

**EVDC EdC Assessment Form for Approval of a Training centre**  
(form valid as of January 20, 2017)

**Name of the applicant:**

**Role of the applicant: (delete as appropriate) Prospective resident/Supervisor/Residency director**

**Date reviewed:**

Check the specific items and numbers as required by the EVDC in the [Application form training facilities](#).

<b>Item</b>	<b>Please delete as appropriate. For any "not approved", provide a comment below.</b>
Application form training facilities	Approved / Not approved / Not included Comment:
Premises (list and photographs)	Approved / Not approved / Not included Comment:
Clinical records (copies/templates)	Approved / Not approved / Not included Comment:
Non-dental equipment (list and photographs: anaesthetic machines, general and operatory equipment, sterilization equipment, ...)	Approved / Not approved / Not included Comment:
General dental equipment (list and photographs: dental power equipment, dental radiographic equipment, ...)	Approved / Not approved / Not included Comment:
Instruments and materials (list and photographs: periodontics, exodontics, endodontics, restorative dentistry, orthodontics, oral surgery, prosthodontics)	Approved / Not approved / Not included Comment:

The European Veterinary Dental College is incorporated under the laws of the United Kingdom as a non-profit educational organisation:

Company registration no.: 06950998

Company address: European Veterinary Dental College Limited  
82B High Street, Sawston, Cambridge, CB22 3HJ

The EVDC and its Diplomates are recognised by the European Board of Veterinary Specialisation.

SUMMARY (delete as appropriate)

**Approved /Not approved (see comments above)**

**Request clarification before approved/not-approved decision is made (see comments above)**

Name of reviewer:

Date forwarded to the Chair of the Education Committee:

**Submit the completed form via VetDentDMS by attaching this completed review report file within the document that is being reviewed. Name the file: **TrainingCentre\_ YourLASTNAME\_ Approved** or **Comments** or **Not Approved****

**Submit the completed form directly to the EdC Chair from DMS.**

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