



Form EXAM-950 2019 Examination Security Form

This form is to be completed, signed and sent to the AVDC Executive Secretary by October 31st, in the year prior to taking the Phase 1 examination, or by March 1st for the Phase 2 Examination.

Ethical and Professional Standards Statement

AVDC endorses the AVMA Principles of Veterinary Medical Ethics and the American Board of Veterinary Specialties (ABVS) statement that members of ABVS-recognized specialty colleges are to “*Demonstrate unquestionable moral character and ethical professional behavior*”. I understand and accept that candidates for the AVDC examination are required to adhere to this standard.

I understand and accept that I am required to abide by the AVDC Guidelines for Use of Specialty Titles (available on the [Information for Registered Applicants](#) page on the AVDC web site), and specifically that I may not use the terms “veterinary dentist”, “board eligible” or “board qualified” and that no connection with the AVDC may be made or implied until I have successfully completed the examination and am certified as a Diplomate of AVDC.

Specific Limitations on Examination Conduct and Communications:

I understand and accept that the giving or receiving of aid in the examination as evidenced by observation at the time of the examination, or the use of notes, or the taking of notes other than on the examination booklet, or removal of materials from the examination room, or discussion of the examination with other individuals, or any other forms of misconduct or cheating may be sufficient cause for the American Veterinary Dental College to terminate my participation in the examination, and/or to invalidate the results of my examination, and/or to deny my entrance to all future examinations.

I understand and accept that the format and content of the examination are the property of the AVDC, and that I may not divulge information about the examination to others. I accept that the only exception to this rule is that, should I fail any part of the examination, I am permitted to discuss my performance with my supervisor/program director in order to better prepare myself for my next examination attempt.

If you have a chronic disability that may impact your performance on the examination, please review the AVDC Disability Form and contact the AVDC Executive Director for further guidance.

Printed Name of Candidate: _____

Signature of Candidate: _____ Date: _____

Signature of Mentor: _____ Date: _____

Examination to be taken:

- Equine **OR** Non-Species-Specific/Small Animal
- Phase 1 (Written examination) **OR** Phase 2 (Practical examination)

Examination Fee:

Pay only the fee for the part of the examination that you are currently eligible to take. Payment is to accompany submission of this form. Payment can be made by US\$ check or money order (made out to ‘AVDC’), or by credit card, see Exam Fee Payment by Credit Card on this page: <https://www.avdc.org/traineeinfo.html>.

Phase 1 examination, 2019 \$1,500 (Note: The Phase 1 examination fee does not include the PSI registration fee, which will be collected directly by PSI when the examination center reservation is made). PSI will notify you in November of registration instructions.

Phase 2 examination, 2019 \$3,000 (Payment due by March 1st, 2019)

Results of the Examination:

The results of the **Phase 1** examination will normally be available within 30 days of the examination. **Phase 2** examination results will be provided no more than 45 days following the examination. Unless indicated otherwise below, the results of the examination will be communicated to candidates by e-mail to the e-mail address on record within AVDC DMS. **Please check that your AVDC DMS contact information is correct.**

Instead of DMS email, I wish to be notified of the result of the examination by the following means of communication:

Please write below the name, address, telephone number, fax number or e-mail address for a back-up contact person should AVDC be unable to contact you when the examination results are distributed:

Send the signed Examination Security Form and fee payment to:

Executive Director, AVDC, 103 E Calderwood Dr, Ste 110, Meridian, ID 83642, USA
Fax: 1-208-895-7872
Email: ExecSec@AVDC.org