



**CRED FORM 705 Credentials Equipment List Submission Form**

**This form is to be completed and signed by a Part-Time Resident who works in facility separate from the Residency Supervisor. (Submission and approval of a Credentials Equipment List is not required for Full-time Residents working at the Supervisor’s facility)**

**The Equipment List will **not** be reviewed if this completed Form, including Supervisor signature, is not included in the DMS Credentials Equipment document.**

**Certification by Resident:**

I certify that I have read the AVDC [Credentials Equipment List](#) requirements provided online by AVDC (and available via the link above), and that this equipment and supplies are used in my practice.

<b>Name of Resident</b>	
<b>Type of Equipment</b>	<b><u>Canine/Feline</u>      <u>Equine</u></b> <i>(delete one)</i>
<b>DMS Email address of Resident, in lieu of signature</b>	

**Certification by Supervisor:**

I certify that I have read the AVDC Equipment List requirement provided online by AVDC (and available via the link above), that I have reviewed the Equipment list submitted by the resident, and that I approve the Equipment List as meeting the AVDC Credentials Equipment List Requirement.

<b>Name of Supervisor</b>	
<b>DMS Email address of Supervisor, in lieu of signature</b>	

**This form is to be completed and submitted as a file uploaded in the DMS Credentials Equipment List document submission**