



Form CRED510ARS
Anesthesia, Radiology,
Surgery Training Hours
Submission Form

This form is to be completed and signed by the Resident and by the Supervisor.
Use one form per specialty.

The Specialty Hours list will **not be reviewed if this completed Form, including Supervisor signature, is not included in the DMS Specialty Training document.**

Certification by Resident

I certify that I have read the AVDC Anesthesia, Radiology, and Surgery [Specialty Training Hours requirement](#) document provided online by AVDC and that I have completed the minimum 40 hours in the particular Specialty designated in this form.

Name of Resident	
Specialty Discipline	Anesthesia Radiology Surgery <i>(delete two)</i>
DMS Email address of Resident, in lieu of signature	

Certification by Supervisor

I certify that I have read the AVDC Anesthesia, Radiology, and Surgery [Specialty Training Hours requirement](#) document provided online by AVDC and that I have reviewed the Specialty Hours list submitted by the resident, and that I approve the Specialty Hours submission as meeting the AVDC Specialty Hours Requirements in the specialty shown above.

Name of Supervisor	
DMS Email address of Supervisor, in lieu of signature	

This form is to be completed and submitted as a file uploaded in the DMS Specialty Training Hours document submission