



**CRED 820**

**Case Report – Confirmation of  
Primary Clinician and Extent of  
Supervisor Involvement**

The supervisor of the trainee submitting a Case Report for Credentials Committee review is to complete this form. The purpose of the form is to:

1. Confirm that the trainee was the primary dentist when the procedures described in the case report were conducted, and that the trainee is the author of the case report.
2. Describe the extent of input by the Supervisor when the trainee was preparing the case report. The case report is to be written by the trainee. The relevant section in the AVDC *Case Report Requirements* document is: *After the case report is prepared, AVDC recommends that the trainee and supervisor read through the Case Report Evaluation Form again and then read through the case report as a self-evaluation process prior to submission to AVDC.*

Name of Trainee	
Title of Case Report	
Name of Supervisor	
Confirm that trainee was primary dentist	
Briefly describe extent of involvement of Supervisor	

**Submission of the Completed Form**

Save the completed form as **LASTNAME (of Resident),FirstName CaseReport Supervisor Short Title**.

Submit the form to the AVDC Executive Secretary via DMS or as an e-mail attachment; no physical signature is required provided that this form is submitted via DMS or by e-mail from the Supervisor’s e-mail address.