

**Application and Review Form for Registration  
of a Full-time or Part-time  
NSS/SA or EQ Residency Training Program**

Complete the yellow sections.

Applicant name:	
E-mail address:	
Type of Program:	Equine or Small Animal or Dual Track (delete one)
Proposed program start date:	
Program is Full-time or Part-Time:	
Residency Supervisor:	

Is a completed Training Program Registration Form, signed by the Applicant and Program Director/Supervisor, included?	Yes/No
Are the planned starting date satisfactory? <b>Start date</b> – the application must be signed, dated and submitted to AVDC no later than 30 days after the proposed registered start date of the residency. Minimum <b>end date</b> for Full-time Residency is thirty months from the Registered Start Date. Maximum <b>end date</b> for Part-time Residency is six years from the Registered Start Date.	Satisfactory/Not satisfactory
Is the applicant's curriculum vitae included and sufficient?	Yes/No
Is the applicant a veterinarian and has a one-year internship or equivalent been completed? [One-year equivalent is defined as: Practical, post-graduate time (minimum of 18 months) in general small-animal practice that sees a wide range of patient types of disease) may be acceptable to the residency site/mentor. The applicant is to provide a description of the time	Yes/No

spent at that facility, the range of clinical patients seen, facilities available, and staff available to consult.]	
---	--

For **Part-time Residency** program applicants only:

Is the list of equipment and supplies sufficient to indicate that the applicant is appropriately equipped for the training program at the applicant's facility (i.e. not the Program Director's facility? See <a href="#">Initial Equipment</a> list.	Yes/No/Comments:
Is the list of books and journals available to the applicant at the applicant's facility satisfactory? See Library	Yes/No
Proposed arrangements for meeting the anesthesia, radiology, surgery <a href="#">Specialist Training</a> requirements are satisfactory?	Yes/No/Comments

For **Full-time Residency** program applicants only:

Is the residency site AVDC-approved? (click <a href="#">Residency Programs</a> )	Yes/No/Comments
Proposed arrangements for meeting the anesthesia, radiology, surgery <a href="#">Specialist Training</a> requirements are satisfactory?	Yes/No/Comments

(**Full-time Residency site approval** covers the equipment and library requirements for residents)

**Resident and Supervisor – please initial each section below.**

**AVDC Ethical and Professional Standards Statement**

**Use of Specialty Titles**

The AVMA Principles of Veterinary Medical Ethics state: It is unethical for veterinarians to identify themselves as, or in any way imply that they are, members of an AVMA-recognized specialty organization until such time as the Diploma has been awarded. AVDC has adopted the Guidelines for Use of Specialty Titles, prepared by the American Board of Veterinary Specialties of the American Veterinary Medical Association.

By signing this AVDC Training Program Registration form, an individual submitting an application for registration of a training program acknowledges that s/he may not use the terms 'board eligible', 'board qualified', 'veterinary dental specialist' or 'veterinary

dentist', and may not make or imply any connection with AVDC until such time as the individual passes the AVDC examination and is awarded the AVDC Diploma.

The registration of an AVDC training program of an individual who is not in compliance with the policy stated above may be terminated by AVDC, in which case the individual will not be permitted to complete the AVDC credentials and/or the examination procedures, and, when appropriate, the circumstances may be reported by AVDC to the individual's State Board of Veterinary Medical Examiners.

I have read the above – Supervisor \_\_\_\_\_ Resident \_\_\_\_\_

### **Examination Security Relating to Candidates**

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

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

I have read the above – Supervisor \_\_\_\_\_ Resident \_\_\_\_\_

### **Professional Behavior of Diplomates of the College**

AVDC endorses the AVMA Principles of Veterinary Medical Ethics and the American Board of Veterinary Specialties statement that members of ABVS-recognized colleges are to “Demonstrate unquestionable moral character and ethical professional behavior”.

AVDC limits its membership to veterinarians who maintain high ethical and professional standards, both in their work as specialists in veterinary dentistry and in tasks conducted on behalf of AVDC (such as assignment to a committee or service as an officer or Board member). When a member is acting on behalf of AVDC, “high professional standard” requires adherence to current standard operating procedures approved by the Board of Directors.

Members are to promptly notify the AVDC Executive Secretary of any pending or final legal action or judgment by a criminal court or a State Board of Veterinary Medical Examiners relating to their professional activity, or of any other circumstances that may demonstrate or imply inappropriate ethical or professional activity. Whether based on information forwarded by a member or obtained from a third party, the AVDC Board of Directors shall investigate such circumstances, and shall apply Article IV, Section 4 of the AVDC Constitution (“Removal of Membership”) when necessary.

I have read the above – Supervisor \_\_\_\_\_ Resident \_\_\_\_\_

**Applicant Statement:**

1. I have read the Training Program Registration Information and related documents on [www.AVDC.org](http://www.AVDC.org).
2. I agree to abide by the AVDC Policy on Use of Specialty Titles stated on the AVDC web site and on this form, and I understand that contravening this policy may result in termination of the registration of my AVDC training program, in which case I will not be permitted to complete the AVDC credentialing and examination processes.
3. I agree to abide by the AVDC Ethical and Professional Standards statement included in this form while I am a Resident and subsequently as a Diplomate of the College.
4. I enclose payment of the US \$300 Program Registration fee, either as a check made out to “AVDC” or I will go to <https://processing.matrixamc.com/machform/view.php?id=65452> to pay by Credit Card.
5. I have sent copies of the following Program Registration files to my AVDC Supervisor for her/his review prior to requesting the Supervisor to sign this form:  
*For Full-time Residents:* Curriculum vitae and specialist training arrangements files.  
*For Part-Time Residents:* Diplomate supervision arrangements, specialist training arrangements, and equipment, supplies and books and journals available at my practice in addition to my curriculum vitae and specialist training arrangements files.
6. I certify that there are no completed or pending legal actions or judgments by a criminal court or a State Board of Veterinary Medical Examiners relating to my professional activity, or any other circumstances that may demonstrate or imply inappropriate ethical or professional activity. *(If any complaints have been lodged with a State Board of Veterinary Medical Examiners or other relevant authority, whether resolved without action against you or not, provide a brief description of the complaint and regulatory authority process and decision with this application form).*  
I understand that, whether based on information forwarded by a member or obtained from a third party, the AVDC Board of Directors shall investigate such circumstances, and shall apply Article IV, Section 4 of the AVDC Constitution (“Removal of Membership”) when necessary.

7. I certify that all information supplied in this application is correct. I understand that falsifying information will result in denial of entrance to the College examination.
8. I agree that no part of my program registration application fee, credentials application fee or examination fee shall be refunded except as provided for in the regulations of the College.
9. I hereby indemnify and hold harmless the American Veterinary Dental College and its members, officers, and agents from and against any liability whatsoever in respect to any act or omission in connection with the acceptance or rejection of me as a prospective Diplomate of the College.

Applicant Signature:	Date:
----------------------	-------

**Residency Program Supervisor Statement:**

1. I am an AVDC Diplomate, and I am familiar with the current AVDC training program and credentials requirements.
2. I verify that the residency program site is currently approved by AVDC as a Residency Program site under my name or under the name of a colleague as Residency Director – if the latter, I am listed in the approved program description as a collaborating colleague.
3. I acknowledge that I will supervise no more than 3 residents at one time.
4. I verify that AVDC has been informed of any significant changes (e.g. in personnel or major equipment) in the Residency Program made since the most recent AVDC residency site approval have been submitted to or approved by AVDC.
5. I agree to serve as this applicant’s residency training program Supervisor, effective on the date noted above.
6. I have read and approved the Program Registration files that were sent to me by the applicant and that form part of the application.
7. *(Applicable only if the proposed Residency is part-time)*: I have verified that the facilities, services and equipment required for a part-time AVDC residency training program are available to the applicant at her/his normal work location.

Name of AVDC Diplomate:	
Signature of Diplomate:	
Date:	

---

This form is to be submitted as a printed, signed document via mail, email, fax or DMS.  
You can pay by check or by going online to:

<https://processing.matrixamc.com/machform/view.php?id=65452>

AVDC Executive Secretary  
PO Box 1311, Meridian, ID 83680 USA  
Fax: 1-208-895-7872

If you have any questions about this form or related items, send an e-mail message to  
[ExecSec@AVDC.org](mailto:ExecSec@AVDC.org).