



FORM CRED 621EQ

Equine Credentials Application Supervisor's Report

Complete the shaded boxes

Applicant's Name	
Type of Training Program	Full-Time Residency Part-Time Residency <i>(delete one)</i>
Supervisor's Name	
Start and end dates of training program	
Date this form completed by Supervisor	
Did you review the files that the resident included in her/his credentials application document, and do you have any questions about or comments on those files?	YES/NO Comments:
Has the applicant obtained the necessary clinical skills and knowledge to qualify for the AVDC certifying examination?	YES/NO/Uncertain <i>(delete as appropriate)</i> . Comments:

There were/were not <i>(delete as appropriate)</i> changes in the training program since the most recent review of the training program by TSS.	<i>Please provide information on any changes:</i>
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Please name other dental diplomates whom you are aware of who have contributed to the training of this trainee in this reporting year:

For Full-Time Residency Program applicants only:

Yes/No	The applicant completed the required 48 weeks direct supervision and full 78 weeks of clinical veterinary dental service under my supervision or the supervision of other AVDC Eq or non-Eq diplomate(s) (or EVDC Eq or non-Eq diplomate(s) for up to one half of the 48/78 week requirement).
Yes/No	I am Program Director of an approved AVDC Residency Program. The residency site was approved by AVDC for the entire training program of this applicant.

For Part-Time Residency Program applicants only:

Yes/No	The hours for which I am shown as 'direct supervision' as listed by the applicant on the Diplomate Direct Supervision are correct.
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I certify that the applicant has successfully completed the AVDC Training Program for which the applicant was registered as a trainee.	Name and E-mail address of diplomate who is supervisor for this applicant:
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Note: This form is separate from the letter of reference (item O in the Credentials Application instructions). Submit this form to the Executive Secretary, either as an e-mail attachment or via DMS. Name the file **LASTNAME,FirstName CredApp Supervisor year**.

Deadline for receipt of the completed form by AVDC is July 30th.