion of requirements; if such circumstances occur, contact the AVDC® at director@avdc.org.

Missed deadlines will result in suspension of the individual resident's program if:

- Radiograph set(s) are not submitted in the first year or not approved by the end of the second year.
- Publication forms CRED 870, 875, and 880 have not been submitted by their respective deadlines.
- Annual report not submitted by the required deadline.
- Resident does not respond to an Annual Report review within 21 days without a letter requesting an extension.
- Requested corrections from Annual Report review are not made and uploaded to the TSC via DMS.

During a suspension, the resident will not be able to log cases, acquire clinical weeks, obtain specialty hours, or submit publications. A suspended resident cannot submit a credentials package.

8.0 Troubleshooting the Residency Process

Not all relationships or programs are successful. Clear expectations and formal written contracts are strongly encouraged, with consideration given to how disagreements will be addressed and what rights each party holds.

RPAC is the committee created to assist both residents and Residency Supervisors in navigating difficult conversations. RPAC can function as a neutral, collegial party but cannot adjudicate employment contracts or provide legal advice.

If the relationship between the Residency Supervisor and resident has completely broken down, contact the AVDC® at director@avdc.org. A registered trainee may continue to

participate in training program activities for up to 90 days following formal notification of the end date of a residency.

8.1 RPAC Forms

All RPAC forms are available at https://avdc.org/resident-forms/, including forms for reinstatement following suspension, change in Residency Director, full/part-time status change, and voluntary or compulsory suspension.

9.0 Support Resources for Residency Supervisors

9.1 Human Resources

Please refer to the laws and HR guidance in your jurisdiction. Resources include:

- https://www.avma.org/resources-tools/avma-policies/harassment-and-discrimination-free-veterinary-workplace
- https://www.avma.org/resources-tools/diversity-and-inclusion-veterinary-medicine

Residents should be made aware of available HR resources and should have a pathway to discuss workplace concerns with a team member who is not their direct supervisor.

9.2 AVDC® Committee Support

Training Support Committee (TSC): Case log monitoring, annual report feedback, and guidance on tracking training progress.

Residency Program Administration Committee (RPAC): Certifies residency programs and directors, conducts 5-year reviews, and addresses concerns regarding program transfer, leave of absence, or suspension.

Credentials Committee: Reviews radiograph sets, specialty hours, and publication submissions for pre-approval/approval; certifies that a resident has met requirements to sit for the board exams.

Examination Committee: Develops and administers Phase 1A and Phase 1B examinations.

Residency Education Committee: Provides resources and information to support residency directors and residents, including access to the OVID online reference library.

The AVDC® holds question-and-answer sessions for residents and supervisors each year at the annual Veterinary Dental Forum. Attendance by Residency Supervisors, particularly those new to training, is strongly encouraged.

PART TWO

For Residents Who Began Before July 1, 2026

Legacy and Conversion Pathways

10.0 Overview: Legacy and Conversion Pathways

Residents who began their AVDC® training program before July 1, 2026 have two options: (1) remain on the legacy pathway (Phase 1 written + Phase 2 practical examinations), or (2) convert to the new training pathway (Phase 1A + Phase 1B, portfolios, Foundations course, etc). The choice is the resident's, in consultation with their Residency Director.

Regardless of pathway choice, all pre-July 2026 residents are subject to the Phase 1 and Phase 2 sunset dates: the last Phase 1 offering is January 2030, and the last Phase 2 offering is June 2030. There are no extensions to these sunset dates. Residents who remain on the legacy pathway should be aware that the later they are in their program, the fewer remaining attempts they will have at the legacy exams.

10.1 Staying on the Legacy Pathway

Residents who choose to remain on the legacy pathway will:

- Continue under the 30-month minimum program length requirement
- Complete the Phase 1 written examination (last offering: January 2030)
- Complete the Phase 2 practical examination (last offering: June 2030)
- Meet all other existing credential requirements in effect at the time of their enrollment

Residency Directors should counsel legacy-pathway residents about the reduced number of exam attempts available as the sunset dates approach.

10.2 Converting to the New Training Pathway

A pre-July 2026 resident who elects to convert to the new pathway will be held to the same milestone expectations as post-July 2026 residents, with the following important considerations:

- The first Phase 1A exam offering is January 2028 and the first Phase 1B offering is January 2029. Even if a converting resident has already accrued enough training time to be eligible at the time of conversion, they must wait for the first exam offering.
- Portfolio submissions are available starting July 1, 2027. No portfolio may be submitted before that date regardless of time already in program.
- Converting residents must complete the Foundations course, portfolios, Phase 1A, and Phase 1B.

10.3 Mid-Pathway Conversion: Phase 1 Credit and Phase 2 Equivalency

For residents who have already passed the legacy Phase 1 examination and choose to convert to the new pathway:

- A passing result on the legacy Phase 1 examination is accepted as equivalent to passing the Phase 1A Foundational Knowledge Exam. No retake of Phase 1A is required.
- These residents are grandfathered at the 30-month minimum program length and are not required to complete 36 months.
- All other new pathway requirements apply: portfolios, Phase 1B Critical Thinking Exam, Foundations course, and a grandfathered expectation of 78 weeks of supervised clinical training.

The following visual illustrates how the legacy Phase 2 practical examination's competency areas are now distributed across the new pathway requirements:

Legacy Phase 2 Practical Exam Component	New Pathway Equivalent
Hands-on procedural skill demonstration	Ongoing cadaver training + MRCL documentation + Residency Director evaluation throughout program
Clinical decision-making under examination conditions	Phase 1B Critical Thinking Exam
Breadth of clinical case competency	Portfolio submissions (case-based competency documentation)
Supervised clinical hours	100 weeks of directly-supervised clinical training
Structured skill development	Foundations hands-on laboratory course
Additional supervised training (for non-grandfathered residents)	6 additional months (30 → 36 months) of residency program

10.4 Partial Phase 2 Pass — Case-by-Case Evaluation

Residents who have passed some but not all portions of the legacy Phase 2 examination and choose to convert to the new pathway will be evaluated on a case-by-case basis. The general principles that will guide this evaluation are:

- Portfolio submissions will be required for competency areas that were not successfully passed on Phase 2. Residents who passed specific Phase 2 sections may receive credit for those equivalent portfolio areas, subject to RPAC and Credentials Committee review.
- Phase 1B Critical Thinking Exam is required regardless of partial Phase 2 pass status.
- Foundations course completion is required.
- Prior Phase 2 attempt history does not count against the 3-attempt limit for Phase 1A or Phase 1B.

Residents in this situation should contact the AVDC® at director@avdc.org to initiate a review of their individual circumstances.

APPENDIX A

Sample Residency Syllabus and Milestone Benchmarks

EXAMPLE ONLY — NOT A REQUIREMENT. The following syllabus and milestone benchmarks are provided as a template for residency programs to adapt. They are illustrative of the timing and sequencing the College would generally like to see, but failure to meet these benchmarks at precisely the suggested times is not penalized. This resource is intended to be especially useful for new programs or programs seeking to develop a more structured curricular syllabus. Programs are encouraged to provide this document to residents at the time of application so expectations are clear from day one.

Sample Year-by-Year Schedule

Year 1 (40 weeks on clinical service)

- 2 weeks vacation
- 1 week anesthesia rotation (within first 3 months)
- 1 week radiology rotation (within first 6 months)
- 1 week soft tissue surgery rotation (within first 12 months, preferably first 6)
- 5 weeks: research/manuscript/radiograph set preparation
- 1 week: VDF or other dentistry/oral surgery conference
- Research topic and timeline defined within the first 3–6 months
- Radiograph sets submitted prior to the first Annual Report

Year 2 (40 weeks on clinical service)

- 2 weeks vacation
- 8 weeks: research/manuscript/studying for Phase 1A Foundational Exam
- Portfolio submissions initiated
- 1 week: Year 2 Foundations AVDC® hands-on laboratory (if occurring)
- 1 week: VDF or other dentistry/oral surgery conference
- Publication submission targeted by end of Year 2

Year 3 (40 weeks on clinical service)

- 2 weeks vacation
- 6–8 weeks: Phase 1B exam preparation/final portfolio submissions/credential preparation
- 1 week: VDF or other dentistry/oral surgery conference

- Credentials submission upon completion of all requirements or seeking provisional approval

Suggested Milestone Benchmarks by Procedure Area

The following benchmarks represent what the College would generally like to see accomplished by each indicated timepoint. These are aspirational targets, not requirements.

Extractions

- By 3 months: Can discuss extraction of any tooth in cat or dog, including potential complications and their management.
- By 6 months: Can remove an upper fourth premolar and mandibular canine in a dog and close within 1 hour.
- By 6 months: Can evaluate oral cavity and dental radiographs and make treatment decisions for endodontic and periodontal disease unassisted.
- By 9 months: Can accomplish extractions in the majority of canine periodontal cases independently in less than 4 hours.
- By 12 months: Can accomplish a full-mouth extraction in a cat independently in less than 4 hours.

Mandibulectomy / Maxillectomy

- By 6 months: Familiar with typical margins for common benign and malignant oral tumors and can design -ectomy margins on the patient.
- By 9 months: Can execute and close an incisivectomy and dorsal rim excision (live or cadaver).
- By 12 months: Can execute bilateral rostral mandibulectomy and unilateral rostral maxillectomy (live or cadaver).
- By 18–24 months: Can execute bilateral rostral maxillectomy, segmental mandibulectomy, mid-maxillectomy, caudal maxillectomy (with assistance), and total mandibulectomy (with assistance).

Endodontics

- By 3 months: Can complete vital pulp therapy in a cadaver.
- By 6 months: Can complete vital pulp therapy in a live patient and perform access/working length in cadavers.
- By 6–9 months: Can perform a root canal in a canine tooth on a cadaver using hand files independently.
- By 12 months: Can complete root canal in a canine tooth in live patients.
- By 16 months: Can complete root canal in incisors, canines, upper 4th PM, and lower M1 in live patients.

- By 18–24 months: Can perform surgical endodontics in canine teeth and hemi-sections in cadavers; can perform surgical endodontics in upper 4th premolars and lower M1 in cadavers.
- By 24–36 months: Can complete surgical endodontics in live patients as cases present.

Periodontal Therapy

- By 1 month: Can complete a COHAT evaluation without assistance; can complete scaling and polishing and verify completeness.
- By 3–6 months: Proficient in closed root planing and removal of excess gingiva.
- By 6 months: Proficient in open root planing and gingivectomy/gingivoplasty.
- By 12 months: Can perform GTR in cadaver; can be primary on gingival hyperplasia cases; can perform crown lengthening in cadavers.
- By 24–36 months: Capable of performing all periodontal procedures including GTR, sliding flaps, and apically repositioned flaps in live patients unassisted.

Restorative, Prosthodontics, Orthodontics, Fracture Repair, Oral Medicine

Detailed benchmarks for these areas are available in the AVDC® Residency Syllabus Guidelines document. Refer to the AVDC® website for the current version.

APPENDIX B

Suggested Journal Club / Topic Rounds Topics

EXAMPLE ONLY — NOT A REQUIREMENT. The following list of suggested topic rounds is provided as a starting point for residency programs. Programs are encouraged to adapt, expand, and sequence these topics as appropriate for their curriculum. Weekly resident rounds with an engaged diplomate present are strongly recommended as part of a high-quality residency program.

Periodontology

- Oral and periodontal health assessment
- Antibiotics in dentistry and oral surgery: rationale and current guidelines
- Systemic implications of periodontal disease; anatomy of the periodontium
- Biofilms, crevicular fluid, and immunology of healthy and diseased periodontal pockets
- Sonic and ultrasonic scalers and hand instruments
- Pocket reduction techniques and crown lengthening
- GTR, bone augmentation, and perioceutics
- Home care: brushing techniques, VOHC-approved products, and research requirements

Endodontics

- Dentin-pulp complex and endodontic anatomy; apexogenesis
- Endodontic microbiology and apical periodontitis
- Vital pulp therapy: materials and technique
- Access, instrumentation, and sterilization
- Hand and rotary files
- Obturation and restoration
- Apexification and pulp/tooth regeneration
- Surgical endodontics and tooth luxation/avulsion

Anatomy, Physiology, and Development

- Muscles of mastication: anatomy and diseases
- Odontogenesis; developmental abnormalities including dentigerous cysts
- Orofacial embryology and tongue anatomy
- Orofacial clefts and treatment

Oral Medicine

- Canine oral neoplasia
- Feline oral neoplasia
- CMO, calvarial hyperostosis, mandibular periostitis ossificans

- Oral papillomatosis, eosinophilic granulomas, pyogenic granulomas
- Oral manifestations of immune-mediated diseases
- Oral manifestations of systemic metabolic disorders

Other Species

- Equine dental anatomy, common diseases and tumors
- Rabbit, guinea pig, and chinchilla dental anatomy and common conditions
- Occlusal adjustment in pocket pets and equine patients

Additional topic areas (restorative, prosthodontics, orthodontics, oral surgery, radiology/imaging, anesthesia, and fracture repair) should be incorporated based on available caseload and the Phase 1A reading list to be published in 2027.

End of Document