**EVDC Equine Application form for radiograph submission**

(form valid as of Jan 2022)

**Name of the applicant:**  **Email:**

**YEAR Programme**

**Date submitted for pre-approval by CC or uploaded to DMS**

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| **File / folder name** | **Projection of radiograph** |
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I (*residents name*) submitted files attached as my submitted radiograph set number 1 / number 2 (delete as appropriate) r to be considered in my credential package.

I declare that these radiographs were taken i) by me, ii) the patient was radiographed for clinical diagnostic reasons with consent, iii) National radiation safety regulations were applied.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Resident

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