



**Academy of Veterinary Dental Technicians**

**Credentials Packet 2021-2022**

**Class of 2023**

Credentials Packet 2021-2022

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## AVDT Extraction Position Statement

The AVDT does not condone, endorse, nor recommend that veterinary technicians, credentialed or not, perform dental extractions. Extraction of teeth is oral surgery and should be performed by a licensed veterinarian, per the AVDC, AVMA and the AAHA 2019 Dental Guidelines. These position statements supersedes state practice acts that allow for veterinary technicians to perform extractions.

A Veterinary Technician Specialist (VTS) in Dentistry is a credentialed technician with a special interest in dentistry and oral surgery. VTS (Dentistry) technicians have extensive knowledge and training in the following areas of dentistry, including assisting the DVM in endodontics, exodontics, orthodontics, prosthodontics, and periodontics. They ***are not licensed*** to perform these advanced procedures.

A veterinary technician's duties during a dental procedure include and are limited to, charting, performing dental cleaning (sub-gingival and supra-gingival) and polishing, intraoral radiographs, performing nerve blocks and/or assisting a licensed veterinarian with these dental procedures. Diagnosing dental disease, prescribing treatment options and medications, and performing oral surgery are the duty of a veterinarian. Veterinary technicians assist veterinarians with these duties, thereby ensuring the patient receives the most thorough and efficient dental care.

Candidates & Graduates/Members of AVDT, found to be performing oral surgery, including extractions or other advanced procedures, will be dismissed from the program.

## AVDT Hours Requirements

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

- ✓ Providing client education such as: how to brush teeth, explaining a disease process, your clinic's treatment recommendations, etc. (anything related to client dental education)
- ✓ Scheduling/assisting with dental consultations
- ✓ Performing/assisting dental procedures (this includes holding the mouth while the veterinarian is suturing, running anesthesia on dental patients, etc.)
- ✓ Dental charting, scaling and polishing as well as hand instrumentation to clean dental surfaces.
- ✓ Patient nursing care such as induction and recovery of dental patients.
- ✓ instrument and equipment maintenance, care and sharpening.
- ✓ Performing INTRAORAL dental radiographs (skull films do not count)
- ✓ Discharging dental patients and going over homecare instructions
- ✓ Creating client handouts for dental-related topics for your clinic
- ✓ Shadowing hours required to complete your case logs

When you submit your credential packet on December 31, 2022, you are required to submit **THREE - FOUR** documents along with your packet confirming you have worked a minimum of 3200 hours in veterinary technology. Of those 3200 hours, 2780 hours were spent in the field of veterinary dentistry.

**These hours must be accumulated between January 1, 2021-December 31<sup>st</sup>, 2022.**

1. A letter from a supervising veterinarian verifying that you worked 3200 hours in the field of veterinary technology and that 2780 of those hours were spent in the field of veterinary dentistry
2. A letter from your practice manager verifying that you worked 3200 hours in veterinary technology and that 2780 of those hours were spent in the field of veterinary dentistry.
3. A summary of time worked from a timesheet printed out from your employer proving your required hours of 3200 hours in veterinary technology have been met.
4. The fourth documentation is *only* applicable IF you are including hours while shadowing other veterinary clinics. You must complete and sign Form 8. If this form is not completed and signed by the mentee and supervising veterinarian (DAVDC or FAVD), these hours are null and void.

*Note:* If you shadow multiple clinics, you must print one form per clinic\*

**Any applicant who cannot confirm their hours have been met or were unable to meet the required hours is not allowed to submit their credentials packet on December 31, 2022.**

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## Specialty Training

In addition to meeting the general requirements, the mentee must complete wet lab training and attend lectures in advanced dentistry procedures. *Teaching a wet lab or lecture or writing a veterinary dentistry continuing education article does not qualify as CE attendance.*

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

- Academy of Veterinary Dental Technicians ([www.avdt.us](http://www.avdt.us)); Academy of Veterinary Dentistry ([www.avdonline.org](http://www.avdonline.org)); Foundation for Veterinary Dentistry ([www.f4vd.com](http://www.f4vd.com)); American Veterinary Dental College ([www.avdc.org](http://www.avdc.org))
- Dental local and regional anesthesia CE obtained from a Diplomate of The American College of Veterinary Anesthesia and Analgesia (ACVAA) or Veterinary Technician Specialist (Anesthesia and Analgesia) is accepted. Any other CE from any other veterinarian, veterinary technician, or veterinary technician specialty is NOT accepted.

A list of CE meetings can be found at each of the above websites, at the Veterinary Dental Forum website ([www.veterinarydentalforum.com](http://www.veterinarydentalforum.com)), the AVDT website ([www.avdt.us](http://www.avdt.us)), or in the *Journal of Veterinary Dentistry*.

The mentee must complete the AVDT CE Hours Log" consisting of **TWO** Tabs: 3a and 3b in the Excel spreadsheet; and give proof of attendance for each event you attended as proof of completion of the **26 hours** of wet lab training and **18 hours** of advanced dentistry lectures. A photocopy of a document provided by the organization or speaker is proof of attendance. Canceled checks or other documents are not accepted as proof of attendance. You **must provide detailed course descriptions** provided by the organization presenting the CE as proof that the continuing education was related to veterinary dental care. The lab or lectures must fit into one of the categories listed below. ***Participation and attendance at wet labs and lectures must be completed during the two-year Specialist training program between January 1, 2021, and December 31, 2022.***

\*Within the AVDT CE Hours Log excel spreadsheet, you must assign each CE certificate a letter and number combo (i.e., A1, B1, C1, and so on.). Proper documentation helps the Credentials Committee cross-reference which certificates go to which labs and how many hours were obtained.

## Wet Labs

The mentee must complete a total of **27 hours of wet labs within each of the following disciplines:**

- Dental Prophylaxis – 6 hours
- Periodontics – 6 hours
- Prosthodontics – 2 hours
- Radiology – 6 hours
- Endodontics – 2 hours
- Dental Local and Regional Anesthesia – 4 hours
- Machine/Equipment Maintenance and Instrument Care and Instrument Care- 1 hour

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**Advanced Dental Procedures Lectures**

The mentee must attend a total of **19 hours of lectures in advanced dentistry procedures:**

- Endodontics –3 hours
- Prosthodontics – 3 hours
- Orthodontics – 3 hours
- Oral surgery – 3 hours
- Oral Pathology – 3 hours
- Advanced Periodontal Therapy– 3 hours
- Machine/Equipment Maintenance and Instrument Care- 1 hour

*\*Note:* If you are an international mentee and have limited resources and/or are unsure if CE in your country is accepted, please contact the credential chair for further assistance.

AVDT approved wet labs and lectures may be available at the following conferences:

1. Veterinary Dental Forum ([www.veterinarydentalforum.com](http://www.veterinarydentalforum.com))
2. VMX/NAVCA ([www.navc.com](http://www.navc.com))
3. Western Veterinary Conference ([www.viticusgroup.org](http://www.viticusgroup.org))
4. Fetch Conference ([www.fetchdvm360.com](http://www.fetchdvm360.com))
5. American Veterinary Medical Association ([www.avma.org](http://www.avma.org))

Multiple training centers across the United States are available for continuing education.

Check with your mentor, AVDT.us and the AVDC.org site for additional training options.

**A written request to receive credit for other courses and written approval from the AVDT Credentials Chair is required. All CE obtained at the Veterinary Dental Forum is accepted if it fits into the categories above.**

**"Non-Traditional" CE Wet lab & Lecture Hour Option**

- A Non-Traditional CE Form must be completed and signed by both the trainer and the mentee. See page 41
- A maximum of 5 wet lab hours may be obtained in a non-traditional setting.
- A maximum of 3 lecture hours may be obtained in a non-traditional setting.

**Online CE options**

- A maximum of 6 lecture hours may be obtained through an online source. Only 1 hour per lecture topic is accepted.
- Skype and Facetime are not acceptable methods to obtain CE hours.

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## Case Logs

A completed AVDT Case Log Spreadsheet must be submitted at the end of the two-year mentorship with a **minimum of 75 dentistry cases**. The AVDT Case Log Spreadsheet has been provided to you along with your other acceptance packet materials. Cases treated *before* the applicant's acceptance into the AVDT two-year mentorship cannot be included in the case log. Only include cases seen between January 1, 2021, and December 31, 2022.

- Make sure each entry in your log is complete. If the animal's weight (lbs. or kg.), age, or sex is unknown, enter "unknown" in the signalment box. **If any information is left blank the case will not be accepted** (please see the Case Log Guidelines section below for additional details explaining how to log your cases properly).
- You must pick **FIVE** cases from your log and write a detailed case report on each. In your case log spreadsheet, please **highlight** the five cases chosen for your case reports using the color blue as indicated at the top of the case log spreadsheet.
- The mentee must use the current, standard diagnostic, and procedural abbreviations, as defined by the AVDC. The AVDC updates these abbreviations on an annual basis, and it is the mentee's responsibility to use the current abbreviations listed on the AVDC website (www.AVDC.org).
  - The Credential Committee alerts the mentees of the new abbreviations once posted on the AVDC website. Once the new abbreviations have been posted, the mentees' responsibility is to start using the new abbreviations in their case log. The mentee shall identify the date at which the old abbreviations end and the new abbreviations using the color orange as indicated at the top of the case log spreadsheet.

*\*Note:* If your clinic commonly uses abbreviations not appearing on the list, define the abbreviations at the beginning of your log in the key box at the top of the spreadsheet.

- **If only 75 cases are submitted, a single unacceptable case could result in your credentials packet being rejected. It is recommended that you can include a maximum of two additional cases per category.**
- **Along with your case logs, you are required to submit ONE completed dental chart from each case log category that demonstrates your ability to accurately and properly chart various cases.**
  - You **DO NOT** submit a dental chart for all 75+ cases. Please use the generic dental charts provided with your credential packets for each case log.
    - However, a completed dental chart must be available for *all* logged cases but need not be submitted unless requested by the AVDT.

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**MINIMUM REQUIRED CASELOAD**

- The AVDT prefers the mentee to see a live-patient-case with the procedures marked (\*). However, if that is not possible, proof of CE in this area is required.
  - This must be highlighted in your AVDT Case Log Spreadsheet and indicated on Forms 3a and/or 3b, as appropriate.
- A cadaver may be used in a maximum of two cases from any category marked (\*\*).
  - These cases are left to the mentee's discretion but must be performed by a Diplomate of the American Veterinary Dental College or a Fellow of the Academy of Veterinary Dentistry (Form 5).

Oral Medicine

**OM** Cases requiring involved diagnostic tests under anesthesia and not involving treatment procedures that would be logged in any other category. Examples: Incisional biopsy, sialography, masticatory muscle EMG, CBCT, CT, or other tests beyond a CBC/Chem profile. and/or radiographs, sialography, masticatory muscle EMG, CBCT, or where laboratory tests beyond complete blood count and biochemical profile are used.....5

Periodontics

**PE1** Complete prophylaxis not requiring involved periodontal treatment.....12

*Notes:*

- a. *If you are unable to obtain a complete prophylaxis case not involving periodontal treatment. If you are unable to obtain a complete prophylaxis case not involving periodontal treatment, you may use a case from any other category EXCEPT PE2, PE3, or PE4 categories, so long as it's a patient that had a complete dental prophylaxis. For this case to count, you must appropriately log the case by placing the PE1 diagnostic codes in the 'diagnostic' box and the diagnostic codes related to the treatments performed in the 'other clinical findings' box. Failure to log this case correctly may result in a rejected case.*
- b. *\*If you have a PE1 case with a minor T/FX/UCF or T/FX/EF and the treatment was odontoplasty and universal sealant or something similar to etching/Optibond® you may log it under this category. Failure to log this case correctly may result in a rejected case. You must log the PE1 diagnostic codes in the "diagnostic" box and the odontoplasty/dentin sealant diagnostic codes under "other clinical findings" box. The previous statement does not apply if a true restoration with composite was used.*

**PE2** Involved periodontal scaling and root planing; includes complete professional dental cleaning. Includes placement of a perioceutic medication when no PE3 or PE4 procedure is performed, as perioceutic placement is considered an adjunctive treatment.....5

**PE3** Simple periodontal surgery. Must include a complete professional dental cleaning  
Examples: Gingivectomy/gingivoplasty; gingival wedge resection as treatment of a pocket distal to the mandibular molar tooth; or a flap procedure such as open root planing, except those combined with bone grafting or (GTR), which are PE4 procedures.....3

**PE4\*** Involved periodontal treatment includes complete professional dental cleaning.  
Examples: Osseous surgery; increasing attachment height; bone augmentation, gingival grafting, guided tissue regeneration [GTR requires placement of a GTR membrane for classification as GTR]; GTR membranes using



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Doxirobe as the membrane is accepted; periodontal splinting; crown lengthening procedure with alveolar bone contouring; ridge augmentation as preparation for implant placement.....1

Notes:

- a) *Extraction followed by placement of a bone substance or bone promoting material is **not** a PE4 case.*
- b) *GTR case log entries are to state the name of the membrane material used.*

**Endodontics\*\*** (all including routine restoration of access openings)

**EN1** Mature canal endodontic obturation, nonsurgical. Case log entries are to include notation of the type of final restoration in the procedure column.....7

**EN2** Vital pulp therapy (partial vital pulpotomy) Case log entries are to include notation of the type of final restoration in the procedure column.....2

**EN3\*** Endodontic treatment other than nonsurgical mature canal obturation or vital pulp therapy. Examples: Surgical endodontic treatment (include notation of the apical restorative material); apexification; replacement and endodontic therapy of avulsed or luxated teeth; splinting of a tooth with a horizontally fractured root with follow up endodontic evaluation. EN3 procedures that include coronal access restoration are to include notation of the type of final restoration in the procedure column.....1

**Restorative Dentistry\*\***

**RE** All RE cases require preparation of the defect, placement of permanent restorative material, and finishing the restoration. Example: Permanent restoration of partial loss of crown requiring gingival flap exposure; occlusal table cavity preparation and permanent restoration placement. An endodontic access site restoration can be logged as an RE case provided that the case is **not** also logged as an EN case and provided that a full restorative procedure (preparation, placement of permanent restorative material, and finishing the restoration) was performed; restorative procedures requiring gingival flap exposure also count.....5

Notes:

- a) *Odontoplasty/dentin bonding is NOT considered a RE case*
- b) *Treatment of Enamel hypoplasia lesions is logged as RE cases if the restoration required permanent restorative material placement. Odontoplasty as the only treatment of enamel hypoplasia defects does not constitute an RE case. Restoration of multiple enamel hypoplasia defects on one tooth counts as only one RE case.*

**Oral Surgery**

**OS1** Simple (closed) dental extractions, crown amputations (tooth resorption) .....15

**OS2** Involved dental extractions (open or closed, requiring tooth sectioning, bone removal , or other procedures in addition to work with elevator and forceps). A "full mouth extraction" patient may be logged as one OS2 case.....12

**OS3\*\*** Mandibular or maxillary fracture fixation (using a muzzle and/or dental acrylic splint; body of mandible fracture fixation with wire, pins, screws or plate; symphyseal separation wire fixation) .....1

**OS4\*\*** Involved oral surgical procedures. Examples: TMJ condylectomy, repair of existing palatal defects and oronasal fistulas, maxillectomy, mandibulectomy.....1

**OS5\*\*** Miscellaneous soft tissue oral surgery. Examples: Resection of a traumatic cheek or sublingual granuloma-hyperplasia; commissuroplasty, salivary gland surgery, removal of oral masses not requiring maxillectomy or mandibulectomy; operculectomy; laser surgery for stomatitis; closed reduction of TMJ dislocation; creation and fitting of a palatal obturator.....1

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*Note: Therapy laser treatments that do not directly treat the oral cavity DOES NOT count as an OS5*

Prosthodontics

**PR\*** Crown and/or bridge preparation, impression, and cementation (including canine, incisor and carnassial teeth) .....1

Orthodontics

**OR\*** Malocclusion diagnosis and treatment plan; the evaluation of the bite must be described in the log (making bite registration, impressions and study models may be included); occlusal adjustment; extraction of deciduous teeth or permanent teeth causing malocclusion; management of clinical malocclusion not requiring the use of an active force device (i.e., crown amputation, application of an incline plane or coronal extender; gingival wedge resection of the maxillary diastema to treat linguoversion of a mandibular canine tooth), and management of clinical malocclusions requiring the use of an active force orthodontic device.....1

Other Species

**EX** Other Species: Dental procedures on other species than canine and feline. This does not include beak trims and does include occlusal leveling in equine patients.

EX1: Herbivores (Horses, Rabbits, Guinea Pigs, Chinchilla, etc.)

EX2: Carnivores (Ferrets, Lions, Bears, etc.)

EX3: Insectivores/Omnivores (Reptiles, Sugar Gliders, Hedgehog, Rats, etc.)

Each procedure completed on these animals should also be classified in either Periodontic, Endodontic, Restorative, Oral Surgery, Prosthodontic, or Orthodontic subclass, i.e., EX1/OR. Proper terminology is required; generic terms result in point deductions.....2

**\*Miscellaneous Cases\***

If a case does not appear to fit into the AVDT categories, the applicant requests clarification and guidance from their mentor. When necessary, the Credentials Chair forwards the query to the Board for consideration.

**\*Counting Cases Under Multiple Categories\***

Each patient that is anesthetized for a dental procedure equals **ONE** case in your logs. You CANNOT log an anesthetized procedure under two categories, even if it can be categorized as so. If the patient is anesthetized later for a follow-up procedure and additional treatment is performed, or another dental procedure is performed, it may be an additional entry. For example, if a patient comes in for a root canal treatment and crown preparation, that would be one case. When that patient comes back in for the crown cementation, that would be a second case.

**Case Logs Guidelines**

Your AVDT Case Log Spreadsheet should conform to the guidelines, nomenclature, and abbreviations described below. If you are unsure where a case should be logged at any time, please reach out to your mentor for further guidance.

**1. Category**

Find the category you are assigning this case to, using the case log categories to determine the category.

**2. Number**

Each case is assigned a number in consecutive order regardless of what category you're listing your case(s). For example, if your first case is an OM case, that case should be labeled as 1; if your second

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case is an OS5 case, that case is labeled as case 2. You do not list 1, 2, 3 per category. *\*Please see the examples listed in the case log spreadsheet.*

*\*If an applicant remains in the training program for more than two years, cases in the log that are now more than two years old can no longer be counted. Please see 46-47 for additional details on extensions.*

**3. Date**

Month, day, and year procedures were performed.

**4. Patient Name**

List the patient's first and last name. If unsure, please list unknown.

**5. Signalment**

Species, age, breed, weight (kg or pounds are ok), and gender of the patient is required. If unsure, please list unknown.

**6. Diagnosis**

List the diagnosis(es) made using the approved AVDC abbreviations. **ONLY** include diagnosis(es) that are pertinent to the category you're logging said case in this box. The box labeled "Other Clinical Findings" is the box used to list additional diagnosis(es) that *aren't* pertinent to the category in which the case is being logged. *The AVDT requires that the Modified Triadan System of tooth identification is used.*

**7. Other Clinical Findings**

List the diagnoses made using the approved AVDC abbreviations. In this box, **ONLY** include the diagnoses that aren't pertinent to the category you're logging said case. If your case doesn't have any additional diagnoses, it is ok to leave this box blank.

*Note:* If a treatment is listed for a tooth that isn't listed in your diagnosis box, that case *will be* rejected since the information listed isn't complete.

**8. Dental Procedure**

List the treatments performed using the approved AVDC abbreviations. List the treatment(s) starting with the treatment(s) associated with the category you're logging said case under; then log the treatment(s) that aren't pertinent to that category. *The AVDT requires that the Modified Triadan System of tooth identification is used.*

*Note:* If you use any other abbreviations, a key to these abbreviations must be included at the top of your case log spreadsheet where indicated. Failure to do so may result in a rejected case.

**9. Anesthesia**

List the gas inhalant used. If a gas inhalant isn't used (i.e., an equine patient who received Midazolam), you must list the general anesthetic protocol (generic drug names only).

**\*DO NOT** list preanesthetic or local anesthetic drugs given.

**10. Nerve Blocks**

Please check this box if a nerve block was performed. **\*DO NOT** include drug names and location.

## 11. Radiographs

- This column is checked if radiographs were taken. **\*Intraoral radiographs are an essential tool used to diagnose, treat, and document dentistry cases. The AVDT requires all cases obtained over the two-year mentorship have radiographs taken. No points are given for a case if the diagnosis and/or treatment requires a radiograph, and radiographs were not taken, i.e., stages of periodontal disease, missing teeth, impacted teeth, root fracture, etc.**

### The Rules to Remember When Logging a Case

All diagnosis(es) and treatments should be listed and separated as described below. Cases that do not conform to these guidelines result in a rejected case.

- ✓ Diagnosis/treatment codes listed are to be separated by a semi-colon (;)  
**Example: AT 304; T/FX/CCF 108**
- ✓ When multiple teeth are affected by the same diagnosis or treatment, the diagnosis/treatment must be separated by a comma (,) and the teeth listed are to be separated by a comma (,) and placed in parentheses  
**Example: GR2, PP4 (104, 204); AB, RR (308, 309)**
- ✓ When multiple teeth are affected by the same diagnosis, or multiple teeth are treated the same way, the teeth should *always* be listed to start with the 100's, 200's, 300's, and lastly, the 400's.  
**Example: T/FX/UCF (104, 204, 304, 404); AB (309, 409)**
- ✓ When logging FOCAL gingival enlargement, you must include the approved gingival enlargement AVDC abbreviation PLUS how many "mm" of growth for each tooth.  
**Example: GE6 108; GE10 208**
- ✓ When logging generalized gingival enlargement, you must state so by logging as:  
**Example: GE (generalized); PP4 107**
- ✓ When logging the gingival recession, you must include how many "mm" of recession exists for each tooth.  
**Example: GR5 104; GR7 204**
- ✓ When logging canine and feline tooth resorption, you must include the stages and types defined on the AVDC nomenclature website. List the stage first and then hyphenate (-) type.  
**Example: TR4a-T2 304; TR3-T1 404**
- ✓ **All procedures must log missing teeth.**

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- ✓ If a treatment is performed, but it isn't the textbook-treatment-of-choice. In that case, you may indicate this by writing the treatment that was performed in the treatment box, followed by "ATO" (alternative treatment option) with the treatment option that is the textbook-treatment-of-choice. Additionally, you may also utilize CDT (client declined treatment) and PPD (DVM elects to postpone treatment) if warranted.

**Logging Equine/Pocket Pet Procedures:**

- All diagnosis(es) and treatment(s) should conform to the same guidelines as those listed above. The equine abbreviations are listed on the AVDC website.
    - Currently, there are not specific abbreviations for pocket pets. If a pocket pet has elongated enamel points secondary to poor husbandry, you must state this in the diagnostic box.
- \*Note:* If unsure how to log an equine or pocket pet case, please reach out to your mentor and/or the credential chair for guidance.

**Case Reports**

You are required to submit five case reports as part of your completed credentials packet. Included in this packet is an example of an approved case report submitted by a successful candidate. Case report guidelines are outlined below.

- Each case report must be a total of 10-12 pages in length.
- The body of the case report(s) must be:
  - **Typed, double spaced, and no more than 8-10 pages in length.**
  - **The second-to-last page of the report is designated for the references, required pictures, and radiographs.**  
*\*Note:* Pictures AND radiographs are required. However, only the pictures and radiographs associated with the report should be included.
  - In **gingivostomatitis cases** it is required to submit pre and post extractions radiographs.
    - This may extend your case report length for these cases only.
  - **The final page is the dental chart associated with the case report. Please use the generic dental charts provided with your credential packets for all case reports.**
  - **Cases for your reports must appear in your case logs and be highlighted.**  
*\*Note:* Case reports that are not highlighted in your case logs do not receive points.

**Case Report Selection**

- Select five various cases from your log that demonstrate your knowledge and experience in the field of veterinary dentistry.
  - Subjects such as routine prophylaxis, periodontal disease, a surgical extraction, vital pulp therapy, a root canal treatment, or an oronasal fistula repair, etc., can potentially be great options for case reports!

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\**Note:* Mentees are encouraged to write five case reports on five *different* subjects.

- These case reports should describe in detail how the patient was diagnosed and treated.
  - Pertinent anesthetic information should be included, as well.
    - i.e., route and dose of sedation drugs, induction drugs, maintenance drugs, and any local or regional drugs administered. See specifics under Case Report Guidelines below.
- If you pick a very complicated case, it may not represent your knowledge as gracefully as anticipated, and in turn, could result in a lower score.

\**Note:* "Complications" include anesthesia complications! If a patient is being described as having hypotension, bradycardia, hypothermia, etc., you *must* include what measures were taken to correct any/all abnormal values. Failure to do so result in a lower score.
- These case reports ***do not*** need to be cases done at an exotic facility such as a zoo or wildlife sanctuary. Your mentor is a great resource to help you pick cases that result in successful case reports.
- Be sure that information such as the patient's first and last name, the assigned case log number, and the date the case was seen is included in the report. This information is used to ensure the case is entered in the case log correctly. The information in your case reports must be clearly understood. Logically present each case, check spelling and grammar, and define any abbreviations.

### **CASE REPORT GUIDELINES**

A case report is an opportunity to show useful dental concepts and deliver a well written and well-documented scientific paper about a case performed by current standards. The use of advanced technology or skill in the case reports is not required. Your mentor and the Credentials Committee evaluate each of the items below.

- ✓ Read your manuscript while playing the role of a critic.
- ✓ ***Keep it technical. Please remember that this is scientific writing, and spelling and grammar are essential—plagiarism results in severe penalties.***
- ✓ **Plagiarism:**
  - turning in someone else's work as your own
  - copying words or ideas from someone else without giving credit
  - failing to put a quotation in quotation marks
  - giving incorrect information about the source of a quotation
  - changing 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 your work, whether you give credit or not.
- ✓ Above all, prepare your case reports early enough to seek pre-approval by your mentor, leaving enough time to edit and return them well before your Credentials Packet deadline.

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*\*Note: Case reports where a technician is doing any surgical treatments, including surgical extractions, automatically receive zero points regardless of the mentee's state regulations.* Please refer to our AVDT position statement on page 3 and/or contact the current Credential Chair with any additional questions regarding this guideline.

**Case Report Title**

The title should include the patient's first name, last name, what type of case it is, the case log number, and the date. **Example:**

Jane Doe  
A Periodontal Disease Case  
Case Log #122 - 8/16/2012

**The Body of the Case Report**

1. **History**

- Include a signalment and the presenting problem or chief complaint.
  - Was the patient referred to your clinic? Why was the patient referred?
  
- Describe past dental history if relevant.
  - Has your clinic been monitoring a tooth, and up until this dental procedure, everything was ok?
  - Was an epulis removed during last year's dental procedure, and now this year it's back?
  - Does the owner brush the teeth daily, and the fractured tooth was noticed at home?
  - Were pre-operative diagnostics and laboratory tests performed by the referring veterinarian?
  
- Describe past medical history if relevant.
- Describe any other *relevant* problems.

2. **Awake Oral Exam Findings**

- Thoroughly describe the oral exam findings during the consultation.
    - Describe what was seen: gingivitis index, calculus index, obvious mobile teeth, etc.
    - Mention all oral lesions observed.
- \*Note: You **MUST** refer to teeth in this manner: initially mention the tooth as "the right maxillary fourth premolar (108)," then subsequently you may refer to the tooth as "108" throughout the rest of the report.*

3. **Problem List**

- Demonstrate attention to the patient as a whole.
  - Mention differential diagnosis and the veterinarian's rule-outs.
- If applicable, address any potential genetic component of the condition.

4. **Treatment Plan**

- If applicable, discuss different modalities for treatment and their prognosis.

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- ✓ Why was one "type" of treatment performed over the other?
- ✓ Was the owner given two different treatment options, and they approved treatment option A over treatment option B?
- If other lesions are apparent, you should mention them and note if they were treated or not.  
*\*Note:* Points are deducted from a case report if additional diagnostics are initially mentioned, but treatment is not included.

5. **Treatment**

- Describe the procedure, including technique, instruments, and materials used **in detail** using proper terminology.
  - ✓ What was seen during the anesthetized oral exam?
    - Did you chart your findings?
  - ✓ Were intra-oral x-rays taken?
  - ✓ Don't forget to include the bur numbers and suture(s) that were used in the procedure
  - ✓ If applicable, highlight your involvement in the procedure.
  - ✓ Include post-operative radiographs and their assessment if indicated.
  - ✓ Provide adequate photos to support your report. Photos must have captions that correctly identify pre-operative and post-operative radiographs for procedures and intraoperative radiographs for root canal therapy. Again, make sure to label your radiographs and photographs.
- \*Notes:* Do not list equipment manufacturers.  
There is no need to list fine or course prophylaxis paste, but if flour pumice is used, it should be stated and why.
- **Local anesthetics:**
  - ✓ -What drug was used (generic name)
  - ✓ -What dose in mg per site
  - ✓ -Did you aspirate before injecting, and why?
  - ✓ -Did you apply pressure to the injection site once the needle was removed? Why?
- **Pre-anesthetic management:**
  - Pre-op vitals should be included.
    - ✓ Heart rate, respiratory rate, initial temperature, etc.
    - ✓ Each vital should include their form of measurement, i.e., BPM, RPM, °F, °C, etc.
  - \*Note:* BPM may be used for breaths per minute and beats per minute. You may prefer to state RPM for respirations per minute and BPM for beats per minute, which are accepted, too.
- **Appropriate pre-anesthetic and induction protocol, including:**
  - ✓ Generic drug name(s)
    - Dose(ages) in milligrams
    - Route of administration
  - ✓ Monitoring parameters and observations (if any)



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- ✓ Catheter gauge and location
- ✓ Did you give the patient flow by O2 before induction?
- ✓ Did you need to run an EKG before anesthesia due to a pre-existing condition? Etc.
- ✓ You MUST indicate what size endotracheal tube was used AND if the endotracheal tube was cuffed or not.
  
- **Demonstrate appropriate peri-operative monitoring**
  - ✓ What vitals did you monitor, and what support was required (if any)?
  - ✓ Intravenous fluid rate/hour. Was an IVF bolus indicated, and why?
  - ✓ How did you control their body temperature?
  - ✓ If any abnormalities were observed, you must include them in your report; i.e., an arrhythmia.
  - ✓ Analgesic management is essential. What steps did you take to ensure the pet was comfortable?
  
- **Detailed post-operative monitoring**
  - ✓ What were your final post-operative vitals?
  - ✓ Was post-operative monitoring required?
  - ✓ Hypothermic? Hyperthermic?
  - ✓ Post-operative pain management?
    - Was the patient on a constant rate infusion pump (CRI)?
      - Why?
      - What drug/dose was used?
    - Include ALL drug names using the generic name, dosages in mg, and route of administration.
  
- **Discharge instructions**
  - ✓ What medications were sent home (if any)? What are they used for- anti-inflammatory? Pain control? Antibiotics?
  - ✓ Was soft food indicated? For how long? Why?
  - ✓ Can they chew on hard toys? Why or why not?
  - ✓ Recheck appointment? What are you rechecking? What's the importance of rechecking?
  - ✓ Will there be a follow-up procedure? i.e., 6-month periodontal recheck? 9-month root canal follow-up?
    - What are you rechecking at this follow-up procedure?
    - What would happen if the root canal failed? Or the tooth that had GTR isn't looking good- now what?
  - ✓ Was an annual Comprehensive Oral Health Assessment and Treatment (COHAT) recommended for next year?

**Discussion**

- Discuss any point relative to your case.
- Review the literature on the disease condition and/or procedure in question.
- If applicable, discuss pertinent aspects of the diagnostic workup.

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Client Education

- Include all pertinent client education related to your case.
  - ✓ How did you educate the owner about this case?
  - ✓ Are there any preventative measures the owner could take in the future?

Conclusion

- What conclusion, if any, could be drawn from the case?

References

- You must provide references to support your statements. It's recommended that you cite multiple sources.
  - ✓ At a minimum, 2 references per case report.
- Format the references as per the American Medical Association (AMA). Specifics about this type of referencing style can be found at: (<http://library.nymc.edu/informatics/amastyle.cfm>)
  - ✓ You must use Arabic superscript numerals OUTSIDE the use of a period and comma *but* INSIDE colons and semi-colons\*
  - ✓ Number references consecutively in the order in which they are first mentioned in the text.
  - ✓ The author's first and middle name(s) are to be initials only. No periods are needed between initials.
- **Any references listed that ARE NOT on the required reading list must be included and turned in with your completed credentials packet.**
  - ✓ You must include a copy of the cover/copyright page PLUS a copy of the page(s) you're referencing.
    - \*Failure to do so may prolong your packet's grading process, and/or the credential chair may ask you to make said copies and turn them in during the grading process.
- This is an example of a case report from a successful candidate and is not intended to be a “perfect” example.

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**“John” Doe - An Oral Surgical Case**

**Case Log #17 - 6/21/2014**

“John,” a two year old neutered male Chihuahua weighing 4.3 kg, was presented as a one month recheck from a previous mandibular fracture repair. The original trauma was sustained during a dog fight and resulted in a fracture of the right mandible caudal to the first molar (409). The initial fracture repair was done by reducing the fracture until union was achieved (Fig. 1). Then a tape muzzle was placed with the plan to utilize the left mandible as a natural splint. However, the client was advised of the possibility that the fracture site may not heal, and that other options need to be considered at the time of recheck. During the recheck appointment the client voiced having an extremely unpleasant experience maintaining “John” with a tape muzzle and providing nursing care. As a result, the client expressed an interest in the best option that would provide the fastest resolution with the least amount of home care responsibilities and oral restrictions regardless of the discoveries during the recheck.

A complete physical exam was performed with no significant findings other than the oral pathology. The patient appeared to be in extreme pain during an attempt to remove the tape muzzle, indicating that the jaw was not healing. The exam was halted to avoid causing the patient any additional pain. The client was advised that the next step would be to evaluate the fracture site under general anesthesia. If the fracture site was not healed, a partial right mandibulectomy would then be performed to provide the client with the desired resolution. A partial mandibulectomy is the removal of a portion of one side of the mandible. Unfortunately, a partial mandibulectomy can result in complications, which the client would need to understand before consenting to the procedure. One complication is the contralateral mandible often floats toward the side of the mandibulectomy, as a result of the loss of rigid support. The consequence is that the left mandibular incisors and canine (301-304) would then be located towards the midline and likely cause trauma to the palatal

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mucosa<sup>1</sup>. In this case, the options would be to extract the teeth or to perform crown reduction followed by vital pulp therapy. The client elected for extraction if necessary in order to avoid the post-surgical monitoring involved with endodontic therapy. Another potential complication is that the tongue often hangs out of the mouth due to mandibular asymmetry, which can result in the tongue drying out and becoming damaged. In addition, the appearance can often be a cosmetic issue. In this event, a cheiloplasty would be an option in attempt to resolve the glossal concerns. The procedure is to advance the commissure of the mouth in order to reduce the amount of the lateral opening and to keep the tongue in the mouth as much as possible<sup>2</sup>. The client understood these complications and consented to evaluating the fractured mandible under anesthesia and to whatever the veterinarian's treatment decision would be based on those results. A surgical and anesthetic plan was then prepared and scheduled for later in the day.

The technician administered intramuscular sedation with 0.022 mg hydromorphone and 0.45 mg midazolam. Next, the technician placed a 22 G intravenous catheter using aseptic technique in the left cephalic vein and performed induction using 30.0 mg propofol, which was titrated intravenously to effect. The veterinarian removed the tape muzzle prior to placing and properly inflating a 5.0 mm cuffed endotracheal tube. Maintenance of isoflurane and oxygen via a non-rebreathing vaporizer circuit was administered throughout the procedure. Lactated ringers solution was also administered throughout procedure intravenously at 43 ml/hr. Anesthetic monitoring parameters of oxygen (using pulse oximetry), blood pressure (with a non-invasive cuff), end-tidal carbon dioxide, and body temperature were monitored throughout the procedure. A Hot Dog™ warming device was utilized to maintain body temperature. The anesthetic event was well managed and vital signs were within normal limits throughout the procedure.

The veterinarian administered regional anesthesia. A right caudal mandibular nerve block was performed in order to provide anesthesia to the structures ipsilateral to the anesthetic placement. The extraoral

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technique was performed by inserting the needle perpendicular to the ventral cortex just rostral to the angular process until tactile appreciation of contact with the mandible. Then the needle is slowly walked in a medial direction until the needle can be advanced a short distance along the medial surface of the mandible. The anesthetic is then injected at the site of the mandibular foramen. The injection should be deposited as close to the medial surface at the location of the mandibular foramen as possible to avoid the lingual nerve<sup>3</sup>. The left middle mental nerve block was then performed using bupivacaine 0.50mg. The middle mental foramen is located apical to the mesial root of the second mandibular premolar. The needle is advanced into the foramen a short distance followed by proper aspiration technique prior to injection to ensure that a blood vessel had not been penetrated. The middle mental nerve block provided anesthesia to the structures ipsilateral to the anesthetic placement. The regional anesthetic was administered with enough time to allow for onset of action. Onset of action may be 10 minutes on average, but can be anywhere from 3-30 minutes<sup>4</sup>. Duration of action can be anywhere from 6-10 hours<sup>5</sup>.

A complete oral exam and dental charting was performed by the veterinarian, which revealed 1) ½ cm section of devitalized mandibular bone visible within the buccal gingiva of the fracture site (Fig. 2 & 3), 2) significant laxity appreciable upon palpation of the fracture site, and 3) mobility index 3/3 and gingivitis index 3/3 of the left mandibular molar (311). An intraoral radiograph performed by the veterinarian revealed non-union of the fracture site along with the section of devitalized bone (Fig. 4). The client was then informed of the radiographic findings and the recommendation to move forward with a partial right mandibulectomy and extraction of the left mandibular canine (304) and incisors (301-303) as previously discussed.

The partial right mandibulectomy was initiated by reflecting the buccal gingival mucosa to the level of the mandibular cortex. The mandibular symphysis was reduced and separated with a #15 blade. The middle mental foramen was then located and the mental nerve and vasculature was isolated, ligated and severed, which

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resulted in no appreciable hemorrhage. The remaining musculature of the ventral mandible to include the genioglossus and geniohyoideus muscles were isolated and severed using mayo scissors. Reflection of lingual gingival was then performed using a Cislak EX-9 periosteal elevator. The rostral mandible was then gently removed as to avoid disruption of the sublingual vasculature, which runs medial and parallel to the mandible and supplies the roots of the mandibular incisors and the rostral intermandibular region<sup>6</sup>. The mandibular canal on both sides of the fracture site was inspected for any potential vasculature (Fig. 5 & 6). There were no vessels appreciable at either end of the fractured mandible. This finding indicates that the site had little blood supply, which is needed for adequate healing. A radiograph confirmed complete mandibulectomy of the intended portion with no remaining bone fragments (Fig. 7 & 8). The gingival margins were debrided and closed with single interrupted sutures using 5-0 Vicryl® (Fig. 9). The technician assisted the veterinarian by digitally reflecting the necessary soft tissues during the mandibulectomy and during closure.

The technician reminded the veterinarian to evaluate for a potential cheiloplasty prior to rotating the patient for the remainder of the procedure. The right commissure was then evaluated for the anticipated cheiloplasty, but the commissure would have to be advanced rostral to the point that home care and oral examination of the distal maxillary arcade would be significantly compromised. The decision was made to not perform the cheiloplasty at this point in time and to discuss further options with the client.

Surgical extraction of the left mandibular incisors (301, 302, and 303) along with the left mandibular canine (304) was necessary, because the mandible was significantly floating to the right, which could result in palatal contact and trauma. The buccal and labial gingival was reflected with a Cislak EX-9 periosteal elevator. The veterinarian then performed a buccal alveolectomy with a finishing bur to expose two thirds of the root. The periodontal ligaments of the incisors were fatigued with a LTXS-3S 503 luxator and then extracted with tooth extraction forceps. The periodontal ligaments of 304 was fatigued with a LTXS-5C 503 luxator and then

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extracted with tooth extraction forceps. The site was then closed by the veterinarian with simple interrupted sutures using 5-0 Vicryl®. Closed extraction of the left mandibular third molar (311) was performed with a pair of extraction forceps. The gingival margins were debrided using a #15 surgical blade prior to closing with 5-0 Vicryl® in a simple interrupted pattern. Intraoral radiographs confirmed complete extraction.

In preparation for recovery the patient was then given 0.011 mg hydromorphone intravenously and an additional 0.011 mg subcutaneously to prevent the vocalization that occurred during the previous anesthetic event. “John” was then transferred to a dark, quiet, recovery room with warm blankets. The remainder of recovery was smooth and uneventful. The client was then called and informed of the patient’s status and to arrange a discharge appointment. The veterinarian prepared the discharge summary, which included procedural pictures.

Upon discharge, the veterinarian and client discussed whether a cheiloplasty should be performed; they decided to revisit the suggestion during the recheck. The client was advised that if a cheiloplasty were to become necessary, it would be strongly recommended to extract the right maxillary premolar (108) and molars (109-110) at the same time. The reason was that there would be extremely little space to place a toothbrush or other device to maintain the teeth; home care would not be possible and periodontal disease would occur. The client was then given post-anesthetic recovery instructions: to keep the patient comfortable and warm throughout the evening, and to monitor closely as patients tend to have unsteady motor function while they recover from anesthesia. Home care instructions were to 1) offer small frequent meals and water that evening, 2) prevent access to all chew toys and hard objects, 3) feed only soft food, no firmer than a scrambled egg, for the next two weeks, and 4) avoid any tension on the lips during contact or during medication administration as that may put added tension on the closure sites, possibly resulting in dehiscence. The client was instructed to monitor the patient for any pawing at the mouth, and if any abnormal discharge or odor is observed, the client

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should inform their regular veterinarian. A recheck was then scheduled for two weeks with their regular veterinarian to evaluate the surgical sites and to determine an appropriate time to eliminate oral restriction. The client was to continue pain medication previously dispensed along with clindamycin as antibiotic therapy to prevent infection within the surgical sites.

It was hypothesized that the reason the mandible failed to heal was from the lack of a viable blood supply and the inability to provide stable union of the mandible due to an unfavorable fracture line. An unfavorable fracture line is one that runs caudoventral. In this case, the muscles of mastication would be working in opposition of the union. A favorable fracture line is one that runs caudodorsal<sup>7</sup>. The muscles of mastication, digastric, medial and lateral pterygoids, masseter, and temporalis, would then be working towards union.

There are other options to aid the mandible in the healing: internal or external fixation options of the mandible to provide union and maximum stability and guided tissue regeneration to aid in bone regrowth. In the latter case, osteoconductive versus osteoinductive products would have been discussed. Osteoconductive products are synthetic bone material that would form a scaffold on which osteoblasts can form new bone. The downside to osteoconductive material is that the body may respond to it as if it was a foreign body/material and become a hindrance to the healing process. Osteoinductive material such as an autograft of the patient's own bone marrow or an allograft is designed to stimulate osteoblasts to form new bone<sup>8</sup>. Osteoinductive products can also act as osteoconductive material by providing a scaffold for osteogenesis<sup>8</sup>. Therefore, an osteoinductive product would be the ideal choice for guided tissue regeneration.

Mandibular fracture repair requires numerous criteria to be met in order to heal. The goal here was to provide a mouth that is functional and free of pain. The mandibulectomy will provide “John” with a functional mouth that will accomplish that goal.



**Figure 1. Initial fracture repair**



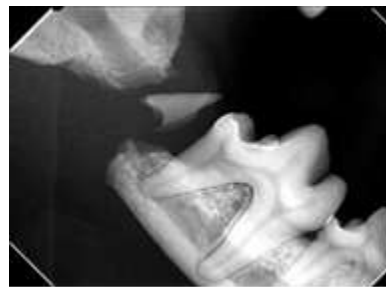
**Figure 2. Devitalized mandibular bone**



**Figure 3. Extracted devitalized mandibular bone**



**Figure 4. Recheck radiograph**



**Figure 5. Mandibulectomy**



**Figure 6. Mandibulectomy**



**Figure 7. Post-Mandibulectomy**



**Figure 8. Post-Mandibulectomy**



**Figure 9. Closure**



### References

1. Furman, Robert. Total Mandibulectomy in the Dog. *Journal of Veterinary Dentistry* 22 (4): 289-293, 2014.
2. Niemiec, Brook A. *A Color Handbook of Small Animal Dental, Oral and Maxillofacial Disease*. London: Mason Publishing; 2010: 27.
3. Gorrel, Cecilia. *Veterinary Dentistry for the General Practitioner*. Philadelphia: Saunders; 2004: 106: 19-20.
4. Hale, Fraser. (2007). Local Anesthesia in Veterinary Dentistry. *The Cusp*. 1-2. Retrieved from <http://www.toothvet.ca/Old%20CUSP%20Articles.htm>.
5. Perrone, Jeanne R. *Small Animal Dental Procedures for Veterinary Technicians and Nurses*. Ames: Wiley-Blackwell; 2013: 55.
6. Perrone, Jeanne R. *Small Animal Dental Procedures for Veterinary Technicians and Nurses..* Ames: Wiley-Blackwell; 2013: 11.
7. Niemiec, Brook A. *A Color Handbook of Small Animal Dental, Oral and Maxillofacial Disease*. London: Mason Publishing; 2010: 208-209.
8. Gingerich, Wade and Stepaniuk, Kevin. Guided Tissue Regeneration for Infrabony Pocket Treatment in Dogs. *Journal of Veterinary Dentistry* 28 (4): 282, 2011.

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6/21/14  
"John" Doe  
Canine-Chihuahua  
4.3 kg

104 204

S/MS

FX/MN  
Prior: FX/R/MZ

404 304

XSS XSS XSS

Nerve Block:  
Drug: bupivacaine 0.5%  
Block Location: right and left caudal mandibular nerve block: Extra oral technique  
Maximum Dose: 8.6mg  
Quantity administered per site: bupivacaine 0.50mg

ABBREVIATIONS:

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## Dental Radiography Requirement

To show proficiency in dental radiography, the mentee must provide one complete set of **intraoral** dental radiographs of a dog, and one complete set of **intra-oral** dental radiographs of a cat. Digital radiographs are required.

### Guidelines:

- ✓ A full-mouth series of a live dog and cat, or cadaver dog and cat, with ***permanent and complete dentition must be used. Open apices will NOT be accepted.***
- ✓ Cadaver radiograph sets do not need to be intubated. Form 6 must be filled out and submitted along with your credentials packet at the end of your two-year credentialing period (see Form 6 on page 38).
- ✓ Whole skull radiographs are unacceptable.
- ✓ Radiographs should be mounted and labeled appropriately: identifying client, patient, date, animal age and breed. Labeling requirements are noted in *Veterinary Dental Techniques, 3<sup>rd</sup> Ed;* (Holmstrom, S.E., Frost P., Eisner E.R., WB Saunders, 2004) and *Small Animal Dental Procedures for Veterinary Technicians and Nurses;* (Perrone, J.R., Wiley-Blackwell, 2013)
- ✓ High quality .jpg images or images imbedded in a Word.doc are required.
- ✓ ***Radiographs must include all roots.***
  - If necessary, 2 views may be used to show both the crown and root of the following teeth: maxillary canines (104, 204), mandibular canines (304, 404), and mandibular first molars (309, 409). You may also use two views to adequately separate and visualize the two mesial roots on the upper fourth premolars (108, 208). You must label them as so: "Apices of 309," "Cusps of 309." For the 108, 208 x-rays label them as so depending on which technique was used. Label the roots from left to right: mesial buccal, mesial palatal roots of 108 or mesial palatal, mesial buccal roots of 108.

## AVDT CHECKLIST FOR SUBMITTING RADIOGRAPHS

- ✓ All adult teeth to be evaluated are clearly visible. ***Radiographs must include complete permanent dentition.***
  - Deciduous dentition and mixed dentition will not be accepted
  - Open apices will not be accepted
- ✓ Radiographs should be mounted and labeled appropriately, identifying client, patient, date, animal age, breed and Triadan number
  - If using a cadaver, you may identify it as "Canine Cadaver" or "Feline Cadaver," instead of using a client/patient name. For age you must state "unknown," and do your best to identify the cadaver's breed.
- ✓ The maxillary teeth should have the crowns facing downward and the roots upwards.
- ✓ The mandibular teeth have the crowns facing upward and the root downwards.
- ✓ When viewing the right side of the mouth, the anterior teeth are on the right side.
- ✓ When viewing the left side of the mouth, the anterior teeth are on the left side of the radiograph.
- ✓ Adequate visualization of crowns and apices—at least 2mm space around each.
- ✓ Oral pathology will not be accepted

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- This includes any patients with periodontal disease stage 2 or higher
- Type 1 tooth resorption WILL BE accepted- type 2 and type 3 tooth resorption WILL NOT be accepted.
- ✓ Supernumerary roots and supernumerary teeth *will be* accepted so long as all the teeth are independently visible and there is no obvious or excessive crowding.
- ✓ Proper angulation must be used.
  - No foreshortening or elongation.
- ✓ Exposure/developing technique is adequate.
  - Correct contrast and density of each radiograph.
- ✓ No artifacts are seen on the image.
  - This DOES include cone cutting! Cone cutting WILL NOT be accepted regardless of what system you are using. This includes: DR sensors and CR plate sizes 0, 1, 2, 3, 4, or 5.

**Equipment List Verification Form**

A copy of the equipment list verification form (Form 4) must be completed and signed by the mentee and the mentee's supervising veterinarian.

*\*Note:* If this form is turned in but not signed, the mentee will not receive any points for section.

## Required READING LIST Class of 2022

1. Heidi B. Lobprise. *Blackwell's Five-Minute Veterinary Consult: Small Animal Dentistry*. Second Edition. Wiley-Blackwell, 2012.
2. Niemiec, B. A., Gawor J., & Jekl V. *Practical Veterinary Dental Radiography*. CRC Press, 2018
3. Niemiec, B., *Veterinary Periodontology*. First Edition. Wiley-Blackwell, 2013.
4. Holmstrom, Steven E. *Veterinary Dentistry: A Team Approach*, Third Edition. Saunders, 2018.
5. Niemiec, Brook A. *Small Animal Dental, Oral & Maxillofacial Disease: A Color Handbook*. Second Edition. Manson Publishing, 2011.
6. Perrone, Jeanne R. *Small Animal Dental Procedures for Veterinary Technicians and Nurses* Second Edition. Wiley-Blackwell, 2020.
7. Berg, Mary. *Companion Animal Dentistry for Veterinary Technicians* 1st Edition. Bluedoor, 2021
8. Lobprise, Heidi B., Dodd, Jonathon R. *Wiggs's Veterinary Dentistry: Principles and Practice* 2nd Edition. Wiley-Blackwell, 2019.
9. Bellows, Jan. *Small Animal Dental Equipment, Materials, and Techniques* 2nd Edition, Wiley-Blackwell; 2019.
10. Dupont, Gregg A. and DeBowes, Linda J. *Atlas of Dental Radiography in Dogs and Cats*. Saunders, 2009.

**Note: \* In the event that a mentee cannot find a required reading book via "regular" online or in-person bookstore retailers, it is recommended that the mentee inquire about said book(s) via "in-state borrowing" and/or "out-of-state borrowing" through their local library and/or university.**

### Suggested reading list:

1. *Journal of Veterinary Dentistry* (previous 2 years prior to exam): F4VD membership required
2. Gail E. Marshall. *Companion-Animal Dental and Surgical Instruments: A Reference for Veterinary Technicians and Assistants*. First Edition. AAHA Press, 2011
3. Bartolomucci, Linda R. *Dental Instruments: A Pocket Guide, 4<sup>th</sup> Edition*. Saunders, 2011.
4. *Step by Step Compendium*. May be ordered through the Foundation of Veterinary Dentistry: (<http://www.f4vd.com/compendia.html>)
5. Niemiec, B. *Feline Dentistry for the General Practitioner*. May be ordered through: (<https://www.dogbeachvet.com/for-veterinary-professionals/products-bookstore>)
6. Kesel, M. Lynne. *Veterinary Dentistry for the Small Animal Technician, First Edition*. Wiley-Blackwell, 2000.

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7. Bellows, Jan. *Feline Dentistry: Oral Assessment, Treatment, and Preventative Care*. Wiley-Blackwell, 2010.

**Suggested Reading list for exotics:**

1. Vittorio Capello, Margherita Gracis. *Rabbit and Rodent Dentistry Handbook*. Wiley-Blackwell; 1st edition, 2005
2. Böhmer, Estella. *Dentistry in Rabbits and Rodents 1st Edition*. Wiley-Blackwell; 1st edition, 2015

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

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**Form 1**

**WAIVER, RELEASE, AND INDEMNITY AGREEMENT**

I hereby submit my credentials and required fee to the Academy of Veterinary Dental Technicians for consideration and examination in accordance with its rules. I agree to allow the Board to investigate my standing as a technician, including my reputation for complying with the standards of ethics of the profession. I understand and agree that the credential fee is nonrefundable.

I agree to abide by the decisions of the Board of Directors of the Academy of Veterinary Dental Technicians and thereby voluntarily release, discharge, and relinquish any and all actions or causes of actions against the Academy of Veterinary Dental Technicians and each and all of its member, directors, officers, examiners and assigns from and against any liability whatsoever in respect of any decisions or acts that they may make in connection with this credentials packet, the grades on such examinations and/or granting or issuance, or failure thereof, of any certificate, except as specifically provided by the Constitution and Bylaws of this organization.

I agree to exempt and relieve, defend and indemnify, and hold harmless the Academy of Veterinary Technicians, and each and all of its members, directors, officers and assigns against any and all claims, demands and/or proceedings, including court costs and attorney's fees, brought by or prosecuted for my benefit, extended to all claims of every kind and nature whatsoever whether known or unknown at this time.

I further agree that any certificate that may be granted and issued to me shall be and remain the property of the Academy of Veterinary Dental Technicians. Once accepted into active membership in the AVDT, I agree to maintain my membership by paying my yearly dues, fulfill all recertification requirements and be a member in good standing.

I agree to abide by the AVDT Extraction Position Statement and I understand that I will be dismissed as an AVDT candidate/member for failing to do so.

I certify that all information provided by me in this credentials packet is true and correct. I acknowledge that I have read, understand, and agree to abide by the above.

---

(Signature)

---

(Date)

---

(Please print your name)



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**Form 2  
SKILLS FORM**

Name \_\_\_\_\_

You are required to state whether or not you have mastered the skills on this form. **Mastery is defined as being able to perform 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 American Veterinary Dental College or a VTS(Dentistry) attest to your ability to perform the tasks listed below.

<b>Skill (Applies to both dogs and cats)</b>	<b>Mastered</b>	<b>Diplomate of AVDC or VTS(D) who can attest to mentee's mastery of skill</b>
Identify normal dentition and eruption schedules		
Identify abnormal pathology		
Charting techniques		
Use of hand instruments		
Use of power scaling units		
Subgingival scaling, root planing and curettage		
Taking whole mouth alginate impressions. Experience needed – <i>mastery not required.</i>		
Making stone laboratory models. Experience desired – <i>mastery not required.</i>		
Instrument identification and use sequence in:		
a. Pulpotomy		
b. Pulpectomy		
c. Extractions (non-surgical)		
d. Extractions (surgical)		
e. Periodontal surgery		
f. Oral surgery		
Intraoral Radiology positioning, film processing and mounting		
Maintenance of hand instruments, equipment and dental delivery systems		

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**Form 4  
AVDT EQUIPMENT LIST**

Name/Applicant Number: \_\_\_\_\_

Below is the "Required Instruments in Your Practice" and the "Knowledge of Equipment List." The required section must be initialed by a Supervising Veterinarian, Diplomate of the American Veterinary Dental College or your mentor who can attest that you have those instruments readily available to you in your practice. **Please be aware, all instruments listed below, even the knowledge of equipment, are considered testing materials. Study ALL instruments below!**

Required Instruments in Your Practice	Required	Check if present	Supervising Veterinarian, DAVDC or mentor initials
Safety Glasses/Face Shield	X		
Surgical Mask	X		
Exam Gloves	X		
Ultrasonic or Sonic Scaler with Tips	X		
Hand Scaler(s): Check those that are present at your clinic: <input type="checkbox"/> Sickle Scaler <input type="checkbox"/> Other: _____ <input type="checkbox"/> Jacquette Scaler™ <input type="checkbox"/> Morse Scaler™ <input type="checkbox"/> Nebraska Scaler™	X		
Hand Curette(s): Check those that are present at your clinic: <input type="checkbox"/> Barnhart™ <input type="checkbox"/> Columbia™ <input type="checkbox"/> Other: _____ <input type="checkbox"/> McCall™ <input type="checkbox"/> Gracey	X		
Periodontal Probe/explorer	X		
Dental mirror			
Compressed Air System with high speed, low speed and 3 way syringe	X		
Handpiece cleaning, conditioning spray or lubricating oil	X		
Prophy Angle	X		
Prophy Cup/paste	X		
Perioceutic Medication	X		
Bone Graft Material	X		
Periosteal elevator	X		

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Winged, straight, and/or luxating oral surgical elevators	X		
Extraction forceps	X		
Bone Curette	X		
Oral surgery suturing instruments	X		
Root tip forceps and /or pick (these are different!)	X		
Chlorhexidine Oral Rinse	X		
High Speed Cutting burs	X		
High Speed Finishing burs	X		
Dental X-ray Unit	X		
Digital CR and/or DR system and software	X		
Arkansas Sharpening Stone, Arkansas Conical Stone and Honing Oil	X		
<b>Knowledge of Equipment</b>	<b>Required</b>	<b>Knowle dge of</b>	<b>Check if present</b>
Electrosurgical Unit		X	
Chairside Developer		X	
Automatic Developer		X	
Film Clips		X	
Size 0 Film		X	
Size 2 Film		X	
Size 4 Film		X	
View Box		X	
<b>Endodontic Equipment</b>	<b>Required</b>	<b>Knowle dge of</b>	<b>Check if present</b>
Endodontic File Organizer		X	
Endodontic File Stops		X	
Endodontic Ruler		X	
College-tipped pliers		X	
Paper Points		X	
Endodontic Broaches		X	
Endodontic Files & Reamers: -H-files -K-files -Reamers		X	
File Sterilizer		X	
Gates Glidden		X	
Peeso Reamers		X	
Finger Plugger		X	
Finger Spreader		X	
Electronically Heated Spreader		X	
Irrigation Needles		X	
Irrigation Solution		X	

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Chelating Agent		X	
Gutta-percha Heater		X	
Gutta-percha Points		X	
Calcium Hydroxide Powder/Cement		X	
ZOE or Other Sealant/Cement		X	
Spiral Paste Fillers		X	
Flour Pumice		X	
Bonding composite resin(s)		X	
Calcium Hydroxide Powder/Cement		X	
<b>Restorative Equipment</b>	<b>Required</b>	<b>Knowle dge of</b>	<b>Check if present</b>
Beavertail/plastic filling instrument		X	
Shofu discs		X	
Mandrel		X	
Light Cure Gun		X	
Dental Chisel		X	
Dental Hatchet		X	
Excavator		X	
Amalgamator		X	
Amalgam Condenser (Plugger)		X	
Amalgam Carver		X	
Mixing Spatula		X	
Mixing Pads		X	
Dentinal Bonding Agent(s)		X	
Glass Ionomer Products		X	
<b>Orthodontics</b>	<b>Required</b>	<b>Knowle dge of</b>	<b>Check if present</b>
Impression Trays		X	
Rubber Mixing Bowl		X	
Mixing Spatula		X	
Vibrator		X	
Model Trimmer		X	
Alginate and/or putty		X	
Polyvinyl siloxane impression material		X	
Articulator		X	
Orthodontic Wire		X	
Orthodontic Buttons		X	
Orthodontic Chain		X	
Articulating paper		X	
Bite wax		X	
Dental Acrylic		X	
Surgical Wire		X	

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Dental Pliers		X	
Dental Wire cutters		X	

**Form 5  
Case Log Cadaver Verification Form**

I, \_\_\_\_\_, hereby certify that a dog and/or cat cadaver was used to satisfy my case log requirements in lieu of a live patient. *A cadaver may be used in a maximum of two cases from any category marked (\*\*). These cases are left to the discretion of the mentee, but must be performed and/or supervised by a Diplomate of the American Veterinary Dental College or a Fellow of the Academy of Veterinary Dentistry (Form 5).*

Category	Number	Date	Dental Procedure	Verified by: (signature of DAVDC or FAVD)

\_\_\_\_\_  
Mentee Signature Date

\_\_\_\_\_  
Mentee Name

\_\_\_\_\_  
Mentor Signature Date

\_\_\_\_\_  
Mentor Name

**\*Form is only required if a cadaver was used to satisfy case log requirements.**



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**Form 7**

**MENTOR/MENTEE CONTACTS and CASE LOG/CE VERIFICATION**

The mentor and mentee met on the following dates via the following form of communication:

<b>Date</b>	<b>Mentee Initials</b>	<b>Mentor Initials</b>	<b>Method of Communication (i.e.: in person, email, phone, etc.)</b>	<b>Nature of Meeting – Topic(s) Covered</b>

\_\_\_\_\_  
**Mentee Signature**

\_\_\_\_\_  
**Mentor Signature±**

\_\_\_\_\_  
**Mentee Name**

\_\_\_\_\_  
**Mentor Name**

**± By signing this form, the mentor is verifying regular contact with the mentee, as well as verifying having reviewed the Mentee's Credentials Packet (including all logs) and CE documentation.**



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**Form 8  
Mentee Shadowing Hours Verification Form**

The mentee must complete this form if they'd like their shadowing hours to count towards their total hours at the end of their two-year mentorship. The mentee AND supervising veterinarian (DAVDC or FAVD) at the clinic to which these hours were accumulated at must sign this form. If a signature is not present when the mentee turns in this form these hours will be null and void.

Date	Clinic name	Shadowing hours obtained

\_\_\_\_\_  
Mentee Signature

\_\_\_\_\_  
Verified by: (signature of DAVDC or FAVD) ±

\_\_\_\_\_  
Mentee Name

\_\_\_\_\_  
DAVDC or FAVD Name

**±By signing this form, the supervising veterinarian (DAVDC or FAVD) is verifying the mentee obtained shadowing hours at their clinic.**

***\*\*\* IF you've obtained shadowing hours at multiple clinics, please make copies of this form- do not have multiple clinics on one form. \*\*\****

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**Form 9**  
**Non-Traditional CE Form**

(fill in the blank)

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**Continuing Education Title**

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**Continuing Education Description**

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**Continuing Education Date**

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**Mentee Name**

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**Trainer's Name**

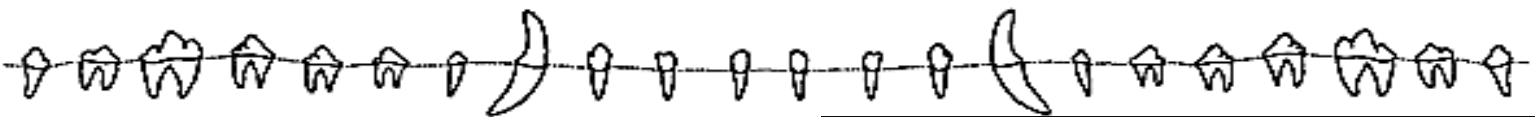
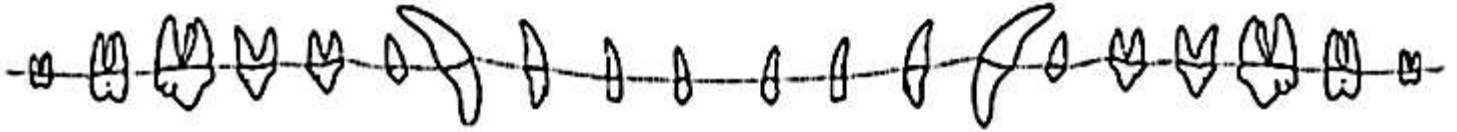
---

**Mentee Signature**

---

**Trainer's Signature**

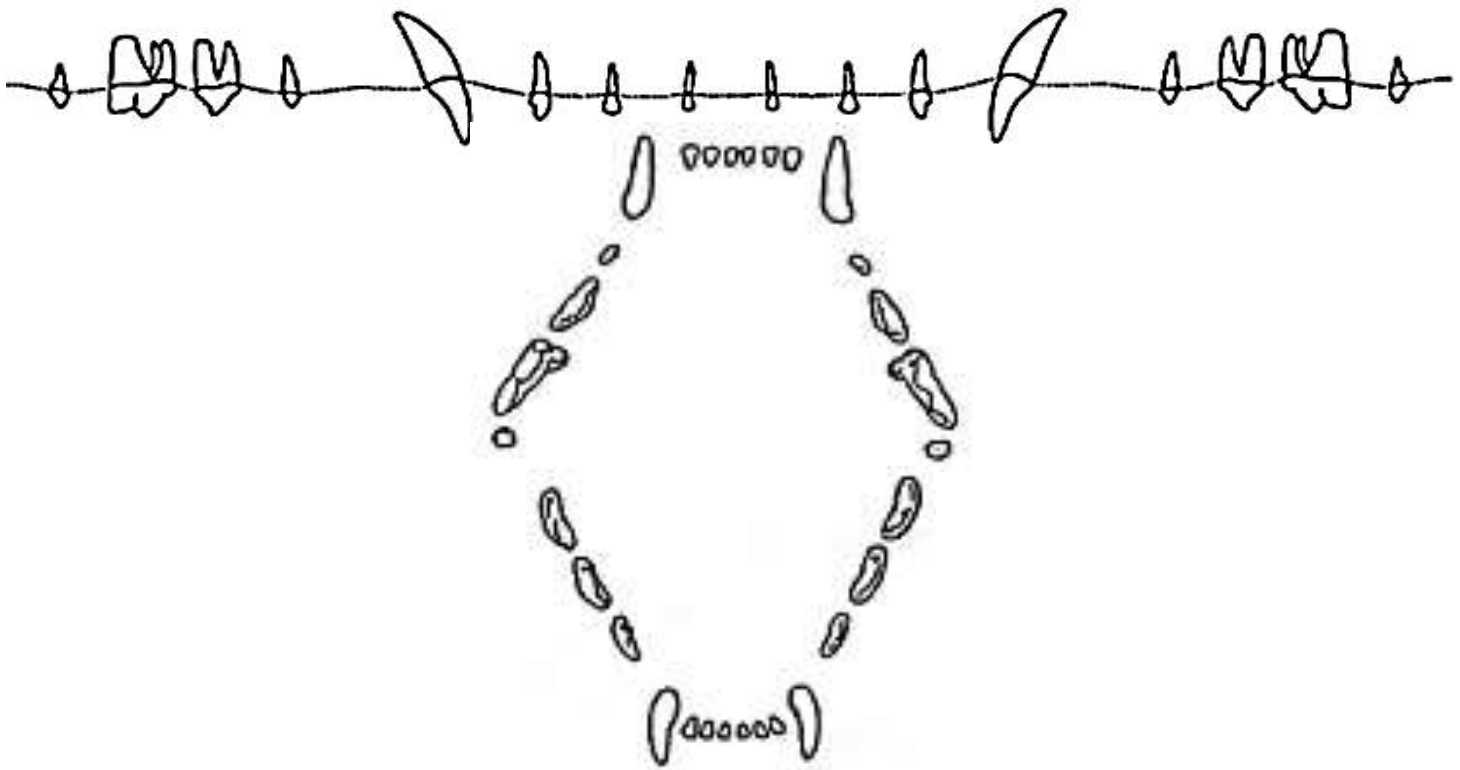
**Canine Dental Chart**



Nerve Block:
Drug:
Block Location:
Maximum Dose:
Quantity administered per site:

ABBREVIATIONS:
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### Feline Dental Chart



404

304



**Nerve Block:**

Drug:

Block Location:

Maximum Dose:

Quantity administered per site:

**ABBREVIATIONS:**

## CREENTIAL PACKET SUBMISSION PROCESS

At the end of the two-year credentialing period, the AVDT Credentials Chair will send each candidate a submission letter. In this letter, you will have specific instructions on how to submit your completed credentials packet by the deadline of December 31, 2022. Along with these instructions, you will also find your assigned anonymous candidate number. This number will be used to submit an anonymous version of your credentials packet for review to the Credentials Committee. It's imperative that the AVDT keep anonymity during the grading process, so it will be important for you to ensure your name is not on any documents that will be submitted in your anonymous folder. Each candidate will submit TWO versions of their packet in *two* separate folders: one master folder, and one anonymous folder. The master folder will only be seen by the AVDT Credential Chair, and the anonymous folder will be sent out for review to two Credential Committee members.

If you choose to duplicate any form using a word processing program, use the same size and style of font, and the same number of pages. **It is required that you keep a back-up copy of your credentials packet in case of technology failure and for your own reference.** All information included in the original packet should be included in your back-up folder. No packets will be returned to you at the end of the review process. All packets will be destroyed after review.

The credentials packet must be received on or before 11:59 PM on **December 31, 2022**. Packets received after this date will not be considered for the 2022 exam. **Please keep the Credentials Chair and your mentor up to date on your email address, as this will be used as our primary source of communication.**

Your final score will be an average of the two scores. A perfect score is 100. If an applicant receives 95 – 100 points they will automatically become a candidate for the exam. An applicant receiving 85 – 94 points will be given **two weeks** to correct any needed changes to their credentials packet. Any applicant receiving less than 85 points will be asked to resubmit their packet after an additional year in the program.

Those applicants who are asked to resubmit in December 2023, will need to reacquire everything that they obtained from their first year of credentialing. For the Class of 2023, this will be all material obtained from the year 2021. This does include all clinical hours, case logs, case reports, continuing education, and any x-ray sets obtained in 2021.

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**Mentor/Mentee Checklist**

**Master Folder Only (all forms below must also be in the Master Folder with original signatures):**

Form 1: Waiver, Release, and Indemnity Agreement

**Signed by Mentee**

Form 7: Mentor/Mentee Contacts and Case Log Verification Form

**Signed by Mentor and Mentee**

Form 4: Equipment List

**Signed by Mentee and Supervising veterinarian**

AVDT Program Hours Documentations:

- a. A letter from a supervising veterinarian who can attest that 75% of your time was spent in dentistry & confirming your total hours of 2780.
- b. A letter from your practice manager who can attest that 75% of your time was spent in dentistry & confirming your total hours of 2780.
- c. A summary of time worked from a timesheet printed out from your employer proving your required hours have been met
- d. The fourth documentation is only applicable IF you are including hours while shadowing. You must complete and sign **Form 8**. If this form is not completed and signed by the mentee and supervising veterinary (DAVDC or FAVD), these hours will be null and void.

Blank Dental Records (Canine and Feline) from the clinic the candidate works at

Letter of Recommendation from supervising veterinarian

**Anonymous Folder:**

Form 2: Skills Form

**Signed by supervising DVM**

Form 3a: Specialty Training Wet Lab Form

Form 3b: Specialty Training Lecture Form

Proof of CE Attendance- all required CE certificates must be scanned in and sent in with packet

Form 5: Case Log Cadaver Verification Form (if applicable)

**Signed by Mentor, Mentee, and supervising DAVDC or FAVD**

Form 6: Dental Radiograph Cadaver Form (if applicable)

**Signed by Mentor and Mentee**

Form 9: Non-Traditional CE Form (if applicable)

**Signed by presenter (DAVDC, FAVD, or VTS-Dentistry) and mentee**

AVDT Case Log Spreadsheet

Five Case Reports

Plated Dental Radiograph Sets (Canine and Feline)

**Credentials Packet 2021-2022**

**AVDT Extension Policy**

The AVDT understands unforeseen circumstances can occur while a mentee is credentialing. A maximum of two extensions may be granted to each candidate over the course of the mentee's two-year credentialing period. The mentee must submit a formal written request and said request must be approved by the AVDT Credentials Chair to be valid.

The AVDT offers two types of extensions (see below). Both extension types will impact the mentee's credentialing process differently; so, it is important for the mentee to understand how both types of extensions work prior to submitting an extension request.

Upon an extension approval, the AVDT Credentials Chair will email the mentee with any/all important documents that may be necessary to continue-on 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 that does not fit into either category, the Credential Chair may require guidance from the AVDT Executive Board. Board decisions are made through an anonymity process and are considered on a case-by-case basis.

**Extension Type I -Non-FMLA (Family and Medical Leave Act)**

- Requirements:
  - ✓ An unforeseen circumstance that does not fall into the FMLA category.
- Documentation needed:
  - ✓ A formal written request must be submitted to the Credentials 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 2022 to the Class of 2023.
  - ✓ All materials collected within the mentee's first year of credentialing will be null and void. This DOES include everything including: credentialing hours, case logs, case reports, continuing education, etc., i.e. if you moved from the Class of 2022 to the Class of 2023, all materials obtained in 2020 (when said mentee started) will need to be acquired again.
  - ✓ The mentee will now reference and study from the materials listed in the "new" credentials packet.
    - \*Do not reference the original packet any longer\*
    - Any material that has changed, such as the required reading list, case report formatting/referencing, minimum number of cases, hours, etc. will need to be updated to the "new" credentials packet guidelines.

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**Extension Type II (FMLA)**

- Requirements:
  - ✓ An unforeseen circumstance that falls into the FMLA category (medical issues, death in the family, etc.).
- Documentation needed:
  - ✓ A formal written request with proof of FMLA must be submitted to the Credentials 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 2020 to the Class of 2023.
  - ✓ The mentee will NOT lose their first credentialing material obtained over their first year; but instead, the mentee will be required to obtain additional material as outlined below.
  - ✓ The mentee will now reference and study from the materials listed in the "new" credentials packet.
    - \*Do not reference the original packet any longer\*
    - Any material that has changed, such as the required reading list, case report formatting/referencing, minimum number of cases, hours, etc. will need to be updated to the "new" credentials packet guidelines.

**FMLA COMPARISON TABLE**

<b>Credentialing Hours</b>	<b>2-year Requirement</b>	<b>FMLA (3<sup>rd</sup> yr.) Requirement</b>
Veterinary Technology Hours	3200	4800
Dentistry Hours	2780	4170
<b>Lecture CE Category</b>	<b>2-year Requirement</b>	<b>FMLA (3<sup>rd</sup> yr.) Requirement</b>
Endodontics	3	4
Prosthodontics	2	3
Orthodontics	3	4
Oral Surgery	3	4
Oral Pathology	3	4
Advance Periodontal Therapy	3	4
<b>Wet Lab CE Category</b>	<b>2-year Requirement</b>	<b>FMLA (3<sup>rd</sup> yr.) Requirement</b>
Dental Prophylaxis	6	7
Periodontics	6	7
Prosthodontics	2	2
Radiology	6	8
Endodontics	2	2
Dental Local and Regional Nerve Blocks	4	4



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