



EXAMINATION INFORMATION FOR EQUINE CANDIDATES

Reviewed and revised 1/24/2024.

This version is current for the 2024 Phase I and Phase 2 Examinations.

Important Information for Candidates:

Dates for the 2024 AVDC exam:

- Phase I will be administered on **January 11-12th, 2024**.
- Phase II will be given at **Rood and Riddle Equine Hospital, Lexington, KY on June 7-9, 2024**.
- The Examination Security Form (EXAM-950) is a separate file, available from the Preparing for the AVDC Examination link on the Resident Resources section of the AVDC website (<https://avdc.org/exam-requirements/>). The form is to be signed and returned (via mail, fax, or email) to the AVDC Executive Secretary by **October 31, 2023** for the Phase 1 examination in January 2024, and by **March 1st, 2024** for the Phase 2 examination in June 2024.

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Disabilities and Other Health Issues

Within the constraints of an examination environment requiring maintenance of anonymity of the candidates and use by the candidates of equipment during the practical examination, AVDC will endeavor to accommodate disabilities or other health concerns that are made known to the AVDC prior to the examination. Any health-related information you elect to submit will be held in confidence. A separate Disability Accommodation Request document and form (EXAM-960) is available in the Examination section of the Information For Registered Trainees web page. Please note that if you have a chronic disability that will necessitate an examination accommodation, a request for accommodation needs to be submitted to the AVDC Board of Directors as soon as possible and at minimum 3 months prior to the second examination attempt for the Phase 1 and Phase 2 of the exam.

Examination Eligibility, Fees, Format, Dates and Location

Veterinarians become eligible to take the AVDC certification examination as a result of successful completion of an AVDC-approved training program and approval of a credentials application.

DATES OF THE 2024 EXAM:

Phase 1 January 11-12th, 2024

Phase 2 at Rood and Riddle Equine Hospital, Lexington KY, on June 7-9, 2024

The examination will consist of two Phases, administered separately:

The **Phase I** multiple-choice exam will be administered remotely using a computer-based testing platform called Examsoft on Thursday, January 11th and Friday, January 12th, 2024 for all candidates. Two security features of Examsoft, ExamID and ExamMonitor, will be used to verify your identity (ExamID) and record your audio, video and screen during the exam (ExamMonitor).

Phase II is the Practical examination administered over two days, requiring candidates to perform procedures on cadavers, which is scheduled to be given at the Rood and Riddle Equine Hospital, Lexington, KY, on **June 7-9, 2024**.

Entry to Phase II will be limited to candidates who have passed the Phase I examination. Any individual who fails the Phase I examination three times is no longer a candidate for the AVDC examination (except as noted under 'Repeat Examinations' on pages 13 and 14 of this document). Individuals who have previously taken and failed one or more parts of the examination and have eligibility for an additional attempt will be allowed to take any part of the examination that they have not yet passed.

Tentative Dates for Future Examinations:

The Phase I exam is administered on the second or third Thursday and Friday in January each year.

Tentative future Phase II Practical examination dates are:

- June 6-8, 2025
- June 12-14, 2026
- June 11-13, 2027

Examination Fees

The Examination fee is separate from the Credentials Application Fee. Examination Fees for the 2024 Examination are:

Phase 1 Examination (Multiple choice examination): \$ 1,500, whether being taken for the first or a subsequent time.

The Phase 1 Examination Security Form (EXAM-950) is to be signed and submitted to the AVDC Executive Secretary and the examination fee paid by new candidates and re-examination candidates by **October 31st, 2023**. This form is available in the Examination section of the [Information for Registered Trainees](#) web page.

Phase 2 Examination (Practical): \$ 3,200 Only candidates who have passed the Phase 1 examination are eligible for entry to the Phase 2 Practical Examination.

The signed Phase 2 Examination Security Form (EXAM-950) is to be submitted by and the examination fee paid by new candidates and re-examination candidates by **March 1, 2024**. This form is available in the Examination section of the [Information for Registered Trainees](#).

Deferral and Refund:

Candidates who have paid an examination fee and who subsequently inform AVDC that they are electing to defer taking the examination no less than 30 days prior to the examination date may request a refund of the paid examination fee, or leave the funds in place as a credit for a subsequent examination attempt. No refund will be available if the candidate does not inform AVDC 30 or more days prior to the examination, except for documented personal or family emergency reasons.

Phase 1 - Multiple Choice Question Examination

Phase 1 of the examination will consist of two sessions; the scores from the two sessions will be combined as a single Phase 1 score in determining Pass or Fail.

Phase 1 will be given **January 11-12th**, 2024, and will be administered remotely via computer at the candidate's home or office location, utilizing a virtual proctor software. Eligible candidates will be given information on selecting a proctor and computer/software requirements well ahead of the examination dates.

Each session of the Phase 1 examination will include approximately 100 four- or five-part multiple choice questions, which may be accompanied by images (radiographs, clinical photos/specimens, dental instruments and materials etc.). The examination will be given in 90-minute increments with bathroom and food breaks between segments. The exact schedule will be given to eligible candidates in advance of the examination dates. The Phase 1 examination is designed to assess knowledge of the scientific literature in topics relevant to veterinary dentistry, plus oral diagnosis and treatment planning abilities, familiarity with anatomy, materials, supplies and equipment, as well as therapeutic judgment in topics relevant to veterinary dentistry, as described in the Examination Content Table below.

AVDC Phase 1 Equine Examination Content Table

Summary of Proportion of Content in each session:

1.	Periodontology	12-14%
2.	Endodontics	10-12%
3.	Oral Surgery	16-18%
4.	Operative Dentistry	7-9%
5.	Orthodontics	12-14%
6.	Oral Medicine	9-11%
7.	Anesthesia & Analgesia	10-12%
8.	Diagnostic Imaging	16-18%

Performance Domain 1: Periodontology ~12-14% of the questions	
Task A.	Understand anatomy, physiology, pathophysiology, and pathology as it relates to periodontology
Knowledge of:	
<ol style="list-style-type: none"> 1. Periodontal anatomy, development, physiology, and histology 2. Pathophysiology of periodontal disease 3. Healing of periodontal tissues 4. Alveolar bone anatomy, physiology, and histology 5. Dietary influence on periodontal health and disease 	
Task B.	Assess periodontal health or disease and develop a comprehensive treatment plan
Knowledge of:	
<ol style="list-style-type: none"> 6. Classification systems for documenting periodontal health and disease (e.g. gingivitis, mobility, periodontal pocket depths, etc.). 7. Instrumentation for periodontal evaluation. 8. Clinical signs and manifestations of periodontal disease. 9. Indications, contraindications, materials and techniques for performing periodontal treatment and addressing pathologic diastemata with or without dental malocclusion. 10. Indications, contraindications, materials, and techniques for treatment of combined periodontic/endodontic lesions. 11. Indications, contraindications, materials, and techniques for tissue regeneration and bone augmentation. 12. Presence of severe cases of periodontal disease requiring staged treatment, including recognition of the impact of dental malocclusion or systemic/immunopathic effects. 13. Assessment of pretreatment systemic, general and local immunologic health of the animal as it relates to treatment 	
Task C.	Utilize appropriate periodontal instruments, materials, and techniques and assess outcome/complications for the treatment plan, and develop follow-up plan
Knowledge of:	
<ol style="list-style-type: none"> 14. Materials and techniques to treat periodontal pockets and exposed reserve crown/root surfaces. 15. Care and use of instrumentation (e.g. curettes, scalers, etc.). 16. Materials and patterns used to suture a periodontal flap (e.g. post-trauma, foreign body defect repair, avulsion management, etc.). 17. Materials and techniques to perform gingival recontouring. 18. Care, use, and mechanism of action of power periodontal equipment (e.g. air abrasion units, ultrasonic scalers, etc.). 19. Visualization equipment (e.g. endoscope, light source, mirrors, etc.). 20. Periodontic monitoring post-treatment. 21. Nutritional management to promote oral health. 22. Home care products – indications, contraindications, techniques, and materials (e.g. oral rinses, chlorhexidine gels, equine toothbrushes, mouth sprays, etc.). 23. Mechanisms of action of home care products. 24. Postoperative care, long-term prognosis, and future assessment. 25. Strategies for periodontal disease prevention, maintenance and improvement. 	

Performance Domain 2: Endodontics ~10-12% of the questions	
Task A.	Understand anatomy, physiology, pathophysiology, and pathology as it relates to endodontics
Knowledge of:	
<ul style="list-style-type: none"> 26. Gross and microscopic endodontic and periapical anatomy 27. Development, histology, physiology and pathophysiology of the pulp, pulp-dentin complex and periapical tissues 28. Response of pulp, pulp-dentin complex, and periapical tissues to both normal oral forces and abnormal pathologic influences. 	
Task B.	Assess endodontic health or disease and develop a comprehensive treatment plan
Knowledge of:	
<ul style="list-style-type: none"> 29. Clinical signs of, and methods to assess, endodontic health and disease (includes non-vital teeth, tooth fractures, tooth resorption, pulpitis, and developmental defects). 30. Classification systems for documenting endodontic health and disease (e.g. pulp horn numbering, tooth fracture nomenclature, etc.). 31. Indications, contraindications, materials, and techniques for vital pulp therapy, plus or minus coronal reduction. 32. Indications, contraindications, materials, and techniques for standard (orthograde) endodontic therapy. 33. Indications, contraindications, materials, and techniques for surgical (retrograde) endodontic therapy. 34. Indications, contraindications, materials, and techniques of apexification. 35. Physical properties of endodontic materials. 	
Task C.	Utilize appropriate endodontic instruments, materials, and techniques and assess outcome/complications for the treatment plan, and develop follow-up plan
Knowledge of:	
<ul style="list-style-type: none"> 36. Access and feasibility of standard (orthograde) and surgical (retrograde) endodontic therapy 37. Materials, equipment, and methods for root canal debridement and irrigation 38. Materials, equipment, and methods for obturation 39. Materials, equipment, and methods for restoration following endodontic therapy 40. Radiographic guidance during endodontic procedure 41. Causes, prevention, and treatment of iatrogenic procedural complications of endodontic therapy 42. Challenges posed by equine endodontic anatomy, eruption, and attrition 43. Radiographic evaluation of treatment outcome and long-term monitoring 	

Performance Domain 3: Oral Surgery ~16-18% of the questions

Task A. Understand anatomy, physiology, pathophysiology, and pathology as it relates to oral surgery

Knowledge of:

44. Anatomy, development, histology, physiology, pathophysiology, and pathology of maxillofacial and oral structures including nasal passages, paranasal sinuses, and temporomandibular joint.
45. Pathophysiology and pathology of primary and secondary sinus disease.
46. Maxillofacial and mandibular fracture types.
47. Biomechanical effects of mastication.
48. Incidence, prevalence, and biological behavior of oral tumors, cysts and non-neoplastic diseases that can mimic neoplasia.
49. Pathophysiology and pathology of acquired and congenital hard and soft palate defects
50. Physiology of hard and soft tissue healing

Task B. Assess health or disease as it relates to oral surgery and develop a comprehensive treatment plan

Knowledge of:

51. Assessment of hard and soft palate defects.
52. Assessment of head trauma patient.
53. Assessment of primary and secondary sinus disease.
54. Indications, contraindications, and techniques for exodontia of teeth.
55. Indications, contraindications, and techniques for sinus surgery.
56. Indications, contraindications, and techniques for incisional/excisional biopsy.
57. Indications, contraindications, and techniques for partial mandibulectomy and maxillectomy.
58. Indications, contraindications, and techniques for repair of acquired and congenital hard and soft palate defects.
59. Indications, contraindications, and techniques for maxillofacial and mandibular fracture repair.
60. Techniques, materials, indications and contraindications for repair of traumatic injuries.
61. Indications, contraindications, and techniques for salivary and lymph node surgery.
62. Indications, contraindications, materials, and techniques for oronasal and oroantral fistula repair.

Task C. Utilize appropriate oral surgical instruments, materials, and techniques and assess outcome/complications for the treatment plan, and develop follow-up plan

Knowledge of:

63. Non-surgical and surgical extraction techniques (includes all forms extraction).
64. Techniques, instrumentation, and management plans to address primary and secondary sinus disease.
65. Extraction site management (e.g. protect adjacent tissue, flap creation, suture techniques, packing materials, etc.).
66. Instrumentation for all forms of exodontia..
67. Management of teeth in fracture lines.
68. Management of temporomandibular joint disease and associated conditions.
69. Management of tooth displacement injuries.
70. Materials, instrumentation, and techniques for oral and maxillofacial surgery.
71. Noninvasive and invasive techniques for treatment of maxillofacial trauma.

72. Nonsurgical and surgical methods for treatment of hard and soft palate defects.
73. Nonsurgical and surgical treatment of osteomyelitis.
74. Nutritional management of the oral surgery patient.
75. Complications of extraction procedures and their management.
76. Complications of hard and soft palate repair procedures and their management.
77. Complications of maxillofacial trauma repair and their management.
78. Complications of oral biopsies and their management.
79. Complications of partial mandibulectomy and maxillectomy and their management.
80. Postoperative and follow-up management of the oral surgery patient.

Performance Domain 4: Operative Dentistry ~ 7-9% of the questions

Task A. Understand anatomy, physiology, pathophysiology, and pathology of tooth structure

Knowledge of:

81. Normal anatomy, embryology, development, physiology, and histology of dental structures (enamel, dentin, cementum, etc.).
82. Pathophysiology and pathology resulting in loss of dental structure (e.g. tooth resorption, caries, tooth fracture, infundibular cemental hypoplasia and degradation, etc.).
83. Response to injury and healing of dentin, dentin-pulp complex, and cementum.

Task B. Assess structural integrity of teeth and develop a comprehensive treatment plan

Knowledge of:

84. Nomenclature and classification systems for loss of dental structure (e.g. infundibular degradation, tooth resorption, tooth fracture, etc.).
85. Detection and management of direct and/or indirect pulp exposure.
86. Effects of alteration of normal anatomy on structural integrity.
87. Periodontal considerations for dental restoration and prostheses.
88. Indications and contraindications for infundibular restoration.
89. Indications and contraindications for placement of dental prostheses (crowns.).
90. Indications, contraindications, and uses of restorative and prosthodontic materials.
91. Types, uses, and physical properties of restorative materials.
92. Principles of micro- and macro-mechanical retention.
93. Polishing equipment and materials for use on enamel and restorative materials.

Task C. Utilize appropriate operative dentistry instruments, materials, and techniques and assess outcome/complications for the treatment plan, and develop follow-up plan

Knowledge of:

94. Cavity or defect preparation (e.g. cavo-surface angles, cavity shaping for material retention, etc.).
95. Techniques, instruments, and materials for restoration including infundibular.
96. Challenges posed by equine dental anatomy and function regarding restoration.
97. Complications and challenges of infundibular restoration.

98. Placement and finish of restoration material.
99. Techniques for managing and evaluating occlusal contacts following restorative procedure.
100. Techniques and materials for obtaining impressions and model fabrication.
101. Techniques, materials, indications, and contraindications for crown preparation, fabrication, and cementation.
102. Dental laboratory prescription writing.
103. Complications of operative dentistry and its management.
104. Postoperative and follow-up management of restorative dentistry patient.

Performance Domain 5: Orthodontics ~ 12-14% of the questions

Task A. Understand anatomy, physiology, pathophysiology, and pathology of occlusion

Knowledge of:

105. Developmental anatomy and physiology of skull, teeth, and occlusion.
106. Anatomy, histology, physiology and pathophysiology of skull and tooth development and dental eruption, attrition, abrasion, and exfoliation.
107. Normal occlusal contacts.
108. Mechanics of normal prehension, occlusion, and mastication.
109. Pathologic and non-pathologic malocclusions and their impact on prehension, occlusion, mastication, periodontal structures and overall health/function of the horse.
110. Occlusal characteristics of various skull types and ages categories.
111. Genetic influences on skull, tooth, and occlusion.
112. Dietary influences on prehension, occlusion, and mastication.
113. Appearance of secondary trauma associated with malocclusion.

Task B. Assess occlusal pattern and develop a comprehensive treatment plan

Knowledge of:

114. Nomenclature and classification systems to describe occlusion/malocclusion.
115. Consequence of decreased/increased attrition/abrasion and sharp enamel point formation.
116. Indications and contraindications for odontoplasty and occlusal adjustment.
117. Physiologic impact of odontoplasty on dental structures.
118. Impact of odontoplasty on occlusal contacts, prehension, occlusion, and mastication.
119. Animal age relative to performance of procedure and effects on subsequent growth and development.
120. Indications, contraindications, and principles of interceptive orthodontic techniques.
121. Indications and contraindications for passive and active orthodontic movement.
122. Effects of orthodontic appliances on development of teeth, skull, and occlusion.
123. Legal and ethical considerations for orthodontic treatment and genetic counseling.
124. Probability of short- and long-term success of the orthodontic treatment.
125. Indications, contraindications, and techniques for surgical correction of various malocclusions.
126. Physical properties of orthodontic materials.
127. Time required to complete orthodontic treatment and provide retention.
128. Animal behavior and treatment compliance.
129. Techniques for bite registration, dental impressions, and stone models.

Task C. Utilize appropriate orthodontic instruments, materials, and techniques and assess outcome/complications for the treatment plan, and develop follow-up plan

Knowledge of:

130. Instrumentation and techniques for odontoplasty and modification of occlusal surfaces.
131. Complications associated with odontoplasty and reduction of dental structures.
132. Active and passive appliance design, installation, maintenance and removal.
133. Equipment and materials for orthodontic treatment.
134. Indications, contraindications, advantages, and disadvantages of direct and indirect appliance fabrication.
135. Impact of orthodontic treatment on adjacent hard and soft tissue structures, periodontium, and teeth.
136. Complications of orthodontic treatment.
137. Long-term orthodontic management and importance of re-evaluations.

Performance Domain 6: Oral Medicine ~ 9-11% of the questions

Task A. Understand anatomy, physiology, pathophysiology, and pathology of diseases of the craniofacial region and oral cavity

Knowledge of:

138. Normal anatomy and physiology of the craniofacial region and oral cavity.
139. Species and breed differences with respect to the incidence and prevalence of diseases of the oral cavity.
140. Prevalence and biological behavior of local and systemic diseases affecting the oral cavity and craniofacial region including developmental, degenerative, allergic, metabolic, inflammatory, infectious, immune-mediated, nutritional, traumatic, toxic, and neoplastic, both benign and malignant.
141. Systemic and regional impact of oral disease.
142. Radiation therapy, chemotherapy, and immunosuppressive medication effects.
143. Impact of bits, bridles, training, animal vocation, and owner horsemanship on oral and systemic health and animal performance.

Task B. Assess craniofacial region and oral cavity health or disease and develop a comprehensive treatment plan

Knowledge of:

144. Clinical presentations of primary and/or secondary systemic/regional pathology (e.g., hyperparathyroidism, petechia).
145. Indications, contraindications, limitations, and types of diagnostic tests.
146. Indications and contraindications for medical and surgical therapies.
147. Prioritization of pathology and treatment in context of overall patient health and well-being.
148. Indications, contraindications, and types of primary, secondary, and adjunctive therapy for specific, common tumors – benign and malignant.
149. Staging neoplasia.
150. Therapeutic effects and side effects of medical and surgical therapies.

- 151. Indications and contraindications for antimicrobial drug use.
- 152. Mechanism of action and microbial coverage for specific antimicrobial drugs.

Task C. Utilize appropriate oral medicine instruments, materials, and techniques and assess outcome/complications for the treatment plan, and develop follow-up plan

Knowledge of:

- 153. Diagnostic instrumentation and equipment.
- 154. Indications, contraindications, instrumentation, and techniques for tissue sampling and processing (e.g., cytology, biopsy, culture, etc.).
- 155. Treatment modalities/options to treat systemic and regional pathology (e.g., pharmaceuticals, immunological agents, chemotherapeutic agents, radiation, physical therapy, etc.).
- 156. Indications, contraindications, and techniques for feeding and nutritional management..2
- 157. Cytological preparations, special stains, and microscopic evaluation.
- 158. Follow-up for medical and surgical therapies for primary and secondary disease.
- 159. Management of complications and side effects of medical and surgical therapies.
- 160. Appropriate modification of long-term medical therapies, based on patient response and potential adverse patient reactions.
- 161. Determination of appropriate bits, bridles, training programs, and horsemanship to achieve optimal oral health and animal performance.

Performance Domain 7: Anesthesia and Analgesia – ~10-12% of the questions

Task A. Understand anatomy, physiology, and pharmacology of anesthesia and analgesia

Knowledge of:

- 162. Species/breed differences for administration of anesthesia, sedation, analgesia.
- 163. Pharmacologic and physiologic mechanisms of action for injectable, inhalant, and constant rate infusion anesthetics and analgesics.
- 164. Metabolism of anesthetics and analgesics.
- 165. Anatomy and physiology of pain stimulation, perception, and response.
- 166. Multimodal anesthesia and analgesia.
- 167. Systemic physiology related to anesthesia with particular emphasis on cardiopulmonary, renal, and hepatic physiology.
- 168. Craniofacial and dental anatomy for regional and local anesthesia/analgesia.
- 169. Anesthetic drug interactions and contraindications with concurrent patient medications.
- 170. Anesthetic considerations for pediatric and geriatric patients
- 171. Physiology of maintaining homeostasis under anesthesia and sedation

Task B. Assess health and disease for appropriate pre-anesthetic evaluation of the dentistry and oral surgery patient and develop a comprehensive anesthesia and analgesia treatment plan

Knowledge of:

- 172. Significance of patient history, signalment, and physical examination.
- 173. Assessment of appropriate pre-procedure laboratory testing (e.g., CBC, chemistry panel, urinalysis, endocrine testing, radiography, etc.).
- 174. Animal demeanor in relation to anesthetic/sedative protocol.
- 175. American Society of Anesthesiologists (ASA) physical status classification.
- 176. Impact of concomitant disease (e.g., cardiac, renal, trauma) on the safety of anesthesia, sedative, and analgesia delivery, drug selection, and monitoring.
- 177. Standing sedation and analgesia protocols, indications, and contraindications.
- 178. General anesthesia and analgesia protocols, indications, and contraindications.
- 179. Individual anesthetic and analgesic plans for patients with concomitant disease (e.g., cardiac, renal, endocrine, trauma).
- 180. Multimodal pain control protocols for acute pain, chronic pain, and cancer pain.

Task C. Utilize appropriate anesthesia and analgesia instruments, materials, and techniques and assess outcome/complications for the treatment plan, and develop follow-up plan

Knowledge of:

- 181. Indications, contraindications, and techniques for intubation (e.g. endotracheal, naso-tracheal).
- 182. Indications and technique for tracheostomy.
- 183. Equipment and techniques for performing standing sedation.
- 184. Equipment and techniques for performing general anesthesia.
- 185. Anesthesia monitoring equipment and data interpretation.
- 186. Techniques and equipment to maintain homeostasis.
- 187. Equipment and techniques for regional and local anesthetic administration.
- 188. Anesthetic reversal agents.
- 189. Emergency procedures and equipment.
- 190. Crystalloid, colloid, and blood product support.
- 191. Emergency drug indications and routes of delivery.
- 192. Recognition and management of common arrhythmias.
- 193. Management of hypotensive, cardiac, respiratory and/or excitement crises.

Performance Domain 8: Diagnostic Imaging ~16-18% of the questions

Task A. Understand anatomy, physiology, pathophysiology, and pathology as related to diagnostic imaging

Knowledge of:

- 194. Anatomy and physiology of the dental and periodontal tissues.
- 195. Anatomy and physiology of the skull and soft tissues of the head and neck.
- 196. Normal radiographic development and appearance of the teeth, jaws, and hard and soft tissue structures of the head.
- 197. Pathology of the teeth, jaws, and hard and soft tissue structures of the head.
- 198. Fundamentals of diagnostic imaging (e.g., radiographs, CT, MRI, ultrasound).

Task B. Assess patient health or disease utilizing diagnostic imaging and develop a comprehensive plan to obtain diagnostic images

Knowledge of:

- 199. Radiographic interpretation of craniofacial, sinus, and dental pathology.
- 200. Interpretation of advanced imaging in relation to craniofacial, sinus, and dental pathology.

201. Radiographic diagnosis of bone lesions.
202. Radiographic and advanced imaging signs of benign and malignant lesions, including determination of radiographic margins of neoplastic disease.
203. Radiographic interpretation of dental and oral/maxillofacial trauma.
204. Indications and contraindications of various diagnostic imaging modalities.
205. Patient and operator protection and general radiation safety guidelines.

Task C. Utilize appropriate diagnostic imaging instruments, materials, and techniques to obtain and interpret diagnostic images, assess outcome/complications, and develop follow-up plan based on diagnostic images obtained

Knowledge of:

206. Operation of X-ray generators and advanced imaging modalities.
207. Patient preparation and positioning.
208. Radiographic imaging including conventional film and digital radiography.
209. Parallel, bisecting angle, and occlusal techniques.
210. Identifying imaging artifacts.
211. Identifying and resolving image quality issues.

Phase 2 (Practical Examination)

The Phase II examination will be administered over the week of June 7-9, 2024 at the Rood and Riddle Equine Hospital with a mandatory orientation session on the evening of June 7th, 2024.

This examination is designed to assess the clinical technical skills of the candidate. The candidates will perform three procedures within each of the two core disciplines (Core 1: Oral Surgery and Orthodontics; Core 2: Endodontics, Periodontics and Restorative). The core schedule and time limit for each session is listed below and is for the 2024 cycle only. The format of the examination will be explained further at the exam security meeting and at the beginning of the examination. Plan your work sequence at the start of the session and continue to be aware of the remaining time during the testing session.

2024 Phase 2 Examination Location and Schedule

Friday, June 7, 2024

Location: Rood and Riddle Equine Hospital, 2150 Georgetown Rd, Lexington, KY 40511

Please note: The Exam Security Meeting will be held in the Rood and Riddle Veterinary Pharmacy and Conference Center Building 25, first building on right.

5pm - 6pm Candidate Orientation Meeting/Candidate Security Registration**
(Conference Center, Building #25)

6pm - 8pm Candidate practical station set-up (hospital surgery suites)

** Attendance at this meeting is **mandatory** in order to complete the AVDC security and anonymity procedures.

Access to the laboratory to start set-up for the practical examination will not be permitted until after the orientation and security meetings have finished.

Two hours (120 minutes) will be made available for workstation set-up (regardless of when the orientation and security meetings end). All candidates will be allowed into the laboratory at the same time, given the opportunity to find their work station, and then allowed to set up, and to practice using the radiographic equipment; cadaver specimens will be provided.

The tentative schedule for Phase 2 examination is outlined below:

Saturday June 8, 2024

Location: Rood and Riddle Equine Hospital, 2150 Georgetown Road, Lexington, KY 40511

- 7:30 am: Candidates may enter the testing room
8:00 am: **Core 1 (Oral Surgery and Orthodontics)** begins
12:30 pm: Core 1 examination session ends
- 12:30-1:15 pm: Cleanup of station, candidates exit testing room promptly at 1:15 pm

Sunday June 9, 2024

Location: Rood and Riddle Equine Hospital, 2150 Georgetown Road, Lexington, KY 40511

- 7:30 am: Candidates may enter the testing room
8:00 am: **Core 2 (Endodontics, Periodontics and Restorative)** begins
12:30 pm: Core 2 examination session ends
- 12:30-1:15 pm: Cleanup and breakdown of workstations, all candidates.

ALL CANDIDATES MUST BE PRESENT FOR THE EXAMINATION SECURITY MEETING AND NO CANDIDATES WILL BE ALLOWED TO PACK UP THEIR STATIONS UNTIL THE END OF THE LAST SESSION.

Candidates will only be permitted in the testing room during their required core sessions and designated set-up/clean-up times.

Candidates should not schedule flights earlier than 6 pm on Sunday, June 9th.

Airports Near Lexington

- Lexington, KY (LEX- Blue Grass Airport) 15 minutes drive.
- Cincinnati, OH (CVG- Cincinnati- Northern KY) ~1 hour drive.
- Louisville, KY (SDF- Louisville International) ~1 hour drive.

Hotel Accommodation

You are responsible for your own hotel accommodations. The two hotels closest to Rood and Riddle Equine Hospital are:

- Embassy Suites by Hilton, Lexington/UK Coldstream – 1801 Newtown Pike, Lexington, KY 40511; (859) 455-5000
- Lexington Griffin Gate Marriott Golf Resort & Spa – 1800 Newtown Pike, Lexington, KY 40511; (859) 231-5100

There are many other hotels, motels, etc. located in Lexington. The above hotels are 2 miles away or approximately a five-minute drive.

Other information:

Rest-rooms are readily available in the Rood and Riddle Conference Center and Surgery Facility.

Locker rooms are available for changing and to store your belongings. Scrubs/ clothing are the responsibility of the candidate and are not provided.

There is no cafeteria or food service in the Rood and Riddle Conference Center or Surgery facility.

You will be permitted to bring food and beverages into the building, but not into the examination rooms. Please plan ahead so that your food and liquid refreshment needs are met. There will be an area available to store your food and other belongings. Some snacks, water and other beverages may be provided by the examination proctor(s). Food and beverages other than water are not allowed in the examination rooms.

While every effort is made to ensure consistency between specimens to ensure fairness, as in clinical practice not all specimens are exactly the same. *Each candidate should work with their specimen(s) to the best of their ability.* The candidate should carefully examine their specimen for any additional pathology in the area of the specified procedure and alert the proctor if any are found. All of the cadaver specimens used in the Phase II exam are ethically sourced, and no animals are euthanized for the sole purpose of the exam.

Candidates are to work independently, and no candidate is allowed to receive help on any phase of the practical examination. **Planned sharing of equipment or materials among candidates is not permitted**, as this has been found to be disruptive to the examination process. With the exception of minimal conversation with a proctor directed toward the use of AVDC-provided equipment, candidates are not to engage in conversation during the examination. Pets, family members, friends, staff, and personal belongings not related to the examination will not be allowed in the examination area. Electronic music players and earphones are not allowed (see Examination Security and Candidate Misconduct). You may use earplugs if you wish to reduce ambient noise.

Work-station:

Each candidate will be assigned a workstation consisting of two 8' tables, a mobile surgery light and power strip. Digital clocks are present and visible throughout the room. Digital radiographic systems and high-speed dental units will be supplied by the AVDC. The majority of the equipment needed will be provided by the candidate.

Candidates with preferences for specific equipment are allowed to bring their own equipment provided it does not interfere with the work of other candidates or the Examination Committee. The Examination proctors have discretion as to how to manage equipment emergencies that occur on-site.

Candidates must request a nitrogen gas tank for a surgical air drill AT THE TIME of sign up for the Phase 2 exam/payment of exam fees. The candidate supplies the regulator, connector and all components of drill. Only a tank of gas will be supplied. Requests made at the Rood and Riddle Equine Hospital during the Phase II examination cannot be met due to the time required for tank delivery.

Oroscopes or any camera devices are not allowed due to the capability of storing images obtained of the examination process.

Set-up: In addition to the set-up time in the evening prior to the first session, the candidates will be allowed into the examination room 30 minutes prior to the scheduled start time of each session, to set up their equipment.

The Dental Units will be provided for the equine candidates by MAI

MAI Equipment Specifications

The Equine Periodontal System has conventional 4-hole (high speed) and 5-hole (slow speed) connections. Candidates will be supplied with ONE high speed hand-piece. No other hand pieces will be provided – **you are required to bring a low-speed hand piece, back up high- and low-speed hand pieces, and any tips or burs that you wish to use in the examination.** The equine periodontal units will also be equipped with an air abrasion handpiece, which will be provided. Piezo scalers will NOT be provided for the equine exam.

Hand-pieces can be ordered from MAI if desired (maianimalhealth.com):

53130	High Speed Handpiece
53131	Replacement turbine for high speed
53132	Low Speed Handpiece 20,000 RPM
53134	Low Speed E Type Push Button Contra

Radiographic Equipment

Equine Phase 2 exam will be utilizing Sound (powered by Antech) radiography units(Next DR) If you would like to familiarize yourself with this system you can read more about it online:

<https://soundvet.com/digital-x-ray/equine-next/>

You will have a chance to utilize the radiography equipment during your orientation and set-up session prior to your examination. Due to the size of the equine specimens, the proctors will be allowed to help you hold the x-ray plate. The plate must be positioned by the candidate without help from the exam proctors. All radiography images must be obtained by the candidate. Proper PPE will be supplied for all proctors and exam candidates. Following image acquisition, the candidate can instruct the proctor if changes need to be made to orientation or adjustment of the image. Candidates are not allowed to touch the computer to make these adjustments.

USB flash drives will be provided with each specimen for storage of images. The radiographic

images will be viewed on Microsoft Surface Pro 3 tablets (*or something comparable*) provided by AVDC. This is a touch-screen Windows-based device and will allow image files to be accessed from the thumb drive folder in the same manner they would be viewed on a PC. The model being used has the following specifications: Microsoft Surface Pro 3 iCore 3; 4GB RAM; 64GB Solid state drive; 12-inch screen; Windows 8 pro operating system. Candidates should safely “eject” the USB drives to prevent accidental deletion of images.

Submission of items for grading:

Examination materials must be handed in on time. The final five minutes of the examination will be recorded. The entire examination period may be video recorded. Radiograph generators will be turned off with 5 minutes remaining. All specimens must be placed on the gurney and related materials for grading (such as resected specimens, impressions or USB flash drives containing radiographs) must be placed in plastic boxes with the top closed. This box must be placed on the specimen gurney with your specimen before or at the time that the end of the examination is announced. Time remaining in the session will be announced periodically by the proctor. Candidates will be informed by announced countdown of the last 15 seconds prior to the end of the examination.

If the specimen is not on your gurney with the plastic box (containing the testing materials, USB flash drive containing radiographs, and any resected specimens) with the top latched at the announced end of the examination, proctors will physically collect the specimens and place them on the gurney. A red tag will be attached to that specimen (which will be removed before the specimen is seen by the graders). These red tag specimens will be penalized 35% of the actual scores given by the graders for procedures performed on those specimens. Physical resistance by the candidate to collection of the specimen by the proctor will cause the proctor to back away with the result that the specimen will not be graded at all. Additional materials such as resected tissues, USB flash drives containing radiographs, impressions or extracted teeth not in the plastic box when collected by the proctor will still be submitted for grading but will receive a 35% penalty for the portion of the grading that the item pertains to.

Any items being submitted for evaluation (such as resected tissues) must be completely devoid of any identifying mark other than the specimen numbers that will be assigned at the time of the examination.

Candidates must submit only what is specifically requested on the examination instructions. Any other material submitted will not be evaluated and may compromise the anonymity of the candidate.

Safety issues: Taking dangerous chemicals (e.g. chloroform, bleach) on airplanes is illegal. Candidates currently residing outside the USA should be aware that the voltage in the United States is 110v. Given the travel security arrangements now in place, review carefully what you need to bring with you. Contact your airline and/or the US Transport Security Administration if you have any questions or concerns.

Possible Practical Examination Procedure List

- While this list is representative of the types of procedures that will be included in the examination, the AVDC and the Examination Committee reserve the right to include other procedures. Any procedures not on the list will not require equipment or supplies beyond those necessary for performing the procedures on the list.
- The goal of the practical examination is to evaluate clinical skills, judgment, and treatment planning.
- The choice of technique and materials to be used for each procedure is part of treatment planning, and it is up to the examinee to select an appropriate technique and to execute the procedure. Radiographs will be required for some procedures.
- Use this list to determine what equipment, instruments and supplies may be needed, so that you are fully prepared.

Periodontics

- Treatment of a tooth avulsion and subsequent replacement. Perform routine periodontal treatment (“prophylaxis”) on an assigned area.

Endodontics

- Pulpectomy (standard root canal treatment) or partial coronal pulpotomy (vital pulp therapy) to a specific tooth as directed.
- Apicoectomy or radiculectomy to prepare for a retrograde endodontic procedure.

Restorative

- Restoration of an incisor or canine tooth or an infundibulum with an appropriate restorative as specified in the examination.

Oral Surgery

- Mucogingival flap and canine or incisor tooth removal
- Repair / stabilization of an incisive bone fracture
- Repair / stabilization of a rostral mandibular/maxillary fracture
- Placement of appropriate sinus bone flaps or trephine holes to allow visualization and surgical treatment of specific tooth/sinus problems.
- Buccotomy with transcortical alveolectomy and tooth sectioning
- Intraoral exodontia of specific teeth

Orthodontics

- Application of an appliance or wire, as required or requested, for the treatment of mandibular brachygnathism.

Dental and Oral Imaging

- Full AVDC-specific dental radiograph series.

Reasons for Failure of Practical Examination Procedures

AVDC does not provide individual feed-back on reasons for grading a procedure as a failure.

General:

Some requested items were not submitted. **Results in 35% penalty for all grading criteria related to that item.**

Requested radiographs do not show the required structure(s).

Stated specifications have not been met.

Patient care concerns, i.e., anything that would cause clinical problems in a patient if not attended to. Below is a list of examples. This list is not all inclusive. **Neglect of patient care results in a 5% penalty on all grading for that specimen.**

- Gauze or gross debris left in the mouth.
- Lip sutured to skin left in place.
- Mouth gag left in specimen's mouth.

Major procedural complications, i.e., anything that would cause the procedure to fail clinically. Below is a list of examples. This list is not all inclusive. **Major complications result in the grade for the procedure being multiplied by 0.70 as a penalty.**

- Incorrect tooth/area treated
- Wrong procedure performed
- Untreated pulp exposure
- Compromise of the nasolacrimal duct

Life-threatening/catastrophic complications, i.e., anything that would result in mortality or significant morbidity. This list is not all inclusive. **Life-threatening complications result in automatic failure of the entire core.**

- Brain perforation/herniation
- Orbital penetration
- Unnecessary removal of tissues such as the lips or tongue not related to the requested procedure

Soft Tissue:

Inappropriate location or length of incision.

Irregular edges of incised tissues.

Major vessel appears to be severed but not ligated.

Unnecessary exposure of bone.

Inappropriate size of suture material.

Gaps between sutures, sutures are too loose or too tight or are crowded, or suture knots are not secure.

Tension at suture line.

Debris present.

Adjacent soft tissue has been damaged.

Dental structures:

Inadequate or excessive removal of enamel or dentin, or unsupported enamel is present.

Exposed dental surfaces have not been smoothed.

Root is gouged or rough.

Tooth gouged during preparation of adjacent tissues.

Gingiva and Periodontal Bone:

In addition to items in 'Soft Tissue', above:

Calculus remaining on treated teeth.

Biologic width is inadequate, gingiva is damaged or poorly adapted.

Bone is rough or inappropriately shaped.

Root is exposed.

Perforation near or into the nasal cavity.

Flap is poorly designed, and is insufficient to cover the defect without tension, or the width: length ratio is inadequate.

Flap is loose or is perforated or is poorly adapted to bone.

Tooth damage created during preparation of bone.

Oral Surgery:

Poor or absent blood vessel management.

Extractions:

Excessive bone removal and inadequate alveoloplasty.

Excessive undermining of flaps and damage to adjacent tissue.

Inadequate preparation or over-preparation of flap recipient site.

Bone surfaces rough and irregular

Debris in alveolus beneath suture line or on exposed bone.

Retained root tip; root tip in mandibular canal.

Exposure of mandibular canal.

Alveolus of canine tooth is fractured and mobile.

Fracture repair:

Poor wiring technique, splint is excessive or design is poor - prevents occlusal closure or causes excessive soft-tissue coverage.

Splint has rough edges or debris found; weak bonding of splint to teeth – easily displaced; occlusal interference.

Endodontics

Access is misdirected or is too shallow or over-prepared or there is damage of adjacent enamel. Canal is over-instrumented or is inappropriately instrumented.

Failure to clean the coronal portion if a separate access is made.

Obturation is incomplete or of variable density or has obvious voids. Tooth split by excess obturation pressure.
Debris in access site, or sealer is present on walls of access site.
Excessive apical extrusion.

Operative Dentistry/Restoration:

Preparation for restoration:

Insufficient preparation or preparation of excessive depth.

Enamel is undercut, or extends to the bone edge.

Margins and surfaces are not smooth.

Bone management is poor.

Root trauma.

Restorative material is not fully cured.

Soft tissue damage.

Orthodontics

Inappropriate choice of or location of attachment device for anchor and/or target teeth.

Appliance will cause occlusal interference or soft tissue damage.

Appliance not securely attached.

Appliance design will not cause required tooth movement. Appliance not finished.

Gingival or tooth damage created.

Suggested Reading List for Equine Candidates and Residents

The following list is provided as suggested reading material. It is not all inclusive of every potential reference and publication, because the body of scientific literature is fluid and always changing. **No attempt is made to restrict examination questions to the material in these references.** The examination reflects the current state of knowledge in veterinary dentistry rather than material from a particular group of references. Much of veterinary dental knowledge has been derived from human dentistry. This is reflected in the suggested reading list and will also be reflected in the examination itself.

Books:

Anatomy:

- Budras KD, Sack WO, Röck S, Horowitz A, Berg R *Anatomy of the Horse*, 6th ed. Hannover, Germany: Schlutersche, 2012.
- Clayton HM, Flood PF, Rosenstein DS. *Clinical Anatomy of the Horse*. London: Mosby Elsevier, 2005.
- Nanci A. *Ten Cate's Oral Histology: Development, Structure, and Function*. 9th ed. St. Louis: Mosby, 2017.

Anesthesia and Analgesia:

- Grimm KA, Lamont LA, Tranquilli WJ, Greene SA, Robertson SA. *Veterinary Anesthesia and Analgesia: The Fifth Edition of Lumb and Jones*. John Wiley & Sons Inc, 2015.
- Doherty T, Valverde A. *Manual of Equine Anesthesia and Analgesia*. John Wiley and Sons Ltd, 2006.

Dental Materials:

- Anusavice KJ, Shen C, Rawls HR. *Phillips' Science of Dental Materials*. 12th ed. Philadelphia: WB Saunders, 2012.
- Sakaguchi RL, Ferracane J, Powers JM. *Craig's Restorative Dental Materials*. 14th ed. St. Louis: Mosby Elsevier, 2018.

Endodontics:

- Berman LH, Hargreaves KH. *Cohen's Pathways of the Pulp*. 12th ed. St. Louis: Mosby, 2020.

Equine Dentistry:

- Easley J, Dixon PM, Schumacher J. *Equine Dentistry* 3rd ed. Philadelphia: Saunders, 2010.

- Easley J, Dixon PM, duToit N. *Equine Dentistry and Maxillofacial Surgery*. New Castle upon Tyne: Cambridge Scholars Publishing, 2022.
- Gaughan EM, DeBowes RM. Dentistry. *Veterinary Clinics of North America: Equine Practice* 14(2). Philadelphia: WB Saunders, 1998.
- Easley J. Advances in Equine Dentistry. *Veterinary Clinics of North America: Equine Practice*. Philadelphia: WB Saunders, August 2013.
- Earley ET, Barratt RM, Galloway SS. *Equine Dentistry and Oral Surgery*. *Veterinary Clinics of North America: Equine Practice*. Philadelphia: WB Saunders, December 2020.
- Klugh DO. *Principles of Equine Dentistry*. London: Manson Publishing Ltd, 2010.

Equine Medicine:

- Reed SM, Bayly WM, Sellon DC. *Equine Internal Medicine* 4rd ed. St Louis: Saunders, 2018.
- McGorum BC, Robinson NE, Dixon PM and Schumacher J. *Equine Respiratory Medicine and Surgery*. Oxford: Elsevier, 2007.

Orthodontics:

- Graber LW, Vanarsdall RL, BVig KWL, Huang GJ. *Orthodontics, Current Principles and Techniques*, 6th ed. New York: Mosby, 2016.

Pathology:

- Regezi JA, Sciubba JJ, Jordan RCK. *Oral Pathology: Clinical Pathologic Correlations*. 7th ed. Philadelphia: Saunders, 2016.

Periodontology:

- Newman MG, Takei H, Klokkevold PR, Carranza FA. *Carranza's Clinical Periodontology*. 13th ed. Philadelphia: Saunders, 2018.
- Wolf HF, Rateitschak KH, Rateitschak EM, Hassell TM. *Color Atlas of Dental Medicine – Periodontology*. 3rd ed. New York: Thieme Medical Publishers, 2005.

Radiology:

- Butler JA, Colles CM, Dyson SJ, Kold SE, Poulos PW. *Clinical Radiology of the Horse* 4th ed. John Wiley & Sons Inc, 2017.
- White SC and Pharoah MJ. *Oral Radiology: Principles and Interpretation*. 8th ed. St. Louis: Mosby, 2018.
- Schwarz T, Saunders J. *Veterinary Computed Tomography*. Oxford: Wiley Blackwell Publishing, 2011.

Restorative Dentistry / Prosthodontics:

- Ritter AV. *Sturdevant's Art and Science of Operative Dentistry*. 7th ed. St. Louis: Mosby, 2018.

Surgery:

- Auer JA, Stick JA, Kuemmerle JM, Prange T. *Equine Surgery* 5th ed. St Louis: Elsevier, 2019.
- Hupp JR, Ellis III E, Tucker MR. *Contemporary Oral and Maxillofacial Surgery*. 7th ed. St. Louis: Mosby, 2018.

Veterinary Dentistry:

- Reiter AM, Gracis M, eds. *BSAVA Manual of Small Animal Dentistry*. 4th ed. Quedgeley: British Small Animal Veterinary Association, 2018.
- Verstraete FJM and Lommer MJ. *Oral and Maxillofacial Surgery in Dogs and Cats*. 2nd ed. Philadelphia: Saunders, 2019.
- Lobprise HB and Dodd JR. *Wiggs Veterinary Dental Principles & Practice*. 2nd ed. Wiley Blackwell, 2019

Journals and Periodicals:

- Journal of Veterinary Dentistry: Volume 16(1) 1999 to present.
- Equine and dental principle articles
 - The Veterinary Journal
 - Equine Veterinary Journal
 - Equine Veterinary Education
 - Journal of the American Veterinary Medical Association
 - Journal of the American Animal Hospital
 - American Journal of Veterinary Research
 - Journal of Clinical Techniques in Equine Practice
 - Techniques in Equine Practice
 - Veterinary Clinics of North America: Equine Practice
 - Veterinary Record
 - Veterinary Surgery
 - Australian Veterinary Journal
 - Compendium Equine: Continuing Education for Equine Veterinarians
 - Dental Clinics of North America. Philadelphia, WB Saunders Co. (Last five years)
 - Frontiersin.org, particularly the Veterinary Dentistry and Oromaxillofacial Surgery section (online journal with open access: <http://journal.frontiersin.org/journal/veterinary-science/section/veterinary-dentistry-and-oromaxillofacial-surgery#archive>)

Other suggested journals with valuable dental articles in them include:

- Veterinary Radiology and Ultrasound

- Compendium of Continuing Education in Dentistry
- Journal of Periodontology
- Journal of Endodontics
- Journal of Oral Surgery, Oral Medicine, Oral Pathology, Oral Radiology, and Endodontology

Passing Score, Examination Results, Repeat Examinations

Phase 1 - Multiple Choice Question Examination

A pre-set Pass cut score is NOT used. All questions are 'criterion-referenced' using the modified Angoff procedure to determine the degree of difficulty of that question for a minimally qualified, entry-level veterinary dental specialist. The mean of the Angoff scores of the questions included in the examination is the pass score. Typically, the mean Angoff score is in the region of or slightly below 70%.

Phase 2 - Practical Examination

The scoring standards for the practical portion of the examination are scored based on likely clinical success of the procedure and based on generally accepted dental techniques as found in current textbooks and journals and practiced by Diplomates of the AVDC. For each procedure, a grading system of 0-100 based on predetermined criteria is used by each grader (three graders are used for each procedure). The final grade for each procedure is an average of the scores assigned by the grading team. Fractional scores stand, and are not rounded. The passing grade for a single procedure is $\geq 70\%$. For successful passing of the Phase II examination, a candidate must have passed both core disciplines ($\geq 70\%$) which is an average of all the tested procedures contained within that discipline. The core disciplines are: Core 1: oral surgery and orthodontics; Core 2: endodontics, periodontics and restorative.

The Examination Committee reserves the right to recommend to the AVDC Board of Directors to fail a candidate in the practical examination, irrespective of the score obtained, if an error was performed by the candidate that would, in a clinical situation, result in serious harm to the patient.

The examination fee for Phase II will be the same for all candidates regardless of which cores, or how many cores, are taken. Candidates returning to take any remaining cores of the Phase II examination will be required to be present for the entire examination process. All candidates must attend the Examination Security meeting held the evening before the first examination day. Candidates will not be allowed to remove their equipment or pack up until after the final core session is completed. The specific day and start time of each core session will be provided to all candidates at the Examination Security meeting.

Disclosure of Examination Results

Candidates will receive written notification of whether or not they passed Phase 1 of the examination within 30 days of the date of the examination. Examination results for the Phase 2 examination will be distributed within 45 days of the Phase 2 examination. Results for all candidates are sent on the same day.

Candidates who are not successful in passing Phase 1 or Phase 2 of the examination will be provided with an explanation of the deficiencies that prevented their passing the examination.

For Phase 1 of the examination, information will be made available on whether the candidate passed or failed each major discipline category of the examination.

For Phase 2 of the examination the specific procedures that the candidate failed will be listed for the candidate. In addition, this document includes a comprehensive list of reasons for failing particular procedures in recent years.

Actual scores will not be released to candidates.

Repeat Examinations

The AVDC certifying examination has two parts: Phase 1 (written and bench questions) and Phase 2 (practical examination). Candidates must pass Phase 1 of the certifying examination to be eligible to sit for Phase 2.

Beginning with the first examination after approval of the credentials application, candidates shall have a limit of three attempts in consecutive years for each phase of the examination, with the exception of one deferral year, and subject to the requirement that candidates must have passed the Phase 1 examination in order to be eligible for the Phase 2 examination. Exceptions to this limit on number of examination attempts may be made by the Board of Directors following petition from the candidate for one additional attempt per phase of the examination; the petition must include the candidate's proposed examination preparation action plan, which is subject to review and approval by the Board. The Board shall have the right to consider extenuating circumstances.

Candidates wishing to retake Phase 1 or Phase 2 of the examination are to complete, sign and submit the Examination Security Form, which is available for down-loading from the AVDC web site, in the Examination section of the *Information for Registered Trainees* page.

Examination Security and Candidate Misconduct

Any questions before the examination regarding the examination are to be directed via e-mail to the Executive Secretary of the AVDC (ExecSec@AVDC.org) or, if the Executive Secretary is unavailable, to the Chair of the Examination Committee. Questions will be answered in writing and copies will be sent to all candidates. It is strictly forbidden to have direct or indirect contact with other members of the Examination Committee (whose names are listed below) regarding the process, format or content of the examination, from the date that an applicant is notified that s/he is a candidate for the examination until the examination has been completed. Any breach of these rules can be considered reason for action by the Board of Directors to deny a candidate admission to the examination.

The Equine Examination Committee leaders for the 2024 Examination consist of: Brad Tanner (Chair), Nicola Pusterla (Chair Designate)

Robert Malinowski, DVM, MA, PhD from Veterinary Specialty Exams, LLC consulting services will be assisting with examination security procedures, calibration, and overall test analysis.

Examination security is a primary concern for AVDC. Do not bring personal materials (e.g. notes, books, tape recorders, photographic, or image capture devices, calculators, computers, cellular phones) to the examination room. References are not to be consulted during the examination process. The examination material is not to be divulged to others. See the specific language in the Examination Security Form.

Candidates: Complete and sign the Examination Security Form and return it to the AVDC Executive Secretary by October 31st of the year before the examination for the Phase I examination and by March 1st for the Phase II examination. The Examination Security Form (EXAM-950) is available on the Preparing for the AVDC Examination section of the Resident Resources section of the AVDC website.

AVDC Policy On Appeal Of Adverse Decisions

The AVDC policy on appeal of adverse decisions is available on the AVDC web site by link from the [Information for Registered Trainees](#).