

**EVDC EdC Review Form for Annual report**  
(form valid as of January 20, 2017)

Name of the applicant:

Date reviewed:

Item	Please delete as appropriate. For any "not approved", provide a comment below.
Index	Approved / Not approved / Not included Comment:
Annual assessment application form	Approved / Not approved / Not included Comment:
Fee payment	Approved / Not approved / Not included Comment:
Case logs of the previous 12 months Chronological Category Cadaver / Wet lab - <i>not obligatory yet advisable</i>	Approved / Not approved / Not included Comment:
MRCL Minimum Required Case log MRCL forms	Approved / Not approved / Not included Comment:
Corrections from last Annual report	Approved / Not approved / Not included Comment:
Curriculum vitae (EVDC format)	Approved / Not approved / Not included Comment:
Specialist hours requirements	Approved / Not approved / Not included Comment:
EVDC Supervisor visitation log (only for alternate residency training programme)	Approved / Not approved / Not included Comment:
Dental courses, seminars, wet labs attended by the resident	Approved / Not approved / Not included Comment:
Presentation and publication log of the resident	Approved / Not approved / Not included Comment:

Resident's log summary	Approved / Not approved / Not included Comment:
Description of previous years' training	Approved / Not approved / Not included Comment:
Description of plans and changes for next year's training	Approved / Not approved / Not included Comment:
If applicable, application for recognition of a new training centre (detailed assessment - see separate form)	Approved / Not approved / Not included Comment:
Copies of any pre-approval notifications for publications, case reports, radiographic series or specialist hours.	Approved / Not approved / Not included Comment:
Supervisor`s / Residency director's annual report on the Training Programme	Approved / Not approved / Not included Comment:

Name of reviewer:

Date forwarded to the Chair of the Education Committee:

Submit the completed form via VetDentDMS by attaching this completed review report file within the document that is being reviewed. Name the file: **AnnualReport\_YourLASTNAME**

Submit the completed form directly to the EdC Chair for items from TMS.