

Form EXAM-950 2020 Examination Security Form

This form is to be completed, signed and sent to the AVDC Executive Director by October 31st, in the year prior to taking the Phase 1 examination, or by March 1st for the Phase 2 Examination.

Ethical and Professional Standards Statement

AVDC endorses the AVMA Principles of Veterinary Medical Ethics and the American Board of Veterinary Specialties (ABVS) statement that members of ABVS-recognized specialty colleges are to "Demonstrate unquestionable moral character and ethical professional behavior". I understand and accept that candidates for the AVDC examination are required to adhere to this standard.

I understand and accept that I am required to abide by the AVDC Guidelines for Use of Specialty Titles (available on the <u>Information for Registered Applicants</u> page on the AVDC web site), and specifically that I may not use the terms "veterinary dentist", "board eligible" or "board qualified" and that no connection with the AVDC may be made or implied until I have successfully completed the examination and am certified as a Diplomate of AVDC.

Specific Limitations on Examination Conduct and Communications:

I understand and accept that the giving or receiving of aid in the examination as evidenced by observation at the time of the examination, or the use of notes, or the taking of notes other than on the examination booklet, or removal of materials from the examination room, or discussion of the examination with other individuals, or any other forms of misconduct or cheating may be sufficient cause for the American Veterinary Dental College to terminate my participation in the examination, and/or to invalidate the results of my examination, and/or to deny my entrance to all future examinations.

I understand and accept that the format and content of the examination are the property of the AVDC, and that I may not divulge information about the examination to others. I accept that the only exception to this rule is that, should I fail any part of the examination, I am permitted to discuss my performance with my supervisor/program director in order to better prepare myself for my next examination attempt.

If you have a chronic disability that may impact your performance on the examination, please review the AVDC Disability Form and contact the AVDC Executive Director for further guidance.

Printed Name of Candidate:		
Signature of Candidate:	Date:	
Signature of Mentor:	Date:	

Release: 03/11/2020

	T TO BO TONOTTI				
□ Equine	□ Non	□ Non-Species-Specific/Small Animal			
□ Phase 1 (Writ	tten examination)	OR □ Pha	se 2 (Practical	examination)	
EQUNE PHASE I	I ONLY:				
□ YES, I would	like to request a ni	trogen tank	□ NO, I do l	not need a tank	
Examination	n Fee:				
accompany subr to 'AVDC'), or by		ı. Payment caı xam Fee Payr	n be made by l	JS\$ check or mo	take. Payment is to oney order (made ou ge:
	de the PSI registr on center reservat		ich will be coll		by PSI when
Phase 2 examir	nation, 2020	\$3,000	(Payment due	e by March 1st,	2020)
Results of t	he Examination	on:			
Phase 2 examinuments of the Candidates by examples of the Candidates by examples of the Candidates of	ne Phase 1 examir nation results will b d otherwise below, e- mail to the e-mail IS contact inform	e provided no the results of address on re	more than 45 of the examination ecord within AV	days following th n will be commu	ınicated to
Instead of DMS means of comm	email, I wish to be nunication:	notified of the	e result of the e	xamination by th	ne following
	low the name, add t person should AV	•	•		

Send the signed Examination Security Form and fee payment to: Executive Director, AVDC, 103 E Calderwood Dr, Ste 110, Meridian, ID 83642, USA Fax: 1-208-895-7872 Email: ExecSec@AVDC.org

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Examination to be taken: