



## 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 equipped 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 :