



## **Academy of Veterinary Dental Technicians**

### **Credential Packet 2026-2027**

**Class of 2028**

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## **Policy on the Use of the VTS (Dentistry) Title**

### **Purpose:**

The VTS (Dentistry) designation represents a recognized professional achievement awarded by the Academy of Veterinary Dental Technicians (AVDT) under the authority of the National Association of Veterinary Technicians in America (NAVTA) and the Committee on Veterinary Technician Specialties (CVTS). [NAVTA Committee on Veterinary Technician Specialties](#)

This policy outlines the conditions under which the VTS (Dentistry) title may be used and the consequences of misuse.

### **Scope of Policy:**

This policy applies to individuals using or seeking to use the VTS (Dentistry) title. It ensures that only those who have completed the entire credentialing process and examination administered by the AVDT are authorized.

### **Policy Guidelines:**

Authorization for VTS (Dentistry) Title Use: The VTS (Dentistry) designation is reserved exclusively for individuals who:

- Have successfully completed the credentialing process administered by the AVDT.
- Have passed both sections of the VTS (Dentistry) examination.

### **Verification of Credentials:**

The official list of active AVDT members, available at [www.avdt.us](http://www.avdt.us), is the authoritative source for confirming an individual's VTS (Dentistry) credentials.

### **Prohibited Use of Title:**

Using the VTS (Dentistry) title without completing the required credentialing process is considered wrongful representation.

### **Disciplinary Consequences:**

Individuals found using the VTS (Dentistry) title without proper authorization will be required to cease and desist. The AVDT may pursue legal action, and the imposter will be assessed all associated legal costs.

The AVDT will take the following steps against unauthorized use of the VTS (Dentistry) title:

- Issue a formal request to cease and desist.

- Pursue legal action for wrongful representation, with all legal costs assessed to the offending party.

### **Position Statement on Dental Extractions**

The AVDT does not condone, endorse, nor recommend that veterinary technicians perform dental extractions, diagnose, or prescribe medication. Extraction of teeth is oral surgery and should be performed by a licensed veterinarian, per the American Veterinary Dental College (AVDC), American Veterinary Medical Association (AVMA), and the American Animal Hospital Association's (AAHA) 2019 Dental Guidelines.

[AVDC Position Statements](#)

[AVMA Veterinary Dentistry Policy](#)

[Role of Veterinary Technicians and Assistants in Veterinary Dentistry, AAHA](#)

[AAHA Dental Guidelines 2019](#)

A Veterinary Technician Specialist in Dentistry (VTS Dentistry) is a credentialed veterinary technician who has obtained advanced knowledge and training in dentistry. With these advanced skills, VTS (Dentistry) technicians can educate the veterinary community and clients and provide patients with thorough and efficient anesthetized dental care as part of the veterinary healthcare team.

Exodontics or dental extraction is defined as the purposeful and intentional removal of any tooth structure using an instrument such as a surgical blade, dental elevator, luxator, periosteal elevator, root tip pick, extraction or root-tip forceps, or any other tool which can be used to facilitate removal of a tooth from the alveolus. Exodontics also includes using a high-speed dental handpiece with a dental bur to purposefully and intentionally remove alveolar bone and section multirooted teeth to facilitate removal from the oral cavity.

Assisting a veterinarian in exodontics, endodontics, orthodontics, prosthodontics, and periodontics is allowed; however, under no circumstances should a member, candidate, mentee, or applicant of the AVDT independently perform any of these advanced procedures. The AVDT is here to advance the knowledge of the entire dental team by promoting a team approach to veterinary dentistry.

Members, candidates, mentees, and applicants of the AVDT found to have diagnosed, made treatment recommendations, prescribed medication, and/or performed oral surgery (extractions) will be dismissed and disassociated. The VTS (Dentistry) title will be revoked permanently, and there is no option for reapplication.

**Abiding by these position statements is a good faith requirement of all AVDT members, candidates, mentees, and applicants to ensure the highest level of patient care and safety regarding dental procedures that permanently alter the patient's oral cavity, including bone, tooth, and soft tissue removal.**

Note: This position statement means that although the state in which an AVDT mentee, candidate, or member is employed may allow a technician to perform specific procedures that the AVDT deems unacceptable, and has signed the AVDT policy statements, the mentee or candidate can be removed from the AVDT program or the member's VTS (Dentistry) designation can be revoked.

### **The Academy of Veterinary Dental Technicians Position Statement on Non-Anesthesia Dentistry**

As veterinary technicians we stand to uphold basic animal welfare considerations, including preventing and minimizing animal suffering, pain, stress, and fear, and allowing animals to express their natural behaviors.

Non-anesthesia dentistry is facilitated by physical rather than chemical restraint of patients to cosmetically remove dental tartar from the teeth. When a pet is physically restrained, and sharp dental instruments are used, the procedure is likely to cause fear, discomfort, and pain. The pet may react by struggling to get away, biting, scratching, or freezing in fear. The pet's natural reaction puts them and the veterinary team at risk of injury. For these reasons, the AVDT does not support non-anesthesia dentistry.

Non-anesthesia dentistry also does not allow a veterinary professional the opportunity to evaluate and clean the portion of the teeth below the gum line. Additionally, detection of dental conditions such as periodontal disease, tooth fracture, tooth resorption, tooth mobility, alveolar bone infection, tooth developmental abnormalities, malocclusions, and oral tumors are less likely without a thorough oral evaluation and dental radiographs under anesthesia.

Non-anesthesia dentistry may delay detection of these painful conditions, allowing disease to progress to a critical level with limited treatment options.

The AVDT respects and supports the human animal bond, fear-free practices, and professional dental and oral care provided only while the pet is under general anesthesia. The AVDT does not support the delivery of substandard dental care to any animals using non-anesthesia dentistry by our members, mentees, candidates, or the profession as a whole.

This statement is substantiated by research regarding the humane and proper oral care of animals worldwide by the following organizations:

<http://avdc.org/AFD/>

<http://www.wsava.org/guidelines/global-dental-guidelines>

<http://www.ava.com.au/node/85991>

[https://www.aaha.org/public\\_documents/professional/guidelines/dental\\_guidelines.pdf](https://www.aaha.org/public_documents/professional/guidelines/dental_guidelines.pdf)

**Abiding by these positioning statements is a good faith requirement of all AVDT members, candidates, mentees, and applicants to ensure the highest level of patient care and safety regarding dental procedures that permanently alter the patient's oral cavity, including bone, tooth, and soft tissue removal.**

Note: This position statement means that although the state in which an AVDT mentee, candidate, or member is employed may allow a technician to perform specific procedures that the AVDT deems unacceptable, and has signed the AVDT policy statements, the mentee or candidate can be removed from the AVDT program or the member's VTS (Dentistry) designation can be revoked.

### **Credential Packet Submission Process**

**Please update the Credential Chair and your Mentor on your email address, as this and DMS will be our primary communication sources.**

We utilize the Data Management System (DMS) online submission. Mentees will receive training in how to submit their credential packet via DMS. Mentees will be able to submit various portions of the packet throughout their Specialist Training Program instead of submitting it all at once at the end of the program if they choose. Most documents must be converted to PDFs once completed and uploaded to DMS as PDFs in the document upload section. The AVDT Credential Chair sent each mentee an acceptance letter and their assigned anonymous number to be used in their submission during the two-year Specialist Training Program period. This number will be used to submit various documents/portions of the credential packet as an anonymous version for review by the Credential Committee members. Anonymous items will be reviewed by two or more Credential Committee members. The AVDT must keep anonymity during the grading process, so it will be necessary for the mentee to ensure their name is not on any documents that will be submitted for grading. The complete credential packet is due no later than 11:59 pm on December 31, 2027.

All sections of the credential packet must be uploaded to DMS on or before 11:59 pm on December 31, 2027. Packets or portions of the packet received after this date will not be considered for the Class of 2028, and the mentee will need to move to Class of 2029. Remember that many items can be uploaded throughout the Mentee's Specialist Training

period and the mentee does not have to wait until December 2027 to upload it all at once. ***Any material that has been uploaded but has not been graded by December 31, 2027, will still be graded and the mentee will have 2 weeks to revise it.***

All sections will be scored as pass/fail. Any section that does not pass on the first attempt will receive feedback and one opportunity to correct and resubmit it. The entire packet, all sections, must receive a passing score for the mentee to pass and move on to the exam portion of credentialing.

Any mentee whose entire packet does not pass (all sections must pass to move on to the exam) but is eligible for resubmission will now be in the Class of 2029 and will resubmit in December 2028. They will need to reacquire anything that they obtained from their first year of credentialing (2026). For the Class of 2029, all material will be acquired from January 1, 2027, through December 31, 2028. This includes, but is not limited to, case logs, case reports, continuing education, any radiograph sets, and any other documentation or training obtained.

If the mentee chooses to duplicate any form using a word processing program, they must use the same size and style of font and the same number of pages. You must keep a backup copy of your credential packet material in case of technology failure and for your reference. All information in the packet should be in the mentee's backup folder. All packets may be destroyed after review.

## **AVDT Hours Requirement**

A mentee must spend at least 3200 hours (cumulative) practicing veterinary technology during the Specialist Training Program. At least 2780 of these hours (cumulative) must be spent within the dental setting. Dentistry hours can be accumulated in any of the following routes:

- The mentee provides client education on dentistry topics such as how to brush teeth, explaining a disease process, the veterinarian's treatment recommendations, or any other issue related to dentistry client education.
- The mentee is scheduling/assisting with dental consultations, rechecks, or other dental-related appointments.
- The mentee is performing/assisting with dental procedures, including holding tissue while the DVM sutures, running anesthesia for dentistry procedures, or other tasks related to dental procedures.
- The mentee performs dental imaging using intraoral dental radiographs or cone beam CT (skull films do not count).
- The mentee is discharging dentistry patients and explaining home care instructions.
- The mentee is creating client education handouts on dentistry topics for the clinic.

- The mentee's shadowing hours that are required to complete their case logs.
- The mentee's dental-related CE hours that they accumulate from the Veterinary Dental Forum during the two-year mentorship program. A total of **24 hours** can be applied to their total number of hours worked in dentistry.
  - If a mentee plans to include the hours obtained while attending the Veterinary Dental Forum, confirmation of those hours can be incorporated in the letter from the mentee's supervising DVM or office manager.

When the mentee submits their credential packet by December 31, 2027, they will be required to submit the following documents, along with their packet, confirming they have worked a minimum of 3200 hours in veterinary technology. They will also confirm that, of those 3200 hours, 2780 were spent in veterinary dentistry. **These hours will accumulate between January 1, 2026, and December 31, 2027.** The three documents required are as follows:

1. A letter from their practice manager who can verify they have worked 3200 hours in the field of veterinary technology and 2780 of those hours were spent in the field of veterinary dentistry.
2. A summary of the time worked from a timesheet printed from their employer proves the mentee has met the required 3200 hours in veterinary technology.
3. A letter of recommendation from their supervising veterinarian.

**Any mentee who cannot confirm their hours have been met or cannot complete the required hours will not be allowed to submit their Credential Packet on December 31, 2027.**

**Hours requirement documentation and letter of recommendation should be uploaded in Miscellaneous drop down menu option in DMS.**

**Shadowing hours:**

The mentee must view 10 hours of cases from a different type of veterinary practice than they typically work at to experience the differences between practices. If a mentee works in a specialty practice, they must attend dental procedures in a general practice and vice versa. Shadowing hours may be paid or unpaid. Cases may be obtained at these facilities during the 10-hour observation period. Form 3 from this packet, must be signed by the mentee and a supervising DVM/DAVDC/FAVD veterinarian from each clinic the mentee shadows **between January 1, 2026, and December 31, 2027.** Failure to have a document signed by the mentee and a DVM from each clinic shadowed will result in these hours being invalid.

**Form 3 will be uploaded in the Miscellaneous drop down option in DMS.**

## Continuing Education (CE) Requirements

In addition to the AVDT Hours Requirement listed, the mentee must complete dentistry wet lab training and attend lectures on advanced dentistry topics. *Teaching a wet lab, lecturing, or writing a veterinary dentistry continuing education article does not qualify as CE attendance.*

### **All CE documentation and Form 4 will be uploaded in Miscellaneous Documents.**

Training and CE credit is accepted from credentialed members of the following organizations:

- Academy of Veterinary Dental Technicians (AVDT), [www.avdt.us](http://www.avdt.us)
- Academy of Veterinary Dentists (AVD), [www.avdonline.org](http://www.avdonline.org)
- Foundation for Veterinary Dentistry (F4VD), [www.f4vd.com](http://www.f4vd.com)
- American Veterinary Dental College (AVDC), [www.avdc.org](http://www.avdc.org)
- European Veterinary Dental College (EVDC), [www.evdc.org](http://www.evdc.org)
- American College of Veterinary Anesthesia and Analgesia (ACVAA)—only valid if the topic is dental local and regional anesthesia provided by a Diplomate of the ACVAA.
- Veterinary Technician Specialist (Anesthesia and Analgesia) [VTS (Anesthesia and Analgesia)] —only valid if the topic is dental local and regional anesthesia.

A list of CE meetings can be found at the above websites and in the Journal of Veterinary Dentistry.

All CE obtained at the Veterinary Dental Forum (<https://www.veterinarydentalforum.org/>) will be accepted if it fits within the categories listed below, **regardless of speaker qualifications or RACE approval status.**

### **All Other Continuing Education:**

Continuing education obtained outside of the Veterinary Dental Forum must be **RACE-approved** to be considered for credit. Any CE that is not RACE-approved requires **prior written request and written approval** from the AVDT Credential Chairperson in order to be accepted

The mentee must complete the AVDT CE Hours Log by recording each CE advanced dentistry lecture or wet lab in the DATA MANAGEMENT SYSTEM (DMS) and upload a CE certificate. A list of required categories for lectures and wet labs follows.

- Participation and attendance must be during the two-year Specialist Training Program from January 1, 2026, through December 31, 2027.
- Proof of attendance is required for each lecture or wet lab the mentee attends to show they have completed the 22 hours of advanced dentistry lecture and 27 hours of wet lab training.
- Acceptable proof of attendance:

- o *A copy of the CE certificate provided by the organization or speaker listing the session's title, hours of CE, and the mentee's name.*
  - o *The mentee will upload and attach the certificate to each CE lecture or wet lab attended and logged in DMS to aid the Credential Committee in verifying CE attendance.*
  - o **Canceled checks or other documents will not be accepted as proof of attendance.**
- The mentee must provide a detailed course description from the organization presenting the CE as proof that it was related to veterinary dentistry.
- CE must fit into one of the advanced dentistry lecture or wet lab categories listed below to be counted.
- *If the mentee is an international mentee with limited resources and is unsure if the CE in their country will be accepted, please contact the Credential Chairperson for further assistance.*

#### **Non-Traditional CE Lecture and Wet Lab Option**

- Non-traditional CE is **one-on-one** education obtained from a board-certified veterinary dentist of the AVDC or a technician VTS (Dentistry), including wet lab or lecture formats.
  - o Non-traditional CE can include CE obtained from a Diplomate of the ACVAA or VTS (Anesthesia and Analgesia) if the topic is dental local and regional anesthesia.
  - o Non-traditional CE obtained from any other veterinarian, veterinary technician, or specialist will not be accepted. Non-traditional CE received from members of the Academy of Veterinary Dentistry (AVD) or Foundation for Veterinary Dentistry (F4VD) will not be accepted.
- Cadavers are preferred, but CE can be obtained on live patients for planned procedures.
- A Non-Traditional CE **Form 4** must be completed and signed by both the trainer and the mentee.
- A maximum of 3 hours of lecture is allowed in the non-traditional setting.
- A maximum of 5 hours of wet lab is allowed in the non-traditional setting.

#### **Online CE Options**

- A maximum of six lectures may be obtained through an online source. Only 1 hour per lecture category will be accepted.
- Wet lab CE hours must be in-person, not via Skype, ZOOM, FaceTime, or other virtual communication platforms.

#### **Advanced Dentistry Lectures**

The mentee must attend a total of 22 hours of lectures in advanced dentistry topics divided into the following categories:

- Advanced Periodontal Therapy 3 hours
- Endodontics 3 hours
- Oral Pathology 3 hours
- Oral Surgery 3 hours
- Orthodontics 3 hours
- Prosthodontics 3 hours
- Equine/Exotics 2 hours
- Machine/equipment maintenance 1 hour
- Cone Beam Computed Tomography 1 hour

### Wet Labs

The mentee must attend a total of 27 hours of wet labs in dentistry procedures divided into the following categories:

- Dental Prophylaxis 6 hours
- Periodontics 6 hours
- Radiology 6 hours
- Dental Local and Regional Anesthesia 4 hours
- Endodontics 2 hours
- Prosthodontics 2 hours
- Machine/equipment maintenance 1 hour

### Case Logs

All complete DMS Case Logs must be submitted by December 31, 2027, with a minimum of 75 dentistry cases. The mentee should only include cases seen between January 1, 2026, and December 31, 2027. The Case Log cannot include cases treated before the mentee's acceptance into the AVDT Specialist Training Program.

- If only 75 Case Logs are submitted, any unacceptable cases will result in the credential packet losing points. The mentee may include an additional 1-2 cases maximum per category.
- Only one procedure case can be logged for each anesthetic event. For example, the mentee cannot list a case as both an endodontic and a restorative case when a root canal with a final restorative was performed. However, this case could be listed as either an EN case or an RE case.

- Make sure each entry in the log is complete. If the animal's age, or sex is unknown, or if a cadaver is being used, enter "unknown" in the signalment box. If the mentee leaves any of this information blank, that case will not be accepted.
- Mentees must see live patient cases in person; however, there are four categories where proof of CE will be allowed if a live patient case is impossible. Those categories are PE4, EN3, PR, and OR cases, denoted with an \*. If the mentee uses CE for these cases, they must indicate them in DMS on their CE Logs. **For patient name they will put "CE cadaver"**
- Mentees may use a cadaver for a maximum of two cases from categories OS3, OS4, and OS5. These cases are denoted with \*\* and must be performed by a Diplomate of AVDC or a Fellow of AVD. Form 5 must be completed, and the mentee must indicate them in DMS on their Case Logs. **For patient name they will put "Cadaver."**
- The mentee will use current diagnostic and procedural abbreviations defined by the AVDC website, [www.avdc.org](http://www.avdc.org). The AVDC updates the abbreviation list periodically, and the mentee must use the current abbreviations listed on the AVDC website. Once the new abbreviations have been posted, it is the mentee's responsibility to start using the new abbreviations in their case logs.
  - If AVDC does not have an abbreviation for a diagnosis or treatment, the mentee may use the abbreviation their clinic uses, provided they list the abbreviation and description in their case log.
- If a case does not fit into one of the categories, the mentee will request guidance from their mentor. If necessary, the mentor can contact the Credential Chairperson, who can provide additional clarification.
- The mentee will not submit a dental chart for all 75+ cases. However, the completed dental chart must be available for every case in the logs. The mentee will only submit them if requested by the AVDT.

**Case Logs will be filled out in DMS using the provided format. Form 5 will need to be uploaded for each individual case utilizing a cadaver.**

### **Case Log Guidelines and how to create a Case Log**

The mentee's DMS AVDT case log spreadsheet should conform to the guidelines, nomenclature, and abbreviations described below. If the mentee is unsure where a case should be logged or how it should be logged, please contact their mentor for further guidance.

#### **1. Category**

Find the category to be assigned to the case.

#### **2. Number**

Each case is assigned a number by the DMS software in consecutive, chronological order, regardless of the category it will be logged in. e.g., 1, 2, 3. If the first case is an OM case, it is labeled 1. If the second case is an OS5, it is labeled 2, and so on. Cases will not be number 1, 2, or 3 per category.

\*\*If a mentee remains in the program for more than two years, cases in the log that are now more than two years old can no longer be counted. See the section on extensions.

**3. Date**

Month, day, and year that procedure was performed.

**4. Patient Name**

First and last name. If unsure, as for a cadaver, list “cadaver”.

**5. Signalment**

Species, breed, age, gender. If unsure, as for a cadaver, list “unknown.”

**6. Diagnosis**

The diagnosis section should include malocclusion assessment, periodontal index, gingivitis index, calculus index, and plaque index followed by diagnoses that are pertinent to the case category. AVDT requires the use of AVDC abbreviations and the Modified Triadan System of tooth identification.

The mentee will use the box labeled "Other Pathology" to list additional diagnoses that are not pertinent to the category this case is listed under.

\*\* If a Diagnosis(es) is listed for a tooth that does not appear in the Treatment/Procedure box, the case will be rejected since the information is incomplete.  
\*\*

**7. Other Pathology**

List the diagnosis(es) using the AVDC abbreviation that is not pertinent to the category this case is listed under. If the patient does not have any 'other' diagnosis(es), it is acceptable to list 'Not applicable' (or NA). Do not leave the box empty.

Failure to use AVDC Abbreviations or to list the mentee's clinic's abbreviations with descriptions, as noted above, will result in a case being rejected.

**8. Dental Procedures**

List the procedures performed using AVDC Abbreviations. The procedure should start with PRO (if one was performed) followed by the treatment for the case category, then the treatment for the other pathology, not related to the category.

Failure to use AVDC Abbreviations or to list the clinic's abbreviations with descriptions, as noted above, will result in a case being rejected.

\*\*If a treatment/procedure is listed for a tooth that does not appear in either the Diagnosis(es) or the Other Clinical Findings box, the case will be rejected since the information is incomplete.\*\*

## **9. Regional Blocks**

Write in the type of nerve block (ie. bupivacaine) used or “none” if nothing was used.

AVDT requires the use of dental nerve blocks for most procedures beyond basic prophylaxis. If the mentee is unsure if a nerve block is required for a procedure, please reach out to the credentials chair.

## **10. Case Role**

Choose “technician assisting veterinarian.”

## **11. Radiographs, CBCT, photos**

Choose yes or no for these categories.

AVDT requires that most cases obtained during the two-year AVDT Specialist Training Program have full mouth intraoral radiographs or CBCT. See the table below for detailed radiograph requirements.

### **REQUIRED CASES**

- Categories with \* indicate where CE is allowed. This must be noted in DMS when you log the case.
- Categories with \*\* indicate categories where a cadaver can be used for up to two cases and must have **Form 5** completed and submitted.

### **AVDT Dental Case Log Requirements – Summary Table**

Case Type	Cases Required	Potential Options / What Qualifies
PE1 – Complete Prophylaxis	12	<ul style="list-style-type: none"><li>• Complete dental prophylaxis only</li><li>• Stage 2 periodontal disease allowed only if root planing is NOT warranted</li><li>• May use a case from any other category except PE2–PE4 if a complete prophesy was performed</li></ul>

		<ul style="list-style-type: none"> <li>• Minor T/FX/UCF or T/FX/EF with odontoplasty ± dentinal sealant (no composite)</li> <li>• Must log as PE1 with PE1 diagnostics; all other findings listed as Other Pathology</li> <li>★ Full mouth radiographs and/or CBCT are required</li> </ul>
PE2 – Involved Periodontal Therapy	5	<ul style="list-style-type: none"> <li>• Complete prophylaxis required</li> <li>• Closed root planing</li> <li>• With or without perioceutic placement (adjunctive only)</li> <li>• No PE3 or PE4 procedures allowed</li> <li>★ Full mouth radiographs and/or CBCT are required</li> </ul>
PE3 – Simple Periodontal Surgery	3	<ul style="list-style-type: none"> <li>• Complete prophylaxis required</li> <li>• Gingivectomy / gingivoplasty</li> <li>• Gingival wedge resection for pocket treatment</li> <li>• Open root planing without bone grafts or GTR</li> <li>★ Full mouth radiographs and/or CBCT are required</li> </ul>
PE4 – Involved Periodontal Treatment*	1	<ul style="list-style-type: none"> <li>• Complete prophylaxis required</li> <li>• Osseous surgery</li> <li>• Crown lengthening with alveolar bone contouring</li> <li>• Gingival grafting</li> <li>• Periodontal splinting</li> <li>• Bone or ridge augmentation</li> <li>• GTR (must list membrane name or Doxirobe)</li> <li>• Extraction + bone graft does NOT qualify</li> </ul> <p>*Full mouth radiographs and/or CBCT are required</p>
EN1 – Mature Canal Endodontic Obturation	7	<ul style="list-style-type: none"> <li>• Non-surgical root canal treatment</li> <li>• Final restoration must be documented in Case Log and dental chart</li> <li>★ Targeted radiographs and/or CBCT are required</li> </ul>
EN2 – Vital Pulp Therapy	2	<ul style="list-style-type: none"> <li>• Vital pulp therapy</li> <li>• Partial vital pulpotomy</li> <li>• Final restoration must be documented</li> <li>★ Targeted radiographs and/or CBCT are required</li> </ul>
EN3 – Other Endodontic Treatments*	1	<ul style="list-style-type: none"> <li>• Surgical endodontics (list apical material)</li> <li>• Apexification</li> <li>• Avulsed/luxated tooth endodontic therapy</li> <li>• Root fracture splinting with follow-up</li> <li>• Coronal access cases must include final restoration</li> <li>★ Targeted radiographs and/or CBCT are required</li> </ul>
RE – Dental Restorations**	5	<ul style="list-style-type: none"> <li>• Permanent restorative material placement</li> <li>• Occlusal table caries restoration</li> <li>• Partial crown loss restorations</li> <li>• Enamel defect or hypoplasia repair</li> <li>• Must include preparation, placement, and finishing</li> <li>• Multiple teeth per anesthetic event count as one case</li> <li>• Odontoplasty ± dentinal bonding does NOT qualify.</li> </ul>

		An endodontic coronal restoration can be included in this category, provided it is not used as an EN case log ★ Targeted radiographs and/or CBCT are required
PR – Prosthodontics*	1	<ul style="list-style-type: none"> <li>• Crown or bridge treatment</li> <li>• Preparation, impression, and cementation</li> </ul> ★ Targeted radiographs and/or CBCT are required
OR – Orthodontics*	1	<ul style="list-style-type: none"> <li>• Malocclusion diagnosis and treatment</li> <li>• Extractions for malocclusion</li> <li>• Occlusal adjustment, incline plane, crown extensions</li> <li>• Active orthodontic appliances</li> <li>• Gingival wedge resection only for mandibular canine linguoversion</li> </ul> ★ Targeted radiographs and/or CBCT are required
OS1 – Simple Extractions	15	<ul style="list-style-type: none"> <li>• Simple (closed) extractions</li> <li>• Crown amputations</li> </ul> ★ Full mouth radiographs and/or CBCT are required
OS2 – Involved Dental Extractions	12	<ul style="list-style-type: none"> <li>• Sectioning</li> <li>• Open extractions</li> <li>• Bone removal</li> <li>• Full-mouth extractions count as one case</li> </ul> ★ Full mouth radiographs and/or CBCT are required
OS3 – Jaw Fracture Repair**	1	<ul style="list-style-type: none"> <li>• Mandibular or maxillary fixation</li> <li>• Plates, screws, wires, acrylic splints</li> <li>• Cerclage wire for symphyseal separation</li> <li>• Muzzles permitted</li> </ul> ★ Targeted radiographs and/or CBCT are required
OS4 – Involved Oral Surgery**	1	<ul style="list-style-type: none"> <li>• TMJ condylectomy</li> <li>• Oro-nasal fistula repair</li> <li>• Palatal defect repair</li> <li>• Mandibulectomy or maxillectomy</li> </ul> ★ Targeted radiographs and/or CBCT are required
OS5 – Other Oral Soft Tissue Surgery**	1	<ul style="list-style-type: none"> <li>• Oral mass removal</li> <li>• Operculectomy</li> <li>• Salivary gland surgery</li> <li>• Commissuroplasty</li> <li>• Laser surgery for stomatitis</li> <li>• TMJ luxation reduction</li> <li>• Palatal obturator creation</li> </ul> ★ Targeted radiographs and/or CBCT are required
OM – Oral Medicine	5	<ul style="list-style-type: none"> <li>• Oral medicine cases not involving another category</li> <li>• Incisional biopsy</li> <li>• Sialography</li> <li>• EMG</li> <li>• CT or CBCT</li> <li>• Advanced diagnostics beyond CBC/chemistry</li> </ul>

		★ Targeted radiographs and/or CBCT are required
EX – Exotic Cases	2	<ul style="list-style-type: none"><li>• Dental procedures in non-dog, non-cat species</li><li>• Must list EX with category (e.g., EX/OR)</li><li>• Proper terminology and species-specific dental chart required</li></ul> <p>★ Targeted radiographs and/or CBCT are required</p>

**Case Log Rules and Diagnosis Standards:**

All diagnosis(es) and procedures/treatments should be listed and separated as described below. Cases that do not conform to these guidelines will be rejected.

**Diagnosis Standards for all Cases:**

- 1) **First:** **Malocclusion Class** including all abbreviations that support that MAL classification followed by a semicolon.
- 2) **Second:** **Periodontal index score** , Gingivitis index score, Plaque index score, Calculus index score, listed in this order (if applicable), and followed by a semicolon. The scores should be for the worst tooth in the mouth EXCEPT in PE cases, where your Periodontal index score should be for the category.
- 3). **Third:** All abbreviations for diagnosis that support the case for the category.

**Begin the individual pathology findings of each tooth/teeth using the following guide:**

- i. Starting with the 100s series to be listed individually, followed by all diagnoses that apply with a comma in between diagnoses and then a semicolon after tooth/teeth.
- ii. 200s
- iii. 300s
- iv. 400s

**Order of diagnosis when present:**

- i. Gingival recession listed first.
- ii. Periodontal pocket is listed as second.
- iii. Furcation exposure is listed as the third.
- iv. Mobility index is listed fourth.

- v. Then, all other pathology found on each tooth are listed in alphabetic order.
- vi. End with a semicolon at the end of all teeth, until you reach the end of your abbreviations . No punctuation is needed at the end.

**Example:** MAL0; PD4; GI3; CI3; PI3; GR3, PP3, FE2, M2 106; GR1, PP3, FE1, 107; GR1, PP1, 108; GR3, PP3, FE2, M2 206; GR1, PP3, FE1, 207; GR1, PP1, 208; GR3, PP3, FE2, M2 306; GR1, PP2, FE1, 307; GR3, PP3, FE2, M2 406; GR1, PP3, FE1, 407; GR1, PP1, 308; GR1, PP1, 408

- Diagnosis(es)/procedure codes are to be listed first, followed by tooth number(s) and codes separated by a semicolon (;) in alphabetical order.

- o Example: AT 304; T/FX/CCF 108

- When multiple teeth are affected by the same diagnosis(es)/treatment, the diagnosis(es)/treatments are separated by a comma (,), and the tooth numbers are placed in parentheses () and separated by commas (,). Additionally, teeth should always be listed in numerical order, starting with the 100's, then 200's, then 300's, and lastly the 400's.

- o Example: GR2, PP4 (104, 204); GR3 (308, 309); T/FX/UCF (104, 204, 304, 404)

- When logging focal gingival enlargement or gingival recession, the mentee must include the approved AVDC abbreviation PLUS how many mm of growth or recession there is for each tooth.

- o Example: GE6 108; GE10 208; GR5 304; GR7 404

- When logging generalized gingival enlargement, the mentee must state it as follows:

- o Example: GE (generalized); PP4 107

- When logging canine or feline tooth resorption, the mentee must include both the stage and the type as defined on the AVDC nomenclature webpage (<https://avdc.org/avdc-nomenclature/>). List the stage first, hyphen, then type.

- o Example: TR4a-T2 304; TR3-T1 404

- o When logging the treatment for tooth resorption, treatment must match the type of TR (crown amputation vs. extraction). Type 3 tooth resorption should have two types of treatment listed (one for each root).

- o Example: CR/A mesial 307, XSS distal 307

- **Alternative Treatment Option (ATO)** is used when the treatment is not the 'textbook treatment of choice.' The mentee will list the treatment performed, followed by ATO, and then list the 'textbook treatment of choice.'

o Example: FX/R/MZ, ATO for FX/R/IDS

**Postponed Treatment (PPD)** is used when the DVM elects to defer treatment for any reason.

o Example: FX/T/304, PPD RCT (due to anes. concerns)

- **Client Declined Treatment (CDT)** is used when the DVM recommends treatment, but the client declines it or delays treatment until another time.

o Example: GE, BX/I CDT

- **Missing teeth must be listed in the Diagnostics Box** for all stomatitis and mucositis cases. It is of the utmost importance to ensure that all teeth (or all cheek teeth) are removed as part of the treatment for stomatitis/mucositis cases. All other cases will have missing teeth listed in Other Clinical Findings

## Case Reports

A case report is an opportunity to show good dental concepts and the mentee's ability to present a well-written, well-documented, scientific paper on a case performed by current standards. Advanced technology or skill in the case reports is not required.

The mentee will submit five case reports with the completed credential packet. These will be selected from the mentee's case logs.

Case reports where a technician does any surgical treatment, including extractions, will automatically receive zero points, regardless of the mentee's state regulations. Additional action will be taken as stated in the Extraction Position Statement in the credential packet.

Prepare all case reports early enough to seek approval from their mentor. Have more than one person read and review each report. Remember that they have lives, too, and may need more time to evaluate the report on short notice. Leave enough time to edit the report based on their feedback and ask them to reread it.

Another tip is to read the case report aloud and listen to how it sounds. Is it something that might be read in the JVD or a technician's magazine? A professional report is the goal!

### **Selecting a case for a case report**

- Select five varying cases from the case logs demonstrating the mentee's knowledge and experience in veterinary dentistry.
- Mentees are encouraged to select five different topics to use for case reports.
  - Subjects such as prophylaxis, periodontal disease, surgical extraction, vital pulp therapy, root canal, or oronasal fistula repair can be great options for case reports.
- Case reports need not be case logs from exotic facilities like zoos, wildlife rescues, or sanctuaries.
- It is recommended that the mentees avoid extremely complicated or unusual cases for case reports since they can be so involved in explaining and documenting the case. They may not represent the mentee's knowledge as gracefully as anticipated and may result in a lower score.
- Complications must be explained, including surgical and anesthetic complications. If a patient is described as hypotensive, bradycardic, hypothermic, or any other abnormal event, the mentee must include measures to correct all abnormal values. Failure to do so will result in a lower score.

Keep the case report technical! Remember that this is a scientific paper. Writing, spelling, punctuation, and grammar will be evaluated.

Plagiarism and using AI generators will result in severe penalties. The mentee must understand what plagiarism is and how to avoid it in the case report.

Plagiarism is:

- Turning in someone else's work.
- Copying words or ideas from someone else without giving credit.
- Failing to put a quote in quotation marks.
- Providing incorrect information about the source of a quote.
- Changing the words but copying the sentence structure of a source without giving credit.
- Copying so many words or ideas from a source that it makes up most of the mentee's work, whether credit is given or not.
- AI generated case reports will receive a score of zero.

The case report will be evaluated in each of the items below:

- Mechanical Errors
- (Section 1): Formatting and Title Page
- (Section 2): Patient History
- (Section 3-5): Patient Consult and Diagnostic Findings
- (Section 6): Pre-anesthetic, Induction and Anesthesia
- (Section 6): Diagnostic Findings

- (Section 6): Treatment Surgery
- (Section 7-10): Client Discharge/Education, Final Discussion, and Conclusion
- (Section 11): Plagiarism and Reference List
- (Section 12): Radiographs and Pictures
- (Section 13): Dental Chart

### **Formatting and organization of the Case Report**

- Case logs used for case reports will be noted in DMS in the case logs.
- The case report must be double-spaced, **in** 12-point Times New Roman font or 11-point Calibri (body) with 1-inch margins **on** top, bottom, and sides.
- Each case report will be 8-10 pages of typewritten text, with additional pages for radiographs/photographs, references, and the dental chart.
- The report's body will be at least 8 complete pages and not 7 pages plus a few words on the 8th.
- References, required photographs, and radiographs will be on the second to the last page (s).
  - References are required. See the guidelines below for reference instructions.
  - Pictures are required—It is recommended that before, during (if applicable), and after pictures be included.
  - Radiographs are required—It is recommended that before and after images be included.
    - Do not include full mouth radiographs unless it is a stomatitis case.
- The dental chart for each case will be the final page of each case report.
  - Please use the generic dental chart the AVDT has provided for all case reports.

### **Case Report Guidelines and how to create a Case Report**

#### **1. Case Report Title**

The title should include the Patient's name centered on the first line.

The type of Case Report is on the second line.

The Case Log # and Date of the Case are on the third line.

#### **2. History**

- Patient signalment.
- What is the presenting problem or chief complaint? Why was the patient brought in? Were they referred to the mentee's clinic, or was this the first clinic to see them for this problem?

- Describe the relevant history, both dental and medical—has the clinic been monitoring a tooth that is now not doing well? Was a previous mass removed from the area, and now there is a new mass? What home care does the owner provide? Does the patient have a heart problem or other disease processes, or are they on medications for a condition?
- If this patient was referred, what care was given by the referring clinic? Pre-anesthetic lab work? Radiographs or CT? Biopsy?

3. Awake Oral Exam

- Thoroughly describe the oral exam performed during the consultation.
- Describe the plaque and calculus index List any noticed missing, mobile, supernumerary, fractured teeth, and all other abnormalities. If it was normal, say so.
- Teeth must be referred to in the following format:
  - At the first mention of a tooth, list it Anatomically with the Triadan Tooth Number in (). After that, the tooth will only be referred to by its Triadan Tooth Number.
  - Example: "...the right maxillary fourth premolar (108) was fractured." After this, the tooth will only be called 108, and no parentheses will be used.

4. Problem List

- Demonstrate attention to the patient as a whole. List the veterinarian's differential diagnosis(es). If applicable, discuss any potential genetic components of the condition.

5. Treatment Options and Treatment Plan Chosen

- Discuss the recommended treatments and their prognosis(es)
- Why was one treatment performed vs. the other option(s)? Was this the owner's choice or the vet's recommendation?
- If other lesions or problems are noted, discuss treatment options for them and whether they were treated. If not treated, why not? Failure to discuss differential diagnoses and treatment options for all problems noted will result in points being deducted.

6. Treatment

- Describe the procedure from beginning to end, including technique, instruments, and materials used in detail using proper medical terminology.
  - Pre-anesthetic workup—
    - What tests were done and why? What were the results? If abnormal, what implications do they have for the patient?
    - Pre-op vitals if this is a different day than the consultation or if not noted in the consultation discussion. List heart rate, respiratory rate, temperature, and any other vitals obtained.
    - Each vital sign should include the form of measurement, i.e., BPM, RPM, °C/°F. Measurements should be listed and written out with the abbreviation in parentheses the first time used. After that, just the abbreviation without parentheses is sufficient. Ex. "110 beats per minute (bpm)" after that "120

bpm". This protocol is followed for each Report, not just the mentee's first Report.

- NOTE: BPM can be used for both beats per minute or breaths per minute and is acceptable.
- Pre-Anesthetic and Induction Protocols
  - The mentee should explain the drug protocol, including the indication of why the protocol was selected and each drug's intended purpose. Was the drug protocol chosen due to the patient's temperament, ASA status, or anticipated pain level during surgery? Why? Does the drug(s) cause sedation, pain control, anti-nausea, or anti-inflammatory?
  - What steps were taken to ensure the best practices of anesthesia?
  - Was the patient given flow by O2 before induction? Why?
  - Was an ECG run before anesthesia due to a pre-existing condition? Why?
  - Was the patient placed on IV fluids pre-operatively? Why? What fluids? Rate?
  - How and by whom was the patient monitored after pre-medication administration?
  - Aseptic IV catheter placement, including catheter gauge and location. It is acceptable to state, '...20 g IV catheter was aseptically placed in the ....'
  - Generic drug name(s)
  - Dose(ages) in milligrams
  - Route of administration
  - The mentee MUST indicate the size of the endotracheal tube (ET) and whether it is a cuffed ET tube. If cuffed, was the cuff tested beforehand and inflated after placement? Was a laryngoscope used? Was it deflated before removing it at the end? Include the anesthetic circuit used.
- Peri-operative monitoring
  - What vitals were monitored? How often? By whom?
  - What was the intravenous fluid rate/hour?
  - Were any constant rate infusions (CRI) used? What medications and dosages? Why?
  - How was their body temperature controlled?
  - If any abnormalities were observed, the mentee must include them in their report. Examples of abnormalities are arrhythmia, low blood pressure, and hypothermia. How were they addressed or treated? Why?
  - Analgesic management is essential. What steps were taken to ensure the pet was comfortable?

● Dental Procedure

- Describe the anesthetized oral exam. Does it correlate with an awake exam? If it differs, why?
- Was dental charting performed? Who did the exam, and who recorded the information on the chart?
- Was imaging performed? Cone Beam CT? Intraoral radiographs? Before or after the procedure? What was seen in the images?
- Describe the procedure performed, including instruments used, using correct terminology. List bur numbers/types/sizes, and suture used.
- Highlight the mentee's involvement in this case—did they do the exam? Charting? Radiographs? What contributions to the procedure did they offer?
- Take adequate photos to support the Report. When placing the pictures and radiographs in the Report, provide accurate captions and label them pre-, intra, and post-operative.
- NOTE: Do not list equipment manufacturers or brand names for equipment and products used.
- NOTE: Do not list if fine, medium, or coarse prophylaxis paste is used. Do list if flour pumice is used.

● Local anesthetics

AVDT takes pain management seriously and advocates using dental nerve blocks for all procedures beyond dental prophylaxis that may result in pain sensation for the patient. While it may be the veterinarian's choice, the mentee should advocate for the patient's pain management, and dental nerve blocks are an important part of a total pain management protocol. If dental blocks are not used but should have been used, the mentee should acknowledge that they know they should have been used and why they were not used. What arguments did the mentee make on the patient's behalf?

- What nerve, teeth, and oral structures are anesthetized from the nerve block performed?
- Include the anatomical location of the nerve block administered.
- Describe in detail the technique used to administer a nerve block. Did the mentee rotate the syringe? Why? Did the mentee aspirate? Why? Did they apply pressure to the site after injection? Why?
- What drug(s) was/were used (use generic names only)?
- What dosage in mg per site?
- What needle size/length was used to administer the nerve block?
- What is the onset and the duration of nerve blocks?

- What complications are there to be aware of when administering a nerve block, and how can they be avoided?
- What considerations should be given to the toxic dose of the nerve block?
- Post-operative monitoring
  - What were their final post-operative vitals?
  - What post-operative monitoring or intervention was required, and by whom was it performed?
  - Was the patient hypothermic or hyperthermic? Were drug reversals needed?
  - Did the patient require additional pain control or sedation on recovery?
  - What measures were taken to ensure continued post-operative pain control?
  - Were any CRIs continued post-operatively? Why?
  - Include all drugs using generic names, dosages in mg, and administration routes.

7. Discharge

- What medications, if any, were sent home with the patient? Why? What benefits do they have for the patient? For what are they used?
- What food and feeding instructions were given to the owner? Soft food? How long? Why?
- What toys can they have or not have? How long? Why?
- Is a recheck appointment needed? When? Why? What is the importance of a recheck appointment?
- Will a follow-up appointment or procedure be needed? When? Why? What is being checked for at this appointment?
- Is it a root canal treatment? What happens if it fails? Or if it is a guided tissue regeneration case, what if it does not look healthy? Now what? When is the next visit or procedure recommended if it is a prophylaxis?

8. Discussion

- Provide a summary of the case, including any relevant points to this case.
- Review the literature on the disease condition or procedure this Report is about.
- Discuss pertinent aspects of the diagnostic workup if applicable.

9. Client Education

- Include all pertinent client education related to this case.
  - How was the owner educated about this case? Who did it?
  - Are there any preventative measures the owner can take?

10. Conclusion

- What conclusion can be drawn from this case?

11. References

- Provide references to support any statements. It is recommended that the mentee cite multiple sources.
- A minimum of two references per case report is required.
- Reference Format will be American Medical Association (AMA) style referencing.
  - Specifics about this style of referencing can be found at <http://library.nymc.edu/informatics/amastyle.crm>
  - Number references consecutively in the order in which they appear in the text. List each reference separately, even if they come from the same text. (This is not AMA, but helps with grading).
  - The author's last name, then first and middle name initials only, with no commas or periods between them. Use a comma between multiple author names and a period at the end of the list of names.
  - The mentee must use Arabic superscript numerals outside a period and comma but inside colons and semicolons. Ex. "...every 3-4 months.<sup>3,5</sup>" and "...the following are options<sup>6</sup>: root canal..."
  - **All references should include a copy of the cover/copyright page and copies of all referenced pages. These should be attached to the case report documents.**
    - Failure to provide this information with the packet will result in prolonged grading time.

12. Photos and radiographs

- Photos before, during, and after the procedure are required to support the Report.
- When placing the photos and radiographs in the Report, provide accurate captions and label them pre-, intra, and post-operative.

13. Dental Chart

- Please use the generic dental chart provided for all Case Reports.

**Case Reports will be uploaded in the Case Report drop down option in DMS. Any files that are too large to upload to DMS can be divided into the body of the case report and then a separate document for the references and photos.**

**Dental Charts**

- The mentee will not submit a dental chart for all 75+ cases. However, the completed dental chart must be available for every case in the logs. The mentee will only submit them if requested by the AVDT.

- The mentee will pick one case from each case log category to submit the Assessment and Treatment dental charts. This will demonstrate the mentee's ability to chart various cases accurately and adequately.
- Please use the generic dental charts provided with the credential packet for the charts submitted.
- Patient name, signalment, and occlusion should be listed on each chart, along with the plaque, calculus, gingivitis indices, and periodontal grade. Mentee number must be on the charts.
- The mentee may print the dental charts and fill them out by hand or type the information on the computer. Illegible handwriting may cause a loss of points.
- Please use the Assessment Chart for the initial charting (oral exam) and diagnosis.
- Please use the Treatment Chart for the procedures and treatment performed unless no treatments were performed.
- Findings are listed in the left column **AND** on the individual tooth on **BOTH** the lateral and occlusal views. The AVDC website (avdc.org) will be used for criteria for the Plaque, Calculus, Gingivitis, and Periodontal Stage Indices (list as the worst grade for the whole mouth), as well as Occlusion and Skull Type.
- The Abbreviation Box must be filled in with all abbreviations used and their definition (e.g., PRO=Prophylaxis). Please keep Assessment Abbreviations on the Assessment Chart and Treatment Abbreviations on the Treatment Chart. The AVDC website (avdc.org) will be used for abbreviations.

**Dental charts for grading will be uploaded in the Dental Charts drop down option in DMS.**

## **Dental Radiography**

To show proficiency in dental radiography, the mentee must provide one complete set of digital **intra-oral** dental radiographs for a dog and a cat. Radiographs from each species should all be from the same patient or cadaver. Radiograph films will not be accepted.

### **Dental Radiography Guidelines**

- A full-mouth series of a live or cadaver dog and cat with permanent and complete adult dentition is required.
- Open apices will NOT be accepted.
- Mixed dentition will NOT be accepted.
- Skull radiographs will NOT be accepted.
- Extraoral radiographs will NOT be accepted
- Oral pathology will NOT be accepted. Stage 2 periodontal disease and higher will result in loss of points.

- Type 2 and 3 tooth resorption will NOT be accepted. Type 1 tooth resorption will be accepted.
- Supernumerary teeth and supernumerary roots will be accepted if all teeth are independently visible and there is no obvious or excessive crowding.
- A cadaver dog or cat may be used.
  - **Form 6** must be filled out and uploaded to DMS with their dental radiograph document.
  - The cadaver does not need to be intubated.
- Radiographs must include all tooth roots.
  - If necessary, two views may be used to show both the crown and roots of the following teeth: maxillary canine teeth (104, 204), maxillary fourth premolars (108, 208), mandibular canine teeth (304, 404), and mandibular first molars (309, 409).
    - The mentee must label them “Apices of 309” and “Crown of 309”.
- Radiographs will be mounted (labial mounting) and labeled appropriately.
  - Labeling requirements are noted in *Small Animal Dental Procedures for Veterinary Technicians and Nurses*, 2<sup>nd</sup> Edition; (Perrone, JR. Wiley-Blackwell, 2013).
  - High-quality images embedded in a WORD AND a PDF document are required. You will upload both documents to DMS

**Required views are as follows:**

- **A CANINE radiograph set must include the following standard images:**
  - **Occlusal view of the maxillary incisors**
  - **Occlusal and Lateral view of the maxillary canines**
  - **Lateral view of the maxillary premolars and molars**
  - **Occlusal view of the mandibular incisors**
  - **Occlusal and Lateral view of the mandibular canines**
  - **Lateral view of the mandibular premolars and molars**
- **A FELINE radiograph set must include the following standard images:**
  - **Occlusal view of the maxillary incisors**
  - **Lateral and Occlusal view of the maxillary canines**
  - **Lateral view of the maxillary premolars and molars (intra-oral only!)**
  - **Occlusal view of the mandibular incisors**
  - **Lateral and Occlusal view of the mandibular canines**

- **Lateral view of the mandibular premolars and molars**

**Dental Radiographs and Form 6 should be uploaded in the Radiograph Set drop down option in DMS**

### Dental Radiograph Grading Criteria

- Radiographs are labeled appropriately: Client Name, Patient Name, Breed, Age, and Date Taken. Mentee anonymous number is listed at the top.
  - If using a cadaver, list “Cadaver Dog” or “Cadaver Cat” instead of client/pet name. The mentee must still list breed and “unknown” for age.
    - If a cadaver is used for the dental radiographs, the mentee must fill in and sign Form 6.
- Individual radiographs list teeth to be evaluated using Triadan Tooth Numbers.
- Radiographs are properly mounted (labial mounting):
  - Maxillary teeth have crowns facing down and roots up.
  - Mandibular teeth have crowns facing up and roots facing down.
  - When viewing the right side of the mouth, the anterior teeth are to the right.
  - When viewing the left side of the mouth, the anterior teeth are to the left.
- The entire crown and root are visible, with 2-3 mm of normal bone around each tooth root.
- Proper angulation must be used.
  - No foreshortening or elongation is allowed.
- The exposure technique is adequate.
  - Each radiograph will have the correct contrast and density.
- No artifacts are seen in the image.
  - No cone cutting is allowed regardless of the system used and includes all sensor or plate sizes. Plan accordingly, and do not use a large plate if it shows cone cutting on the image. Corner markers on CR films are not considered an artifact.

### AVDT Skills Requirement

The mentee is required to state whether they have mastered the skills on **Form 7. Mastery is defined as performing the task safely, with a high degree of success, without being coached or prompted. Mastery requires having performed the task in a wide variety of patients and situations.** The AVDT is aware that some states and provinces may not allow a task to be

performed by a credentialed veterinary technician. The AVDT requires that a Diplomate of the AVDC or a VTS (Dentistry) attest to the mentee's ability to perform the tasks listed on Form 7.

**Form 7 will be uploaded in the Skills List drop down option in DMS.**

### **Equipment List**

The AVDT requires mentees to have knowledge of and access to specific equipment or instrumentation in their everyday practice of veterinary dentistry. Form 8 is the “Required Instruments in Your Practice” and the “Knowledge of Equipment List.” The “REQUIRED” section must be initialed by a Supervising Veterinarian, a Diplomate of the American Veterinary Dental College, or the mentee’s mentor who can attest that the mentee has those instruments readily available in their everyday practice. Once each item has been initialed, a copy of the Equipment List Verification Form 8 must be completed and signed by both the mentee and the supervising veterinarian.

\*\*Note: If both parties do not sign this form, the mentee will not receive any points for this section.

Please note that all instruments listed on this form are considered testing materials.

**Form 8 will be uploaded in the Equipment List drop down option in DMS.**

### **Mentee/Mentor Contacts**

The mentee will maintain a log of contacts with their mentor. This log will be tracked on **Form 9** and shall include dates, times, forms of communication, and discussion topics. Each meeting or communication shall be initialed by both the mentee and mentor to be valid.

**Form 9 will be uploaded in the Miscellaneous drop down option in DMS.**

### **Exam Questions**

Each mentee must submit a total of seven examination questions. The questions may only be multiple choice. True/false questions will **NOT** be accepted. This section is required but will not have a point value towards the overall packet score. Questions and answers should be typed on a PDF document with the correct answer in **bold**. Sources must be cited and attached for each of these questions.

Each question must be from one of the following categories:

- Dental Prophylaxis
- Periodontics
- Prosthodontics
- Radiology
- Endodontics
- Dental Local and Regional Anesthesia
- Machine/Equipment Maintenance

**Exam questions will be uploaded in the Miscellaneous drop down option in DMS.**

### **Required Reading List**

Niemiec BS. Small Animal Dental, Oral & Maxillofacial Disease: A Color Handbook. Second edition. Manson Publishing, 2011.

Niemiec BA. Veterinary Periodontology. Wiley-Blackwell, 2013.

Bellows J. Small Animal Dental Equipment, Materials, and Techniques. Second edition. Wiley-Blackwell, 2019.

Lobprise HB, Dodd JR. Wigg's Veterinary Dentistry: Principles and Practice. Second edition. Wiley-Blackwell, 2019.

Bellows J. Feline Dentistry: Oral Assessment, Treatment, and Preventative Care. Second edition. Wiley-Blackwell, 2022.

Mulherin, FL, Veterinary Oral Diagnostic Imaging, Wiley-Blackwell 2024.

[AVDC Nomenclature – AVDC.org](http://AVDC.org)

### **Suggested Reading List:**

Journal of Veterinary Dentistry (volumes published during the mentees program): F4VD membership required.

Step by Step Compendium. May be ordered through the Foundation for Veterinary Dentistry: (<http://www.f4vd.com/compendia.html>)

Niemiec B. Feline Dentistry for the General Practitioner. May be ordered through: <https://www.vdspets.com/shop/#practical-feline-dentistry>

Dupont GA, DeBowes LJ. Atlas of Dental Radiography in Dogs and Cats. W.B. Saunders, 2009.

Marshall GE. Companion-Animal Dental and Surgical Instruments: A Reference for Veterinary Technicians and Assistants. First Edition. AAHA Press, 2011.

Murphy BG, Bell CM, Soukup JW. Veterinary Oral and Maxillofacial Pathology. Wiley Blackwell, 2020.

Reiter AM, Gracis M. BSAVA Manual of Canine and Feline Dentistry and Oral Surgery. British Small Animal Veterinary Association, 2018.

Bartolomucci LR. Dental Instruments: A Pocket Guide. 8th Edition. Elsevier, 2024.

AMA Manual of Style: A Guide for Authors and Editors. 11th Edition. Oxford University Press; 2020.

Perrone JR. Small Animal Dental Procedures for Veterinary Technicians and Nurses. Second edition. Wiley-Blackwell, 2020.

Berg M. Companion Animal Dentistry for Veterinary Technicians. Bluedoor, 2021.

Istace K. An Introduction to Pet Dental Care: For Veterinary Technicians and Nurses. CABI, 2021.

**Required Reading List For Equine And Exotics:**

Böhmer E. Dentistry in Rabbits and Rodents. Wiley-Blackwell, 2015.

Earley ET, Baratt RM, Galloway SS, & Divers TJ. Equine Dentistry and oral surgery. Veterinary Clinics of North America: Equine Practice Volume 36(3). Elsevier, 2020.

Mulherin, FL, Veterinary Oral Diagnostic Imaging, Wiley-Blackwell 2024.

**SUGGESTED READING FOR EQUINE AND EXOTICS:**

Emily P, Eisner ER. Zoo and Wild Animal Dentistry. Wiley Blackwell, 2021.

Easley J, Dixon P, Toit ND. Equine Dentistry and maxillofacial surgery. Cambridge Scholars Publishing, 2022.

Niemiec BA, Gawor J, Jekl V. Practical Veterinary Dental Radiography. CRC Press, 2018.

Berg M. Companion Animal Dentistry for Veterinary Technicians. Bluedoor, 2021.

Istace K. An Introduction to Pet Dental Care: For Veterinary Technicians and Nurses. CABI, 2021.

**\*Mentees should also look at other dental handbooks and periodicals available, including technician magazines, which offer special features on dentistry**

## **AVDT Extension Policy**

The AVDT understands that unforeseen circumstances can occur while a mentee is credentialing. A maximum of **two** extensions may be granted to each mentee during the mentee's two-year credentialing period. The mentee must submit a formal written request, which the AVDT Credential Chair must approve in writing to be valid.

The AVDT offers two types of extensions (see below). Both extension types will impact the mentee's credentialing process differently. The mentee must understand how both types of extensions work before submitting an extension request.

Upon extension approval, the AVDT Credential Chair will email the mentee any essential documents necessary to continue through the credentialing process. Credentialing packets can vary from class to class, and a mentee should not assume the same material is in the "new" class that the mentee has been moved into.

If an unusual circumstance arises and does not fit into either category, the Credential Chair may require guidance from the AVDT Executive Board. Board decisions are made through an anonymous process and are on a case-by-case basis.

### **Extension Type I--Non-FAMILY MEDICAL LEAVE ACT**

- Requirements:
  - ✓ An unforeseen circumstance that does not fall into the FAMILY MEDICAL LEAVE ACT (FMLA) category.
- Documentation needed:
  - ✓ A formal written request must be submitted to the Credential Chair via email.
- Following an extension approval, how will this impact the mentee?
  - ✓ The mentee will be moved "back" one year- i.e., moving from the Class of 2028 to the Class of 2029.
  - ✓ All materials collected within the mentee's first year of credentialing will be invalid. If a mentee moves from the Class of 2028 to the Class of 2029, all materials obtained in 2026 (when the mentee started) must be acquired again. This includes, but is not limited to, case logs, case reports, continuing education, any x-ray sets, CE, and any other documentation or training obtained.
  - ✓ The mentee will now reference and study from the materials listed in the "new" 2029 Credential Packet.
    - Any changed material, such as the required reading list, case report formatting/referencing, minimum number of cases, hours, or other requirements, must be updated to the "new" 2029 Credential Packet guidelines.

- For the Class of 2029, all material acquired will be obtained from January 1, 2027, through December 31, 2028.

**Extension Type II (FAMILY MEDICAL LEAVE ACT (FMLA))**

- Requirements:
  - ✓ Extensions in this category include unforeseen circumstances that fall into the FAMILY MEDICAL LEAVE ACT (FMLA) category (medical issues, death in the family).
- Documentation needed:
  - ✓ A formal written request with **proof** of the FAMILY MEDICAL LEAVE ACT (FMLA) must be emailed to the Credential Chair.
- Following an extension approval in writing from the Credential Chair, how will this impact the mentee?
  - ✓ The mentee will be moved "back" one year- i.e., moving from the Class of 2028 to the Class of 2029.
  - ✓ The mentee will NOT lose their first credentialing material obtained over their first year; instead, they will be required to obtain additional material as outlined below.
  - ✓ The mentee will now reference and study from the materials listed in the "new" 2029 Credential Packet.
    - Any changed material, such as the required reading list, case report formatting/referencing, minimum number of cases, hours, or other requirements, must be updated to the "new" credential packet guidelines.

**FAMILY MEDICAL LEAVE ACT (FMLA) COMPARISON TABLE**

<b>Credentialing Hours</b>	<b>2-year Requirement</b>	<b>FAMILY MEDICAL LEAVE ACT (FMLA) 3-year Requirement</b>
Veterinary Technology Hours	3200	4800
Dentistry Hours	2780	4170

<b>Lecture CE Category</b>	<b>2-year Requirement</b>	<b>FAMILY MEDICAL LEAVE ACT (FMLA) 3<sup>rd</sup> year Requirement</b>
Advanced Periodontal Therapy	3	4
Endodontics	3	4
Oral Pathology	3	4
Oral Surgery	3	4
Orthodontics	3	4
Prosthodontics	3	4
Equine/Exotics	2	3
Machine/equipment maintenance	1	1
Cone Beam Computer Tomography	1	1
<b>Wet Lab CE Category</b>	<b>2-year Requirement</b>	<b>FAMILY MEDICAL LEAVE ACT (FMLA) 3-year Requirement</b>
Dental Prophylaxis	6	7
Periodontics	6	7
Radiology	6	8
Dental Local and Regional Nerve Blocks	4	4
Endodontics	2	2

Prosthodontics	2	2
Machine/equipment maintenance	1	1

## Forms

 **Form 1.pdf**

**Waiver, Release and Indemnity Agreement**

 **Form 2.pdf**

**Plagiarism and case report review**

 **Form 3.pdf**

**Shadowing hours**

 **Form 4.pdf**

**Non-traditional CE**

 **Form 5.pdf**

**Case log cadaver verification**

 **Form 6.pdf**

**Dental radiographs cadaver verification**

 **Form 7.pdf**

**Skills List**

 **Form 8.pdf**

**Equipment List**

 **Form 9.pdf**

**Mentor/mentee contacts**

 **AVDT CE HOURS LOG**

 **Canine Deciduous Dental Assessment Chart.docx**

 **Canine Deciduous Dental Treatment Chart.docx**

 **Canine Dental Assessment Chart.docx**

- W Canine Dental Treatment Chart.docx**
- W Feline Deciduous Dental Assessment Chart.docx**
- W Feline Deciduous Dental Treatment Chart.docx**
- W Feline Dental Assessment Chart.docx**
- W Feline Dental Treatment Chart.docx**

### Examples

**EN1**

**EN2**

**EN3**

**PE1**

**PE2**

**PE3**

**PE4**

**OS1**

**OS2**

**OS3**

**OS4**

**OS5**

 EX

 OM

 OR

 PR

 RE

 Case Report.pdf