**EVDC Equine SUBMISSION CHECKLIST AND INDEX Form for Annual report**

(form valid as of Jan 2020)

This should be comleted by the applicant and serve as a checklist and index. Remaining documents should be submitted as a word/PDF document with clear file names with each section numbered as below.

**Name of the applicant:**

**Date reviewed:**

|  |  |  |
| --- | --- | --- |
| **DOCUMENT NUMBER** | **Item** | **INCLUDED:****YES/NO/NOT APPROPRIATE.****Filename** |
| 1  | Index |  |
| 2 | Annual assessment application form |  |
| 3 | Fee payment |  |
| 4 | Case logs of the previous 12 months(6 months at 1st annual review)  |  |
| 5 | MRCLMinimum Required Case logMRCL forms |  |
| 6\* | Corrections from last Annual report (if appropriate)  |  |
| 7 | Curriculum vitae (EVDC format) |  |
| 8 | Specialist hours requirements |  |
| 9\* | EVDC Supervisor visitation log (alternate residency training programme) |  |
| 10 | Dental courses, seminars, wet labs attended by the resident |  |
| 11 | Presentation and publication log of the resident |  |
| 12 | Resident’s log summary |  |
| 13 | Description of previous years’ training  |  |
| 14 | Description of plans and changes for next year’s training |  |
| 15\* | If applicable, application for recognition of a new training centre (detailed assessment - see separate form) |  |
| 16\* | Copies of any pre-approval notifications for publications, case reports, radiographic series or specialist hours. |  |
| 17 | Supervisor`s / Residency director’s annual report on the Training Programme |  |
| 18 | Submitted radiographs (if appropriate)  |  |

\* 6, 9, 15, 16 may b not be applicable to first annual reports, full time residency programmes, and where these are unaltered.

Upload completed form to DMS