



AMERICAN VETERINARY DENTAL COLLEGE
Equine Dental Specialty

**FORM CRED627EQ EQUINE
 CREDENTIALS REVIEW
 EVALUATION FORM**

Complete the shaded boxes

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| Applicant | |
| Reviewer | |
| A. Credentials Application Form | |
| Type of Training Program | <input type="checkbox"/> Full Residency <input type="checkbox"/> Part-Time Residency |
| Form dated and signed, photo included? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Check list section completed? | <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: |
| Any Publications or Radiograph Sets submitted as 'Originals'? | <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which items? |
| | Comments on Application Form: |
| C, D. Vet School Diploma, License | |
| C. Veterinary school diploma included? | <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: |
| D. Current veterinary license included? | <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: |
| E. Curriculum Vitae | |
| Curriculum vitae included in coherent format? | <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: |
| Professional activities clear from CV? | <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: |
| Any unexplained time gaps in CV? | <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: |
| One-year internship or equivalent prior | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| to starting veterinary dental training program? <i>(Required for all residencies)</i> | Comments: |
| Nature and content of formal courses satisfactory? | <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: |
| Nature/duration of informal training sufficiently documented? | <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: |
| If a Part-Time candidate, is documentation of dental/veterinary dental training in addition to Direct Diplomate Supervision included? | <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: |
| | Overall comments on CV: |
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| F. Specialist Training | |
| Documentation of completion of specialist training (40 hours each in anesthesia, radiology and surgery) in acceptable format (Pre-Approval certificates or completed ARS forms)? | Anesthesia <input type="checkbox"/> Yes <input type="checkbox"/> No Radiology <input type="checkbox"/> Yes <input type="checkbox"/> No Surgery <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what is missing or incorrect? |
| G. Direct Diplomate Supervision and Clinical Experience | |
| Supervision requirement documented (48 weeks)? | <input type="checkbox"/> Yes <input type="checkbox"/> No (not required for Advanced Standing) If no, what is missing or incorrect? |
| Total 78 weeks clinical experience? | <input type="checkbox"/> Yes <input type="checkbox"/> No (not required for Advanced Standing) If no, what is missing or incorrect? |
| H, I. Charts, Equipment, Supplies | |
| Oral-dental record charts currently used by candidate Pre-Approved or charts included and are satisfactory? <i>(Not required for Residents)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what is missing, unclear or incorrect? Comments: |
| Veterinary dental equipment and supplies Pre-Approval certificate included, or list and photographs included are satisfactory in content and format? <i>(Not required for Residents)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what is missing, unclear or incorrect? Comments: |
| J. Publication Items | |
| One MAJOR and one MINOR publication submitted as Pre-Approved certificates or as 'Original' undergoing blinded review if submitted with application. | <input type="checkbox"/> Major publication <input type="checkbox"/> Pre-Approved <input type="checkbox"/> Submitted as Original <input type="checkbox"/> Minor publication <input type="checkbox"/> Pre-Approved <input type="checkbox"/> Submitted as Original Comments: |
| K. Radiograph Set | |
| Submitted as Pre-Approval certificates or as 'Original' undergoing blinded review if submitted with application. | <input type="checkbox"/> Pre-Approved <input type="checkbox"/> Submitted as Original (result of blind review pending) Comments: |

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| L. Case Log | |
| 500 minimum caseload documented in DMS online log in AVDC format? Cases recorded in correct category, no multiple visits for same treatment, maximum of three categories per case? | <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what is missing, unclear or incorrect? Comments: |
| Total number of cases and breadth of caseload indicates acceptable veterinary dental activity? | <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what is missing, unclear or incorrect? Comments: |
| MRCL cases all logged within last six years? | <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: |
| MRCL cases – trainee status. 50% as ‘primary dentist assisted by Diplomate’ (PDA) in each MRCL category? | <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: |
| MRCL Diplomate Review Forms for MRCL cases logged since last TSS Annual Report are included and appropriate? | <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what is missing, unclear or incorrect? Comments: |
| Overall, caseload is acceptable? | <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: |
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| M. Additional Materials (optional) | Comments: |
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| N. Supervisor Report Form | |
| Certification of completion of training program by Residency Program Director or Mentor is satisfactory? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA If no, what is missing, unclear or incorrect? Comments: |
| Any negative or questionable comments made by Supervisor? | <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: |
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| O. Letters of Reference | |
| Are at least two confidential letters of reference included, including one from the Resident's Supervisor? Do the writers state their relationship/duration of contact with the candidate, and are the writers qualified to give an informed opinion of the candidate? Do the writers support this candidate's application, and overall, are the letters satisfactory as a recommendation for AVDC membership? | <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what is missing, unclear or incorrect? Comments: |
| P. Cadaver Procedure Log - optional | |
| | Comments: |
| Q. TSS Annual Report Reviews | |
| Comments or questions after reading the most recent TSS Annual Report reviews (included in DMS file list)? | Comments: |
| R. 'Seven cases' Validation | |
| This material will be sent to you via DMS. Is the material satisfactory (sufficient detail, accurate, and content matches entry in case log)? | <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what is missing, unclear or incorrect? Comments: |
| Summary of Application | |
| Is the sum of the formal and informal training satisfactory? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Format of application package is satisfactory? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Dental caseload satisfactory? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Charts, equipment and supplies satisfactory? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Publications satisfactory? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Review results pending |
| Radiograph sets satisfactory? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Review results pending |
| Supervisor report satisfactory? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Letters of reference satisfactory? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 'Seven cases' validation satisfactory? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| OVERALL RECOMMENDATION | |
| Candidate is APPROVED for admission to AVDC examination | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Recommendation pending the result of case report or radiograph set review. Comments: |
| Reviewer's name | |
| Date review completed and forwarded to Credentials Committee chair | |