



Training programme approval application - Supervisor form

The Supervisor of the resident submitting an Approval of a Training programme Application for Credentials Committee review is to complete this form. The purpose of the form is to:

1. Confirm that the Supervisor is familiar with the requirements of an EVDC Training programme
2. Has agreed to act as a Supervisor of a Resident submitting the application.

3. Has developed the Training programme outline with the Resident submitting the application.
4. Will submit a self-certification statement for a specialist centre for a full-time Residency programme (see: [Specialist Center self certification statement](#)) **OR** has reviewed the equipment list, dental chart, anaesthesia chart and other documents that are required by EVDC to obtain an approval of an EVDC Recognized Training Centre and start a Training programme (see: [Application Form Training Facilities](#)).

Name of Resident	
Type of Training programme	<input type="checkbox"/> Alternative Residency <input type="checkbox"/> Standard Residency
Name of Supervisor	

Submission of the Completed Form

Save the completed form as *ResidentLASTNAME,FirstName TP_Application Supervisor*.

Submit the form to the EVDC Secretary via VetDentDMS or as an e-mail attachment; no physical signature is required provided that this form is submitted via VetDentDMS or by e-mail from the Supervisor's e-mail address.