

## Place your practice letterhead here

After completion of the form, it must be submitted as a PDF document as instructed in the EVDC training programme application document available at [www.evdc.info](http://www.evdc.info).

*Sender's Address  
If not in Letterhead*

**Date of letter**

To the European Veterinary Dental College (EVDC):

### **APPLICATION FOR APPROVAL OF A TRAINING PROGRAMME**

I am writing to request approval of my proposed training programme as described in this letter and the associated documents.

**Name** :  
**E-mail** :  
**TMS user ID** : *This is a number – Log in to see your TMS records to find it*  
**Programme type** : **Full time, fully supervised / Other**  
**Requested start date** : *Please submit your application at least 4 months before this date. Approval of the requested date is not guaranteed*

I have read the current EVDC Constitution and Bylaws plus the training-related documents available on the College website, and I believe that the proposed training programme will fulfil all the requirements.

I have checked and updated my online CV and personal details in TMS. These contain my current contact details, a recent passport type photograph and copies of both my veterinary qualification certificate (university degree/diploma) and my current license to practise. I agree to keep my TMS records up to date throughout my training programme.

The following College Diplomate has agreed to be my training supervisor and will acknowledge this by ticking the "OK" boxes associated with my documents in the College TMS.

**Name** :  
**E-mail** :

The following documents (including English language translations for any non-English items) are either attached or they have been uploaded to TMS in support of this application:

**Receipt for payment of training programme assessment fee** : **Attached / File name and TMS Doc. Id\***  
**Detailed description of my proposed training programme** : **Attached / File name and TMS Doc. Id\***  
**Letter of good standing from veterinary licensing authority** : **Attached / Details of when applied for#**  
**Training facilities approval request (if required)** : **Attached / File name and TMS Doc. Id\***

*\* Log in to see your TMS records to find TMS Document Id's.  
# The licensing authority may send this directly to EVDC.*

Should you require any clarification, please contact me by email.

Yours faithfully,

## Signature

Application checklist:

Item	Completed/uploaded
<a href="#">Application form Training programme</a>	
Fee payment	
Copy of Graduation Certificate (original + self-translation into English)	
Copy of the applicant's current license to practice veterinary medicine in Europe (original + self-translation into English)	
A letter from the applicant's licensing body verifying that he/she is a member in good standing (original + self-translation into English), including a list of any grievance, ethics infractions and the details associated with any such events	
Curriculum vitae in EVDC format	
<a href="#">Application Form Training Facilities</a> (evaluate Training Centre separately – use Assessment form Training Centre) <b>OR</b> copy of Confirmation of Recognized Training Centre approval <b>OR</b> <a href="#">Specialist Center self-certification statement</a>	
A detailed description of the proposed training programme explaining how all the training requirements will be met <b>including details of anticipated case numbers.</b>	
Copy of all anaesthetic, oral-dental and other record forms and client handout templates	
Training Programme application – supervisor's approval form	