



## **CHANGES FOR 2026 (updated 1/8/2026)**

**IMPORTANT NOTE:** This Changes document applies to the **current residency programs** as of January 2026 and **does not** apply to trainees beginning a training program on **July 1, 2026 or later**.

**A comprehensive document detailing upcoming changes to the residency program training structure and the implementation of a Phase 1a and Phase 1b exam will be released around the end of March 2026.** For further information on these changes, please visit the [FAQ page](#) available on the AVDC® website.

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## AVDC® General Policies Regarding Changes in Training Program Requirements

1. Changes are either **Major** or **Minor**.
  - a. A **Major** change affects the **substance** of a training program or credentials requirement, for example reducing or increasing the number of cases required in a particular MRCL category, changing the number of required publications, etc.
  - b. **Minor** changes affect the **format** of a training program or credential's requirement, such as requiring that only AVDC®-approved abbreviations are used in AVDC® Case Log Diagnosis and Procedure fields in the online case log. For **Minor** changes, trainees and residents are **not** required to change AVDC® case log records that already exist, though they are encouraged to do so if the changes are made to facilitate review of case log records by the Training Support or Credentials Committees. Additional **Minor** changes can include different formatting of radiograph sets, submission documentation of publication requirement, etc.
2. **Major** changes are not retroactive – i.e., they do not apply to residents whose AVDC®-approved residency program registered start date is earlier than the date on which a change was implemented. However, a resident can elect to follow the changed requirements if s/he decides to do so, as some **Major** changes are to the advantage of both new and current residents. **Major changes within this document apply only to residents registered with AVDC® on January 1<sup>st</sup>, 2026, or later; residents registered before that date can elect to use any Major change if they would like to do so.**
3. **Minor** changes are to be instituted by *all residents* starting January 1 of the year of the change.
4. Changes/deadlines/items noted below **apply to Equine, Dual, and Small Animal diploma programs** unless specifically stated otherwise. **Items that apply only to the small animal program are in red type.** **Items that apply only to the equine program are in blue type and/or listed under the Equine Program changes section.** **Items that apply only to the dual diploma program are in green type.** Dual diploma residents will need to apply case log/MRCL changes to the respective portion of their case log (SA or EQ related).
5. The AVDC® takes seriously reporting, fee payment requirements, and maintenance of approved residency sites, such as response to Action Required notifications associated with Annual Report reviews, submission/approval of Radiograph Sets, payment of Annual Fees, and recertification of residency sites. The status of residents and/or residency sites not in compliance will be reviewed by the TSC and/or Residency Program Administrative Committee (RPAC) chair(s); registration as a resident or approved residency site may be terminated for non-compliance with AVDC® requirements.

6. All general emails sent to Residents (as a whole) will be CC'ed to all Diplomates on file for clear communication regarding training information and Foundations Course, etc.

## **Changes in Training Support, Case Logging, and Annual Report Items**

### MAJOR Changes:

- PE4 category:
  - a. At least one Type 2 crown lengthening procedure is required for this category. This can be performed on a live patient or cadaver.
- PR 1 category:
  - a. For at least one of the PR1 cases (cadaver or live): Full mouth impressions must be performed in addition to area specific impressions and bite registrations. For the case(s) where full mouth impressions are performed, please include IM/F in the procedure line.
  - b. For all PR1 cases performed on a cadaver: Full mouth impressions must be performed in addition to area specific impressions and bite registrations. Please indicate full mouth impressions were performed in the procedure option.
- OR3 category:
  - a. Use of an orthodontic appliance to maintain occlusion following a segmental mandibulectomy or for other 'drift' does not qualify as an OR3 case. While the materials are the same, the goal is to maintain position of the jaws, not to orthodontically move teeth.
- Cadaver Procedure Log:
  - a. Surgical report: A step by step description of procedure performed with relevant materials used and when imaging was taken as indicated are to be included in this Cadaver Case log form.

### MINOR Changes:

TSC members are authorized to provide feedback or comments on individual MRCL case logs (including cadaver cases) to enhance a resident's learning development.

### Case Logging Updates:

- Example of how to log an OR4 case from the drop-down template
  - Active force, OA/A [mm/dd/yyyy], OA/R [mm/dd/yyyy]
  - Active force, OA/A 10/25/2025, OA/R 11/15/2025
  - If multiple adjustments were made, please record the additional OA/A with the dates the adjustments were performed

## Changes in Credentials Package Items

### MAJOR Changes:

- The definition of a First Article has been changed. Case reports must now include a minimum of 3 cases (down from 10) and have been reclassified in the first article definition as **Clinical Case Series**. Articles that include less than 3 cases no longer qualify as first articles even if they include unique features.

The new definition listed on the Publications requirements page is as follows:

### **First Article Definition**

A paper on a veterinary dental or related topic containing original data (e.g. a research project or a clinical case series) or an in-depth review article, or a systematic review and/or meta-analysis, submitted to a peer-reviewed journal; if this journal is non AVDC®- approved then additional credential committee approval must be obtained. The trainee/resident is to be the first or only author. A Submission Approval form must be completed and submitted by the Residency Director/Supervisor, confirming that the trainee/resident conducted the research or case series follow up, conducted the literature search and wrote the first draft of the article, and that the Residency Director/Supervisor has read the article. A Clinical Case Series article must include a minimum of 3 cases.

- **Specialty hours** can be acquired via virtual and online options in addition to in-person learning. Virtual time can include e-learning opportunities, virtual/online rounds, case discussions via an online platform, and online RACE approved CE lecture or lab hours. All hours must be provided by Diplomates of the respective college with the exception of time with *OMFS Fellows that can count for up to 20 Surgery (only 8 of which can be wet labs) and 4 Radiology hours*. For Surgery and Anesthesia hours, up to **8 of 40 hours** can be fulfilled by SIT (Specialist-In-Training) content at the Forum, CE lectures, wet labs, and/or virtual content. For Radiology hours, up to **16 of 40 hours** can be fulfilled by SIT (Specialist-In-Training) content at the Forum, CE lectures, and/or virtual content. Please refer to the Specialist in Training Requirements document for specific requirements and limitations.

### MINOR Changes: None

- Additional resources provided for Training Programs: **Foundations Course was offered for the second year in a row for Year 2 Residents and Course participation was voluntary.**
- Updated Manual for Residency Directors found at <https://avdc.org/resident-services/>
- Updated Resident Standards Manual found at <https://avdc.org/resident-services/>

## **Changes in Certifying Examination Items**

MAJOR Changes:

As of the 2025 examination year, for the Phase I examination, questions will be created from literature that is in print, "epub ahead of print", "early view article", or "online first" prior to October 1 immediately prior to the Phase I examination in January of the following year. Questions will not be taken from literature available AFTER October 1st immediately prior to the Phase I examination.

MINOR Changes: None

The Equine Phase 2 examination fee will remain at \$3,200 for 2026.

The SA Phase 2 examination fee will remain at \$3,500 for 2026.

## **Changes in Appeals Item**

MAJOR Changes: None

MINOR Changes: None

## **Changes in Maintenance of Certification (MOC) Items**

MAJOR Changes: None

MINOR Changes: None

## **Changes in Items related to the Residency Program Administrative Committee (RPAC)**

MAJOR Changes: None

MINOR Changes:

The proposed supervisor must submit APP-100 and related required Program Registration Application documents on behalf of the proposed new resident. Residents will not be granted access to the DMS until their stated program start date.

## **Changes in Equine Program ONLY**

MAJOR Changes: None

MINOR Changes: None

## **Changes in Combined Track Diploma (EQ/SA) Program or Consecutive Tract Program ONLY and Definition of the Two Different Programs**

MAJOR Changes: None

MINOR Changes: None

## **Changes to the ZWD Certificate and OMFS Fellowship Programs**

MAJOR Changes:

Candidates must complete the examination within 3 successive offerings of the examination (changed from 2 successive offerings), with the option to request deferral for cause (e.g. medical reasons or maternity leave) without the deferral limiting the number of examination attempts permitted. Whenever possible, deferral requests should be submitted to the AVDC Board of Directors for review no less than 30 days before the examination registration deadline. If a candidate fails to submit a request, or does not receive approval and subsequently misses the registration deadline for the next available examination, one of their three allowed attempts will be forfeited. Registration fees can be refunded or applied to the following examination if a deferral is granted.

MINOR Changes: None