

Specialist Center Self-certification statement

I(name of diplomate) acknowledge to be fully aware of the specific requirements for supervising an EVDC residency programme and certify that my below-mentionned hospital is fully equiped with all necessary equipements and materials as detailed in the EVDC information documents.
Name of the Hospital:;;
Address:
Country:
I certify that I work full time as a veterinary dental specialist at this hospital and subsequently state that it can be recognized as a EVDC Specialist Center.
Date :
Diplomate's signature :

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