

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-mentioned hospital is fully equipped with all necessary equipment 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: