



Place full-face head-shot photograph here. Also submit the head-shot as a good-quality digital image.

**FORM CRED 600 SA/Non-Species Specific
Credentials Application Form**

Applicant full name:	
Applicant date of birth:	
Registered Start Date of AVDC Training Program:	
E-mail address:	
Alternate email address:	
Mailing address:	
Telephone and fax numbers:	
Training Program Supervisor:	

Applicant Statement:

1. I have read the Credentials Application information and related documents on www.AVDC.org.
2. I have abided by and will continue 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 my AVDC credentials application, in which case I will not be permitted to take the examination.
3. I agree to abide by the AVDC Ethical and Professional Standards statement included in this form while I am a Candidate for the AVDC examination and subsequently as a Diplomate of the College.
4. I enclose payment of the US \$600 Credentials Application fee as a check made out to "AVDC" or I paid via Credit Card online. I agree that no part of my credentials application fee shall be refunded except as provided for in the regulations of the College.
5. 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.

6. I certify that all information supplied in this application package and in my AVDC case logs and other AVDC-archived material submitted by me or on my behalf is correct, and that the patients in the case-reports and on the case-log included with this application were treated by me alone except where indicated on the case-logs.
7. I understand and accept that falsifying information in this application will result in denial of entrance to the College examination.
8. 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.

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 Credentials Application Form, an individual submitting an application for credentials review 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.

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.

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.

Applicant Signature:	Date:
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This form is to be submitted as a signed document either by mail or DMS. If by mail, it can be sent with the application fee check, money order or completed credit card payment form to:

Executive Secretary, AVDC,
 1404 N. Main Street, Suite 102, Meridian, ID 83642, 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.

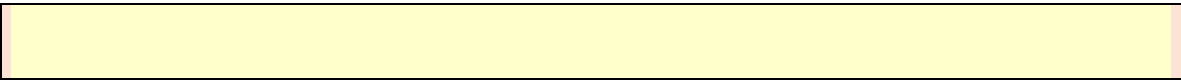
This form is continued as an Application Check List Small Animal/ Non-Species-Specific Credentials Application Check List - 2018

Pre-Approval Certificates are on record in DMS – do not submit them separately.
 Place a **check mark** in the yellow column to indicate the item has been submitted with your application and complete the shaded boxes.

Name of Applicant			
Check Box	Method of Submission	Credentials Application Item	
	Mailed or DMS	A. Signed Application Form	
	Mailed or online	A. Check or completed credit card form or paid online for the Application Fee	
	DMS	B. Digital head-shot photograph	
	DMS	C. Veterinary School Graduation Certificate	
	DMS	D. Current License(s) to Practice Veterinary Medicine	
	DMS	E. Curriculum vitae in AVDC format	
	DMS	F. Specialty Training: Write in Pre-Approved or Submitted for Review	Anesthesia:
			Radiology:
			Surgery:
	DMS	G. Visitation Form (AP trainees only) Submit all completed forms.	
	DMS	H. Dental charts (AP trainees only) Write in Pre-Approved or Submitted for Review.	
	DMS	I. Credentials Equipment list (AP trainees only) Write in Pre-Approved or Submitted for Review.	

	DMS	<p>J. Case Reports or CREP items (four total CREP points), as per the Pre-2014 Training Program Requirements.</p> <p>Write in Pre-Approved code numbers, Submitted for Review or combination.</p> <p>“Delayed submission” of a CREP article requires submission of a form accompanying the Credentials Application requesting permission for delayed submission.</p>				
	DMS	<p>J. Alternate option: I elect to use the 2014 Publications Requirement. One article – a First Article (see the Publications document in the <u>Information for Registered Residents</u> web page for definitions).</p> <p>“Delayed submission” of a publication requires submission of a Delayed Submission Request form with the Credentials Application. Write in Pre-Approved code numbers, Submitted for Review or combination.</p>				
	DMS	<table border="1"> <tr> <td>K. Radiograph Sets Write in Pre-Approved code numbers or ‘Submitted’</td> <td>Canine:</td> </tr> <tr> <td></td> <td>Feline:</td> </tr> </table>	K. Radiograph Sets Write in Pre-Approved code numbers or ‘Submitted’	Canine:		Feline:
K. Radiograph Sets Write in Pre-Approved code numbers or ‘Submitted’	Canine:					
	Feline:					
	DMS	L. DMS Case Log file – reviewed by you and your Supervisor for completeness and accuracy.				
	DMS	L. Cadaver Procedures Log – Optional. Include any Cadaver Procedure Forms as files attached to your Credentials Application DMS document.				
	DMS	M. Additional materials – Optional. See description in the online Credentials Application Information document.				
	Submitted by Supervisor	N. Supervisor’s Report – Remind your Supervisor to submit the form before July 31 st .				
	Submitted by Others	<p>O. Letters of Reference: Two Required: <i>Insert names of diplomates who will write the letters:</i></p>				

Comments for the Credentials Committee (Include explanations of actions taken as a result of comments by the Training Support Committee reviewer on your most recent Annual Report, or other items). *Box will automatically increase to accommodate additional lines.*



Save this completed form as ***YourLASTNAME, FirstName CredApp year,*** print a copy, sign it and mail it to the AVDC Executive Secretary with your check. All other parts of the Credentials Application are to be submitted electronically via DMS – see the *Credentials Application Instructions* file in the Information for Registered Residents on the AVDC web site for more information.