



## Radiograph Set Submission Form

**This form is to be completed and signed by the Resident and by the Supervisor.**

**A Radiograph Set will **not** be reviewed if this completed Submission Form, including Supervisor signature, is not included in the DMS document.**

### **Certification by Resident:**

I certify that I have read the AVDC Radiograph Set requirements provided online by AVDC (and available via links in the table below), that the images in the Radiograph Set accompanying this form were made by me, and that the layout and labelling of the images was created by me.

<b>Name of Resident</b>	
<b>Type of Radiograph Set</b>	<u><a href="#">Canine</a></u> <u><a href="#">Feline</a></u> <u><a href="#">Equine</a></u> <i>(delete as appropriate)</i>
<b>DMS Email address of Resident, in lieu of signature</b>	

### **Certification by Supervisor:**

I certify that I have read the AVDC [Canine/Feline](#) or [Equine](#) Radiograph Set requirements provided online by AVDC (and available via links above), that I have reviewed the Radiograph Set created and formatted by the Resident, and that I approve the Set as meeting the AVDC Radiograph Set Requirements.

<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 file in the DMS Radiograph Set submission**