Academy of Veterinary Dental Technicians

Credential Packet 2025-2026

Class of 2027

This document is non-negotiable.

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Policy on the Use of the VTS (Dentistry) Title

Use of VTS (Dentistry) Title Policy

Policy Brief and 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.

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.

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 all three sections of the VTS (Dentistry) examination.

Verification of Credentials:
The official list of active AVDT members, available at 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.

Actions Against Misuse:
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

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.

AVDT Hours Requirement

A mentee must spend at least 3200 hours (cumulative) practicing veterinary technology during the VTS 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 during the two-year mentorship program.
    - If a mentee plans to include the hours obtained while attending a dental-related CE, confirmation of those hours can be incorporated in the letter from the mentee's supervising DVM or office manager.

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. Cases may be obtained at these facilities during the 10-hour observation period.

When the mentee submits their Credential Packet by December 31, 2026, 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, 2025, and December 31, 2026.** The four documents required are as follows:

1. The mentee will submit a letter from a supervising DVM who can verify that the mentee has 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 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.

3. 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.
4. Form 3 from this Packet, signed by the mentee and a supervising DVM/DAVDC/FAVD veterinarian from each clinic the mentee shadows **between January 1, 2025, and December 31, 2026.** Failure to have a document signed by the mentee and a DVM from each clinic shadowed will result in these hours being invalid. This form will be uploaded to DMS in the Master Documents Folder.

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, 2026.

VTS 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 and cannot be added to your AVDT Hours Requirement.*

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

- Academy of Veterinary Dental Technicians (AVDT), www.avdt.us
- Academy of Veterinary Dentists (AVD), www.avdonline.org
- Foundation for Veterinary Dentistry (F4VD), www.f4vd.com
- American Veterinary Dental College (AVDC), www.avdc.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.

The **Veterinary Dental Forum, https://www.veterinarydentalforum.org/: All CE obtained at the Veterinary Dental Forum will be accepted if it fits into the categories listed below regardless of the Speakers qualifications.**

Any other CE from other veterinarians, veterinary technicians, or veterinary technician specialists may not be accepted. To potentially receive credit for other courses, a written request to and written approval from the AVDT Credential Chairperson is required.

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, 2025, through December 31, 2026.

- 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
    - *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.*
    - *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.*
    - *It is understood that one CE certificate is awarded for the annual Veterinary Dental Forum and includes all lectures and wet lab hours obtained for that year's VDF. Lecture hours and wet lab hours will be cross-referenced during grading to the VDF program schedule to ensure accuracy.*
    - **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 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.
    - 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.
    - 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.
- 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, 2026, with a **minimum of 75 dentistry cases**. The mentee should only include cases seen between January 1, 2025, and December 31, 2026. The Case Log cannot include cases treated before the mentee's acceptance into the AVDT VTS 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 weight, age, or sex is unknown, enter “unk” or “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; 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.

- 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. Form 5 must be completed, and the mentee must indicate them in DMS on their Case Logs.
- The mentee will use current diagnostic and procedural abbreviations defined by the AVDC website, 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 at the top of their 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 submit a dental chart for all 75+ cases. Completed dental charts will be uploaded with the case log into DMS.
- **Please see the *Case Log Diagnosis Addendum* for examples and additional information on how to log a case**!
- **Please see the *Dental Charts Section* to obtain the Dental Charts the mentee must use and instructions on using them**.

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 unknown.

5. **Signalment**

   Species, breed, age, gender, and weight (kg or lb.). If unsure, as for a cadaver, list unknown.

6. **Diagnosis**

   See the ***Case Log Diagnosis Addendum*** for essential information on correctly logging diagnoses based on the category the case is being logged.

   AVDT requires the use of AVDC abbreviations and the Modified Triadan System of tooth identification.

   The mentee will use the box labeled "Other Clinical Findings" 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 Clinical Findings**

   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. Treatment should always start with PRO, unless a prophy was not done. Treatment related to the category should be listed second, followed by all other treatments.

   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. **Nerve Blocks**

   Type “yes” or “no” if a nerve block was performed. Do not list drugs used for blocks in this area.

   AVDT encourages the use of dental nerve blocks for all procedures beyond basic prophylaxis.

10. Imaging

Select "yes" or "no" whether radiographs (RAD) or cone beam CT (CBCT) were used for this procedure.

AVDT requires that **all** cases obtained during the two-year AVDT Specialist Training Program have intraoral radiographs or CBCT. No points will be awarded if the diagnosis or procedure requires dental radiographs, and none are taken. Instances where dental radiographs or CBCT should be used include, but are not limited to, all stages of periodontal disease, missing teeth, tooth fractures, tooth resorption, all felines due to the prevalence of tooth resorption, oral masses, and post-extraction imaging.

The AVDT expects general anesthesia to be used for all patients. If a gas inhalant was not used total intravenous anesthesia (TIVA), is acceptable.

REQUIRED CASES

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

Periodontics (PE cases)

- PE1 Complete Prophylaxis not requiring involved periodontal treatment…… 12
  - Procedures in this category can only be complete dental prophylaxis cases. Stage 2 Periodontal Disease is allowed if root planing is not warranted.
  - If the mentee cannot obtain a complete prophylaxis case with no other pathology, they may use a case from any other category except PE2, PE3, PE4, provided a complete prophylaxis was performed. This case must be logged as a PE1 case with the PE1 diagnostics in the Diagnostics Box following the instructions in the ***Case Log Diagnosis Addendum*** and any other pathology listed in the 'Other Clinical Findings' box. If the case is not logged in correctly, it will be rejected.
  - PE1 cases with minor T/FX/UCF or T/FX/EF with odontoplasty and sealant, or something similar (no composite), may be logged under the PE1 category. This case must be logged as a PE1 case with the PE1 diagnostics in the Diagnostics Box following the instructions in the ***Case Log Diagnosis Addendum*** and any other pathology listed in the 'Other Clinical Findings' Box. Procedures/Treatments, such as odontoplasty and dentinal sealant, must be handled similarly.
- PE2 Involved Periodontal Therapy ……. 5
  - These cases must include complete prophylaxis.
  - Procedures in this category include closed-root planing.
  - This category includes cases with or without placement of a perioceutic medication when no PE3 or PE4 procedure is performed. Perioceutic placement is considered an adjunctive treatment.
- PE3 Simple Periodontal Surgery ……. 3

  - These cases must include complete prophylaxis.
  - Procedures in this category include gingivectomy/gingivoplasty, gingival wedge resection as treatment of a pocket, and mucoperiosteal flap for open root planing (when no bone grafts or guided tissue regeneration (GTR) are used. These would be PE4 cases).
- PE4* Involved Periodontal Treatment …… 1
  - These cases must include complete prophylaxis.
  - Procedures in this category include osseous surgery, increasing attachment height, crown lengthening with alveolar bone contouring, gingival grafting, periodontal splinting, bone augmentation, ridge augmentation as preparation for implant placement, or GTR (requires placement of a GTR membrane [the mentee must state the name of the membrane] or Doxirobe for classification in this category).
  - Extraction, followed by placement of a bone or bone-promoting material, is **not** a PE4 case.

Endodontics (EN cases)

- EN1 Mature Canal Endodontic Obturation ……. 7
  - Procedures in this category are non-surgical root canal treatment (RCT).
  - The mentee must include the type of final restoration used in the Case Log in the procedure column and on the dental chart along with RCT.
- EN2 Vital Pulp Therapy …… 2
  - Procedures in this category include vital pulp therapy and partial vital pulpotomy.
  - The mentee must include the type of final restoration used in the Case Log in the procedure column and on the dental chart, along with vital pulp therapy (VPT).
- EN3* All other endodontic treatments not included in EN1 or EN2 ……. 1
  - Procedures in this category include surgical endodontic treatment (must include the type of apical restorative material used), apexification, replacement and endodontic therapy of avulsed or luxated teeth, and splinting of a tooth with a horizontally fractured root (includes the follow-up endodontic evaluation).
  - Cases in this category that include coronal access must include the type of final restoration used for the coronal access both in the Case Log in the procedure column and the dental chart.

Restorations (RE cases)

- RE** Dental Restorations …… 5
  - Procedures in this category include placement of a permanent restorative material, occlusal table caries restoration, and permanent restoration of a partial loss of crown, including those requiring gingival flap exposure.
  - All dental restoration procedures in this category must include preparation of the site, permanent restorative material placement, and restoration finishing.
  - Enamel defect/hypoplasia repair cases can be logged in this category, provided the above criteria are met (preparation, permanent restoration, and finishing). Multiple teeth or places on the same tooth repaired during the same anesthetic event will only count as one Case Log.

- An endodontic coronal restoration can be included in this category, provided it is not used as an EN Case Log.
- Odontoplasty or odontoplasty and dentinal bonding are not considered restorative cases.

Prosthodontics (PR cases)

- PR* Prosthodontics ……. 1
  - Procedures in this category include crown or bridge treatment and all preparation, impression, and cementation steps on any teeth.

Orthodontics (OR cases)

- OR* Orthodontic diagnosis and treatment …… 1
  - Procedures in this category include malocclusion diagnosis and treatment, extractions of deciduous or permanent teeth causing a malocclusion, malocclusion treatment (using occlusal adjustment, application of crown extensions, incline plane, or gingival wedge resection), and malocclusion treatment using active force orthodontic appliances.
  - Gingival wedge resection is included in this category only if it is a treatment for linguoversion of the mandibular canine teeth.
  - Evaluation of the occlusion (bite) must be described in the Case Log. It may include making bite registration, impressions, and study models.

Oral Surgery (OS cases)

- OS1 Simple Extractions …… 15
  - Procedures in this category include all simple (closed) dental extractions or crown amputations.
- OS2 Involved Dental Extractions …… 12
  - Procedures in this category include closed extractions requiring sectioning, open extractions with or without sectioning, or any extraction requiring bone removal, in addition to using elevators and forceps to facilitate tooth removal.
  - Full mouth extractions can be logged into a single OS2 case.
- OS3** Mandibular or Maxillary Fracture Repair …… 1
  - Procedures in this category include mandibular or maxillary fixation using wire, pins, screws, or plates, acrylic splint application, cerclage wire application for repair of symphyseal separation, and can include the use of muzzles.
- OS4** Involved Oral Surgery …… 1
  - Procedures in this category include TMJ condylectomy, oronasal fistula repair, palatal defect repairs (including cleft palate repair), full/partial/segmental mandibulectomy, or maxillectomy.
- OS5** Other Oral Soft Tissue Surgery …… 1
  - Procedures in this category include oral mass removal not requiring mandibulectomy or maxillectomy, operculectomy, salivary gland surgery, commissuroplasty, resection of

buccal or sublingual granuloma, laser surgery for stomatitis, closed reduction of TMJ luxation, or creation and fitting of a palatal obturator.
    - Laser treatments that do not directly treat the oral cavity are **not** OS5 cases.

Oral Medicine (OM cases)

- OM Oral medicine not involving treatment in any other category ……. 5
    - Procedures in this category include incisional biopsy, sialography, masticatory muscle EMG, Computed Tomography (CT), Cone Beam CT (CBCT), or other tests beyond a CBC/Chemistry profile with or without radiographs.

Exotics (EX Cases)

- EX Exotic patients ……. 2
    - Procedures in this category include occlusal leveling in equines and any dental-related procedure performed on animals other than domestic dogs and cats.
    - Exotic patients will be listed in the following subclasses.
        - EX1 Equines, Lagomorphs, Cavies, Chinchillas, Rodents
        - EX2 Ferrets, Non-domestic canids, and felids like Lions, Tigers, Bear
        - EX3 Insectivores, Omnivores like Sugar Gliders, Hedgehogs, Reptiles
    - Each procedure completed in this category should list the Exotics subclass for the patient followed by the category the treatment would fall into, e.g., EX1/OR
    - Proper terminology is required. Generic or layperson's terms will result in a loss of points.
    - Equine abbreviations are available on the ADVC.org website.
    - All diagnosis(es) and procedures/treatment(s) will conform to the same guidelines as other cases.
    - Currently, there are no specific abbreviations for pocket pets. If a pocket pet has elongated enamel points secondary to poor husbandry, the mentee must state this in the Diagnostic Box.
    - If the mentee needs help logging an equine, exotic, or pocket pet case, please contact their mentor or Credential Chairperson for clarification.

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 the 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.

Case Report Guidelines and how to create a Case Report

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

Plagiarism 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.

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

- 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 10-12 pages long with 6-10 pages of typewritten text, a page of radiographs/photographs, a page for references, and the dental chart.
- The report's body will be at least six <u>complete</u> pages and not 5 pages plus a few words on the sixth.
- References, required photographs, and radiographs will be on the second to the last page.
    - References are required. Photographs of the reference pages used will be attached to the end of the report.
    - 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.

<u>Case Report Guidelines and how to create a Case Report</u>

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 gingivitis index 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, ℃/°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 on 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 prophy 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.
    - 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).*
    - Reference Format will be American Medical Association (AMA) style referencing.
      - Specifics about this style of referencing can be found at http://library.nymc.edu/iformatics/amastyle.crm
      - 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.[3, 5]" and "...the following are options[6]: root canal…"

- All references must include a copy of the cover/copyright page and copies of all referenced pages. Those must be turned in with the Credential Packet.
  - 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.

DENTAL CHARTS

Dental Charts:

- The mentee will pick one case from each Case Log Category to submit the dental chart for grading. This will demonstrate the mentee's ability to chart various cases accurately and adequately.
- Please use the generic dental charts provided. These will be available as a download in DMS.
- Patient name, signalment, and occlusion should be listed on each chart, along with the plaque, calculus, gingivitis indices, and periodontal grade.
- 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.
- Each Chart should have all the information filled in.
- The AVDC website (avdc.org) will be used for criteria for the Plaque, Calculus, Gingivitis, and Periodontal Stage Indices, 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 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. 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.
- Oral pathology will NOT be accepted. Stage 2 periodontal disease and higher will not be accepted.
- 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 submitted along with the Credential Packet
    - 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 “Cusp of 309”.
- Radiographs will be mounted and labeled appropriately.
    - Labeling requirements are noted in *Veterinary Dental Techniques, Third edition;* (Holmstrom, SE, Frost, P, Eisner, ER. WB Saunders, 2004) and *Small Animal Dental Procedures for Veterinary Technicians and Nurses*, 2nd Edition; (Perrone, JR. Wiley-Blackwell, 2013).
    - High-quality images embedded in a PDF document are required.
    - The radiograph sheet must include the Client Name, Patient Name, Breed, Age, and Date Taken.

Dental Radiograph Grading Criteria

- Radiographs are labeled appropriately: Client Name, Patient Name, Breed, Age, and Date Taken.
    - 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:
    - 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.

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.

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.

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.

EXAMINATION QUESTIONS

Each mentee must submit a total of seven examination questions. The questions may only be multiple choice or true/false questions. This section is required but will not have a point value towards the overall packet score. Questions and answers should be typed on a document with the correct answer in bold. The document will be uploaded to DMS.

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
-

REQUIRED READING LIST

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

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.

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

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

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

AVDC Nomenclature – 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.**

ADDENDUM: CASE LOG RULES AND DIAGNOSIS STANDARDS

Rules to Remember when Logging a Case

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.

When the mentee logs a case, they will not use different color fonts. Colors used here are to assist the mentee in determining what to list first, second, and third.

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).
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 teeth.

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

b. Order of diagnosis when present
i. Gingival recession listed first.
ii. Periodontal pocket 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

Example: **MAL0**; PD4; GI3; PI3; CI3; 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 (;)
  - **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.
  - **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.
  - **Example: GE6 108; GE10 208; GR5 304; GR7 404**

- When logging generalized gingival enlargement, the mentee must state it as follows:
  - **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.
    - **Example: TR4a-T2 304; TR3-T1 404**
    - 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).

- 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.'
    - **Example: FX/R/MZ, ATO for FX/R/IDS**

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

ADDENDUM: CASE REPORT SAMPLE

This is a sample of a case report from a previous submission. It is not a perfect report. It is not meant to be followed exactly as requirements may have changed over the years.

Katie Burdick—a periodontal disease case

Case Log #122—8/16/2012

Katie, an 11-year-old, 29.9kg, spayed female Chesapeake Bay Retriever dog, presented for an oral examination due to heavy dental calculus and halitosis. Earlier that week, she had pre-anesthetic laboratory testing consisting of a chemistry panel and a complete blood count; both were within normal limits. Katie was not on any medications and her owner did not provide dental home care. The most recent professional dental cleaning with full mouth radiographs was performed over four years ago. Findings from

that procedure included moderate dental calculus (calculus index 2), mild gingivitis (gingivitis index 1), generalized abrasion (AB) on most crown cusps, and a 6mm periodontal pocket between the right maxillary fourth premolar and first molar (108 and 109) that had been treated with closed ultrasonic periodontal debridement and perioceutic application. Radiographically, Katie's teeth looked healthy with less than 25% attachment loss, which was diagnosed as periodontal disease stage 2. At that time, Katie's owner was instructed to return in 6 months for a follow-up anesthetized dental cleaning and oral exam to assess the progression of periodontal disease between 108 and 109. However, she did not return for her recommended re-evaluation later that year.

Conscious physical examination revealed no abnormalities. The patient had an ideal body condition score of 3 out of 5 and was normally hydrated. Her heart rate was 82 bpm, respiratory rate was 18 rpm, and body temperature was 100.3°F. Her conscious oral examination revealed an ideal occlusion, severe generalized dental calculus (calculus index 3), moderate gingivitis (gingivitis index 3), and generalized abrasion on most crown cusps. The level of dental calculus on her teeth made it difficult to evaluate the crowns for discoloration or fractures. She had obvious halitosis. There were no other abnormalities noted on her conscious oral examination. The owner was presented with a treatment plan, which included general anesthesia for an oral examination, professional scaling and polishing of the teeth, and full-mouth dental radiographs. The owner consented to this treatment plan and asked to be called during the procedure if any additional treatments were indicated.

Katie was administered an intramuscular pre-anesthetic sedative consisting of dexmedetomidine (0.1mg) and butorphanol (6.5mg). The technician also administered a subcutaneous injection of carprofen (65mg) as an analgesic. Once the patient was sedated enough to accept 100% oxygen administered through a mask, the technician placed her in sternal recumbency on a circulating warm water blanket and covered her with an additional warm water blanket to maintain her body temperature. The technician

then aseptically placed a 22-gauge intravenous catheter in the right cephalic vein and administered a balanced electrolyte solution (150ml/hr., at 5ml/kg/hr) throughout anesthesia to support normal blood pressure. Once the patient was connected to intravenous fluids, the technician drew up propofol at 3mg/kg and administered it slowly via the catheter until the patient was relaxed enough to allow intubation (10mg total). The technician then placed a size 14 cuffed endotracheal tube and connected the patient to a rebreathing anesthetic circuit. The patient's eyes were lubricated with a petrolatum ophthalmic ointment and the technician maintained anesthesia with a mixture of isoflurane (1.75% to 2.0%) and oxygen. Isoflurane concentration was adjusted as needed based on the patient's vital signs and response to stimuli. Anesthetic monitoring included visual assessment, reflex activity, body temperature, oxygen saturation (pulse oximetry), heart rate, respiratory rate, blood pressure, and end-tidal carbon dioxide. The technician monitored these values continuously and recorded the latter five parameters in the patient's anesthetic log every five minutes.

Once the patient was at a stable plane of anesthesia, the technician rinsed the patient's mouth with a 0.12% chlorhexidine oral rinse to help decrease the number of aerosolized bacteria during the dental procedure. The technician then took full-mouth dental radiographs using a size 2 direct digital sensor plate. All teeth appeared normal radiographically, including the right maxillary quadrant where the patient had been previously treated with ultrasonic periodontal debridement and perioceutic application. Due to the patient's heavy dental calculus, the veterinarian and technician decided to proceed with the dental cleaning before performing a comprehensive oral examination. The technician performed a complete supragingival and subgingival scaling, using a broad-tipped insert for the ultrasonic scaler supragingivally and a periodontal-specific insert on low power subgingivally. While scaling subgingivally, the technician noticed a potentially deep periodontal pocket from the mesiobuccal to the mesiopalatal aspect of the 108. A periodontal probe was used to measure the pocket depth at 9mm. which the

technician then recorded on the patient's dental chart and brought to the attention of the veterinarian. Because teeth with periodontal pockets of this depth require either extensive open periodontal surgery or extraction, the technician did not attempt further closed root planing or subgingival scaling of 108.[1] After the technician gently dried all the teeth using the three-way syringe to check for any chalky-looking calculus deposits left behind, the teeth were polished using a fine-grit prophy paste with an oscillating disposable prophy head. Any leftover paste was rinsed away with distilled water from the three-way syringe.

The veterinarian and technician performed a comprehensive oral examination. The oral cavity was first examined which included the following: extraoral, mandibular lymph nodes, buccal mucosa, tongue, hard and soft palate, tonsils, and pharynx. No abnormalities were discovered on this visual examination. Because the patient's heavy dental calculus had been removed during her scaling and polishing, all surfaces of her teeth were able to be evaluated for abnormalities. As noted on the conscious oral examination, the patient had generalized abrasion (AB) and moderate gingivitis (GI2). Because her gingiva bled when probed, her gingivitis was moderate instead of mild or marginal.[2] Other than the 9mm pocket associated with 108, periodontal probing did not reveal any sulcal depths greater than 3mm. There was 2mm of gingival recession associated with the mesiobuccal aspect of 109 and the worn teeth all had intact tertiary dentin with no pulp exposure. No treatment was indicated for these teeth. The patient's halitosis had improved after the scaling and polishing but had not entirely disappeared. Halitosis associated with periodontal disease is caused by volatile sulfur compounds that are produced during anaerobic bacterial respiration and tissue destruction.[2] Based on the oral examination and gingival probing, the veterinarian was able to make a diagnosis of stage 4 periodontal disease. In stage 4 periodontal disease, the attachment loss between tooth root and alveolar bone is greater than 50%, which in dogs can mean periodontal pockets that exceed 7mm.[3] Periodontal disease is staged by both attachment

loss as well as radiographic changes, although in Katie's case, there did not appear to be any radiographic abnormalities associated with her 9mm pocket of 108. Because a radiograph is only a two-dimensional image, it may be difficult to detect vertical bone loss radiographically, especially on an area with significant bony superimposition such as the palatal aspect of a multi-rooted tooth.[4]

After making the diagnosis of stage 4 periodontal disease, the veterinarian called the owner to discuss treatment options. Surgical extraction of the affected tooth or teeth is frequently warranted for stage 4 periodontal disease. This level of disease can be addressed with aggressive periodontal surgery to debride the tooth roots and promote tissue reattachment, but it still carries a poor prognosis.[3] To try and preserve a tooth with stage 4 periodontal disease, annual professional dental cleanings will need to supplement with daily home care. Depending on the patient's response, reevaluation, and follow-up professional care might be needed as often as every 3-4 months.[3, 5] After discussion of all these factors, the owner chose to have 108 surgically extracted rather than try and preserve it with periodontal surgery and daily home care.

At this point, the technician administered an intramuscular injection of morphine (9mg) to the patient and prepared a mayo stand with instruments and supplies for the surgical extraction of 108. A local nerve block of 0.8ml of a 1:4 mixture of 2% lidocaine to 0.5% bupivacaine was injected into the right infraorbital foramen. The technician aspirated before injecting the local nerve block to ensure it was not being injected into the patient's bloodstream. The veterinarian used a #15 scalpel blade to gently sever the gingival attachment around 108 to create a full-thickness triangular mucoperiosteal flap. After this, a single vertical releasing incision was made just mesial to the juga of the mesiobuccal root to create a buccal mucoperiosteal flap. Because the maxillary fourth premolars are large, multi-rooted teeth, and two out of the three roots of 108 were still fully surrounded by alveolar bone, nonsurgical extraction was not an option.[6] The gingival tissues were elevated using a periosteal elevator, and 1/3 of the alveolar buccal bone

was removed using a #4 round cutting bur. A #557 crosscut fissure bur was then used to section the tooth into three pieces, each with its own root, and the individual roots were elevated using a luxator and surgical elevators in sizes ranging from 1-4. Once the roots were mobile, they were removed with extraction forceps. Alveoloplasty was performed using a diamond round bur to smooth the alveolar buccal bone in preparation for flap closure. After increasing flap elasticity by incising the periosteum with a #15 scalpel blade, the veterinarian sutured the flap closed with 4-0 chromic gut, in a simple interrupted pattern (Fig. 4). The technician took a post-extraction radiograph to confirm the complete removal of all tooth and root structures (Fig. 5). As a last step, the technician applied a waxy polymer plaque preventative paste that will remain on the teeth for 14 days and will reduce the amount of plaque build-up during the initial extraction site healing process.

In preparation for recovering the patient, the technician rinsed the patient's mouth using distilled water from the three-way air-water syringe and checked the oral cavity for any remaining gauze or debris. The technician turned the isoflurane vaporizer off, and the patient was left in lateral recumbency on 100% oxygen for five minutes. The patient's post-operative vitals were normal, except for her temperature which was 97.7°F. She remained connected to all anesthetic monitoring equipment until she was extubated. After five minutes on 100% oxygen, the patient was disconnected entirely from the anesthesia machine and recovered until extubation on room air. Once the patient's swallowing reflex returned, the patient was extubated and moved into a recovery cage with a heating unit for continued monitoring. Her temperature was monitored post-operatively until it rose to a more normal body temperature of 100.5°F. She recovered from anesthesia uneventfully and was bright, alert, and responsive and walking on a leash without difficulty at the time of discharge. During the discharge appointment, the technician instructed the owner to feed Katie soft food and to avoid hard chew toys and oral play for 10 to 14 days following the surgical extraction to prevent disruption of the sutures. The patient was sent home with carprofen tablets (100mg)

PO BID for 5 days and was instructed to give the first oral dose that evening. The patient was scheduled to return for an extraction site recheck 14 days following her procedure.

During the recheck exam in 14 days, once the extraction site is healed, the technician will demonstrate how to provide dental homecare, including proper toothbrush technique and application of the waxy polymer plaque preventative, which should be applied once a week. There are several ways to incorporate a stress-free toothbrush routine. It is a matter of finding the right way for each animal and their needs. It is recommended that owners brush their pet's teeth daily. When first introducing a toothbrush and toothpaste to a pet, it is important to take it one step at a time. The goal is to not struggle and fight with the pet. It should be fun for the pet with positive reinforcement. If the owner is unable to perform daily toothbrushing, it may be recommended that the owner commit to frequent professional, anesthetized dental cleanings to maintain a healthy and comfortable oral status.

It was recommended to Katie's owner to find a Veterinary Oral Health Council (VOHC) approved toothpaste with a palatable flavor. Next, find a schedule that works best for the owner, whether it be every morning, or every night. For the first week, the technician instructed the owner to allow Katie to lick the toothpaste off her finger like it was a tasty treat. For the second week, the owner would introduce her finger into Katie's mouth and rub her gums with toothpaste. Once Katie has adapted to her owner's finger rubbing her gums, the owner may introduce a soft-bristled toothbrush with toothpaste next. The technician stressed the importance of finding an appropriately sized toothbrush that works best for Katie's" size and to ensure the bristles are not too hard. If the owner brushes the teeth with hard bristles and/or too aggressively, the owner could create pseudo pockets, gingival recession, sensitive, bleeding gums. These negative effects of toothbrushing could cause Katie to resist homecare because of the discomfort it causes. Once Katie and her owner have found a good schedule and Katie is desensitized to the toothbrush, the owner was instructed to focus on brushing the buccal and labial aspects of Katie's

teeth, since the palatal and lingual aspects are hard to reach on an awake pet. Starting in the back of her mouth, and moving rostral, the owner should brush 3-5 strokes per quadrant, with the toothbrush directed 45 degrees towards the gingiva to disrupt plaque near the gingival sulcus. Lastly, the technician informed the owner that some areas are harder to reach than others, so not to get discouraged if she is unable to brush the teeth thoroughly. The owner scheduled a 3 month follow up exam with the technician to assess the homecare routine. However, if the owner was having difficulties with homecare prior to the 3 months recheck, the owner was encouraged to come in sooner.

The technician also suggested trying an approved Veterinary Oral Health Council (VOHC) water additive to help control plaque formation. The owner was told that the prognosis for periodontal disease is extremely variable and depends on the patient's own immune response as well as both the professional oral care and home care that the patient receives.[2] Because of this, the owner was encouraged to schedule Katie for an anesthetized oral examination, dental cleaning, and radiographs in 6 months to monitor potential progression of periodontal disease.

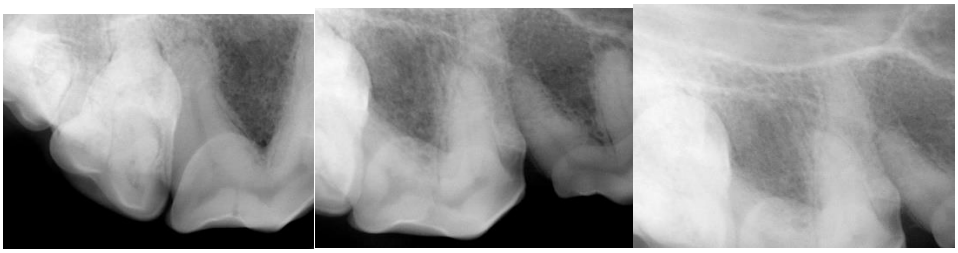
Periodontal disease is the inflammation of the supporting structures of the teeth which is defined as the periodontium. The periodontium consists of the attached gingiva, the periodontal ligament, the cementum, and the alveolar bone. Several studies have shown periodontal disease to be the most commonly diagnosed disease of dogs and cats.[3] Although periodontal disease has complex, multi-faceted pathophysiology, it has its beginnings in the bacteria that inhabit the pellicle—the thin layer of glycoproteins deposited on teeth by saliva. As the bacteria count rises, their by-products cause the pellicle to thicken into plaque; this process takes about 24 hours. These bacteria are mostly aerobic and gram-positive.[3] As the plaque thickens, it develops subgingivally, where it causes inflammation of the tissues which results in gingivitis. Plaque is soft and sticky and can be removed by toothbrushing. Gingivitis is reversible if plaque is removed. If plaque is not removed, over the next 2-3 days, calcium compounds from

the saliva mineralize and harden the plaque—at which point it is termed dental calculus. Calculus cannot be removed by toothbrushing.[5] As the calculus thickens, it irritates the gingiva, provides a rough surface for more plaque to adhere, and provides an oxygen-poor environment for new species of bacteria to populate. These bacteria are typically anaerobic and gram-negative, and their metabolic by-products create more severe inflammation and tissue destruction of a tooth's supporting structures. At this point, reversible gingivitis has become irreversible periodontitis—the active destruction of periodontal tissues. Only about 25% of bacteria cultured from healthy canine subgingival tissues are anaerobic, but when periodontal disease is present the anaerobes make up as much as 95% of the bacterial population. There is a host component to this process as well. As the patient's immune system tries to destroy the invading bacteria it may end up damaging the periodontal tissues as well. Because different animals will have different immune responses, two dogs with similar plaque burdens may develop widely differing degrees of periodontal disease.[3] As periodontal disease progresses, the gingiva detaches and recedes from the alveolar bone which form periodontal pockets; this is where more plaque and anaerobic bacteria develop. Eventually, the periodontal ligament and alveolar bone degenerate and the teeth become mobile which results in tooth loss.[3]

Animals with periodontal disease may present with a wide range of signs and symptoms, depending on the severity of their condition. In earlier stages, gingivitis, halitosis, and calculus deposition may be the only signs. As periodontal disease worsens, patients may develop gingival recession, root exposure, purulent discharge around teeth, mobile teeth, oral pain, and ulcerated gingiva.[3, 5] Because the disease is often undetected by owners in its early stages, the halitosis associated with advanced periodontal disease is commonly the initiating factor for the visit to the veterinarian, as it was in Katie's case.[5] The goal in treating periodontal disease is to remove all contributing factors of inflammation from the patient's oral cavity and reestablish healthy periodontal tissues. This is accomplished by removing all

supra- and subgingival plaque and calculus from teeth providing periodontal therapy or oral surgery if indicated by the presence of periodontal pockets or gingival recession, and extracting teeth that cannot be preserved with treatment or surgery.[3] Following professional dental care, there are many products available for owners to use at home to help combat plaque formation. These include specially formulated diets and treats, water additives, plaque preventative gels and waxes, oral rinses, and toothbrushes and pastes.[2] Dedicated home care by the owner will help maintain a healthy periodontium between professional dental cleanings and is an essential component in the long-term preservation of oral health.

Pictures and Intra Oral Radiographs



F*igure 1: radiographs of 108*

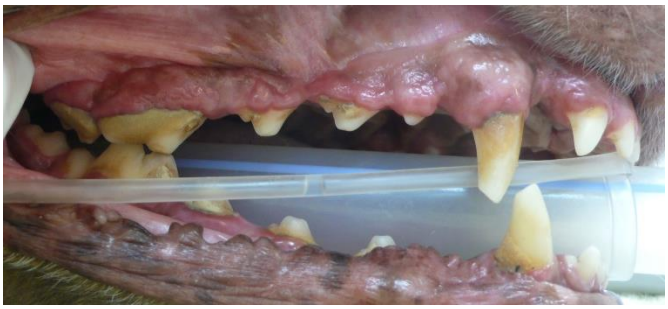


Figure 2: the right maxilla, pre-dental cleaning

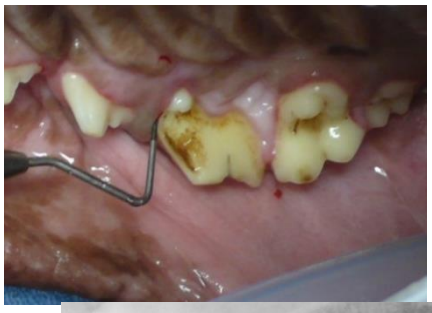


Figure 3: a 9mm periodontal pocket

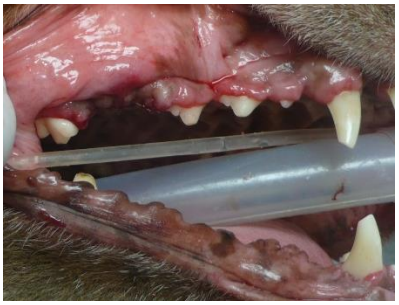


Figure 4: post-extraction and scaling/polishing

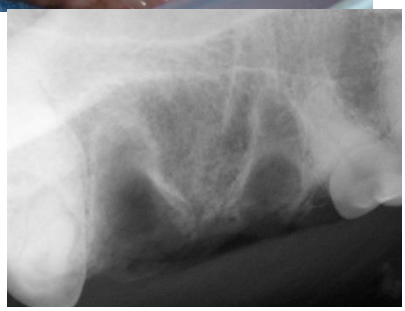
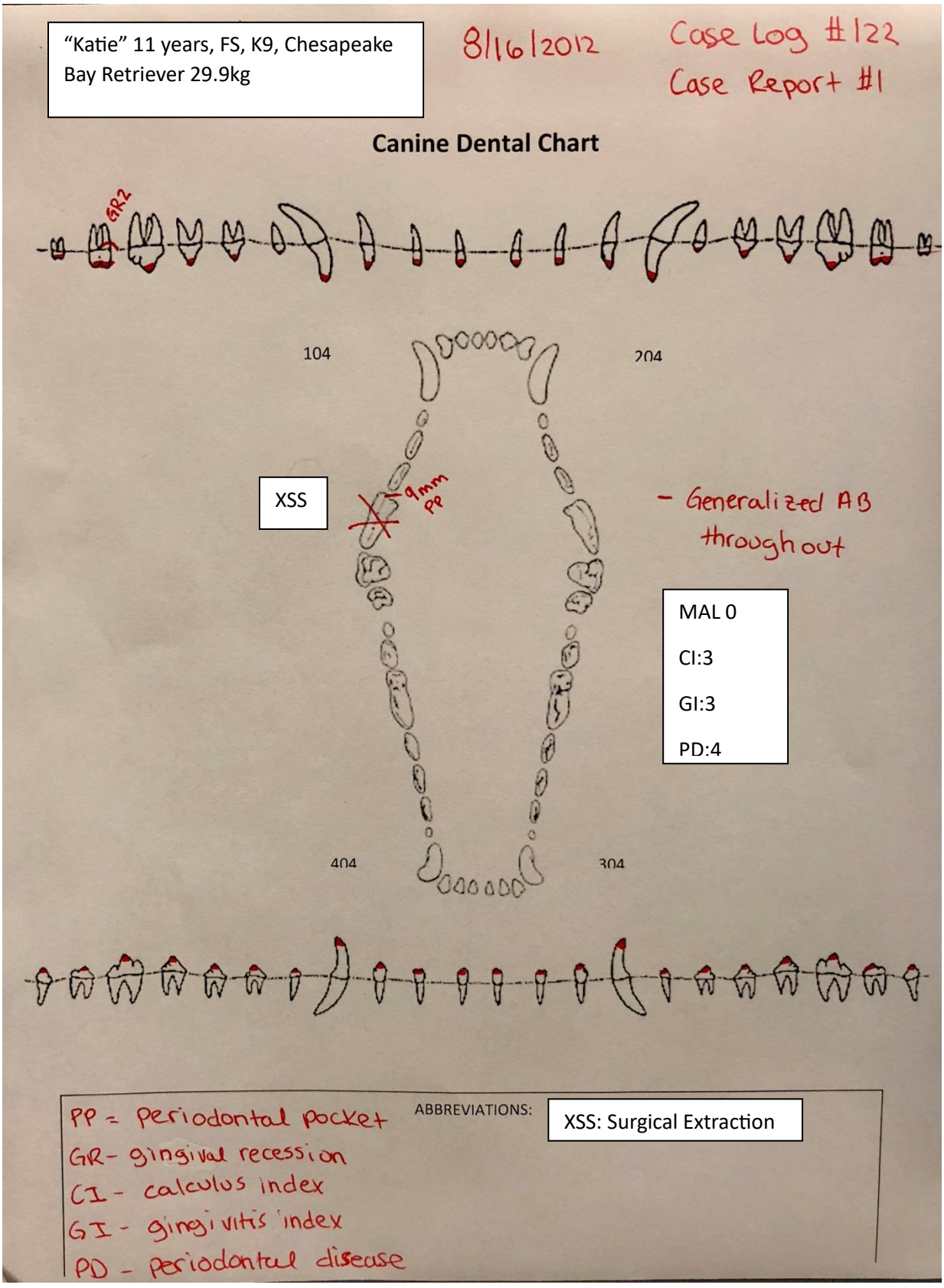


Figure 5: post-extraction radiograph

References

1. Holmstrom SE, Frost P, Eisner ER. *Dental Prophylaxis and Periodontal Disease Stages. Veterinary Dental Techniques for the Small Animal Practitioner.* 3rd ed., Philadelphia: Saunders; 2004: 175-232.
2. Lobprise, HB. *Blackwell's Five-Minute Veterinary Consult Clinical Companion—Small Animal Dentistry.* Ames: Blackwell Publishing Professional, 2007; 3-13, 163-165, 172-180.
3. Wiggs RB, Lobprise HB, *Periodontology. Veterinary Dentistry—Principles and Practice.* Philadelphia: Lippincott-Raven; 1997: 186-231.
4. DuPont G, DeBowes L. *Atlas of Dental Radiography in Dogs and Cats.* St. Louis: Saunders; 2009: 134-141.

5. Perrone JR. *Small Animal Dental Procedures for Veterinary Technicians and Nurses.* Ames: Wiley-Blackwell, 2013; 106-115.
6. Holmstrom SE, Frost P, Eisner ER. *Exodontics. Veterinary Dental Techniques for the Small Animal Practitioner.* 3rd ed., Philadelphia: Saunders; 2004: 291-338.


"Katie" 11 years, FS, K9, Chesapeake Bay Retriever 29.9kg
8/16/2012
Case Log #122
Case Report #1
Canine Dental Chart
GR2
104
204
XSS
9mm PP
- Generalized AB throughout
MAL 0
CI:3
GI:3
PD:4
404
304
PP = Periodontal pocket
GR- gingival recession
CI - calculus index
GI - gingivitis index
PD - periodontal disease
ABBREVIATIONS:
XSS: Surgical Extraction

CREDENTIAL PACKET SUBMISSION PROCESS

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

This submission process is changing as we move to Data Management System (DMS)/online submission and will be covered in a DMS document to be sent out in the near future. 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 VTS 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 either the Master File or the Anonymous File. Some forms will be converted to DMS digitally signed documents.

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 VTS 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 as 'anonymous.' The complete credential packet is due no later than 11:59 pm on December 31, 2026.

All sections of the credential packet must be uploaded to DMS on or before 11:59 pm on December 31, 2026. Packets or portions of the packet received after this date will not be considered for the Class of 2027, and the mentee will need to move to Class of 2028. Remember that many items can be uploaded throughout the Mentee's Specialist Training period and the mentee does not have to wait until December 2026 to upload it all at once. ***Any material that has been uploaded but has not been graded by December 31, 2026, 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 2028 and will resubmit in December 2027. They will need to reacquire anything that they obtained from their first year of credentialing (2025). For the Class of 2028, all material will be acquired from January 1, 2026, through December 31, 2027. This includes, but is not limited to, case logs, case reports, continuing education, any x-ray 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.

Mentor/Mentee Checklist

MASTER FILE IN DMS

Original signature documents—these will contain the name(s)/signatures of the mentee, mentor, and DVMs. These documents will be PDFs in the Master Document File.

AVDT Program Hours Documentations:

a. The mentee will submit a letter from the supervising veterinarian, who will attest that 75% of the mentee's time was spent in dentistry, confirming their total hours of 2780.
b. A letter from the practice manager who can attest that 75% of the mentees' time was spent in dentistry confirming their total hours of 2780.
c. A summary of time worked from a timesheet printed out by the mentee's employer proving their required hours have been met.
d. Documentation for hours while shadowing. The mentee and veterinarian from the clinic shadowed must complete and sign Form 3. If this form is not completed and signed by the mentee and supervising veterinarian, these hours will be void.

Letter of Recommendation from the supervising veterinarian.

Blank Dental Records (Canine and Feline) from the clinic where the mentee works.

Exam Questions in a document complete with correct answer bolded and references.

Form 1: Waiver, Release, and Indemnity Agreement **Signed by Mentee.**

Form 2: Plagiarism Agreement **Signed by Mentee.**

Form 3: Mentee Shadowing Hours **Signed by Mentee and supervising DAVDC.**

Form 4: Non-Traditional CE (if applicable) **Signed by Mentee and approved Presenter.**

Form 5: Case Log Cadaver Verification (if applicable)

Signed by Mentee, Mentor, and supervising DAVDC.

Form 6: Dental Radiograph Cadaver (if applicable) **Signed by Mentee and Mentor.**

Form 7: Skills Form **Signed by Mentee and supervising DVM.**

Form 8: Equipment List **Signed by Mentee and Supervising Veterinarian.**

Form 9: Mentor/Mentee Contacts & Case Log Verification **Signed by Mentee and Mentor**

Five Case Reports with references attached. These will be uploaded as PDFs

Templated Dental Radiographs Sets (Canine and Feline)

All CE certificates with Mentee Name (not the anonymous number)

ANONYMOUS FILE IN DMS:

Five Case Reports with references attached—as PDFs only.

Templated Dental Radiograph Sets (Canine and Feline)

All Case Logs will be individually uploaded to DMS.

CE lecture and wet lab sessions will be individually uploaded to DMS. All required CE certificates must be scanned and uploaded with each individual CE logged using the anonymous number. This includes Form 4: Non-Traditional CE (if applicable) and must be signed by the presenter (DAVDC, or VTS (Dentistry)) and Mentee Anonymous Number.

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 2027 to the Class of 2028.
  - ✓ All materials collected within the mentee's first year of credentialing will be invalid. If a mentee moves from the Class of 2027 to the Class of 2028, all materials obtained in 2025 (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" 2028 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" 2028 Credential Packet guidelines.
  - For the Class of 2028, all material acquired will be obtained from January 1, 2026, through December 31, 2027.

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 2027 to the Class of 2028.
  - ✓ 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" 2028 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

Credentialing Hours	**2-year Requirement**	**FAMILY MEDICAL LEAVE ACT (FMLA) 3-year Requirement**
Veterinary Technology Hours	3200	4800
Dentistry Hours	2780	4170
Lecture CE Category	**2-year Requirement**	**FAMILY MEDICAL LEAVE ACT (FMLA) 3rd year Requirement**

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
Wet Lab CE Category	**2-year Requirement**	**FAMILY MEDICAL LEAVE ACT (FMLA) 3-year Requirement**
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

Form 1

WAIVER, RELEASE, AND INDEMNITY AGREEMENT

I hereby submit my credentials to the Academy of Veterinary Dental Technicians (AVDT) for consideration for examination in accordance with its rules and enclose the required fee. I agree that ***before***, or ***after*** my examination, the Board may 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 (AVDT) 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 credential 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 Dental 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. Active membership in the AVDT, once accepted, will remain in effect if my paid dues are current, and I fulfill all recertification requirements.

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

_____ _____

(Mentee Signature) (Date)

_____

(Print Mentee's Name)

Form 2:
Plagiarism and Case Report Review

As stated in the packet, a case report is an opportunity to show practical dental concepts and deliver a well-written and well-documented scientific paper about a case performed by current standards. The mentee's mentor and the Credential Committee will evaluate each of the items below.

Keep it technical. Please remember that scientific writing, spelling, and grammar are essential—plagiarism results in severe penalties. Plagiarism will result in the mentee's packet's automatic failure, and the AVDT board will determine the mentee's potential for re-application.

Plagiarism is often an unintended consequence of writing scientific papers. Recognizing what is and what is not plagiarism will help avoid potentially catastrophic consequences during the credential packet evaluation. Plagiarism is submitting ideas, writings, or facts not of one's creation. Paraphrasing ideas and writings can avoid plagiarism in one's own words. Then, reference the material with an appropriate source in an APA style.

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

- providing 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.

The acronym CHoMP can help with paraphrasing writings. Start by writing down the original text and follow the instructions after each letter of CHoMP.

- **C**ross out small words such as prepositions and conjunctions.
- **H**ighlight the remaining pertinent information.
- **M**ake notes based on the highlighted information by abbreviating, making lists, or providing additional or supporting information.
- **P**utting the notes into your own words and using a thesaurus may aid in verbiage.

Prepare each case report early enough to seek pre-approval by the mentor, leaving enough time to edit and return them well before the Credential Packet deadline.

Please sign below that you understand plagiarism and that you and your mentor have reviewed the following case reports.

Case Report 1_____ Case Report 2 ____ Case Report 3 ____ Case Report 4 ____
Case Report 5 ____

Date: _____/_____/_____

Mentor Name & Signature: **Mentee Name & Signature:**

Form 3

Mentee Shadowing Hours Verification

The mentee must complete this form for each clinic they shadow. The mentee AND supervising veterinarian at the clinic to which these hours were accumulated must sign this form. If a signature is absent when the mentee turns in this form, these hours will be invalid. GP, SPEC, A-academia, SM-shelter medicine, LA, ZE-zoo/exotic

Date	Clinic name and practice type Please use the above abbreviation for practice type. If none are appropriate, as the Credential Committee Chair for the correct abbreviation	Number of Shadowing hours obtained

_____ _____

Mentee Signature **Verified by: (signature of DAVDC) ±**

_____ _____

Mentee Name **DAVDC**

±By signing this form, the supervising veterinarian verifies that the mentee obtained shadowing hours at their clinic.

****** Please make copies of this form- do not have multiple clinics on one form. ******

Form 4

Non-Traditional CE

(fill in the blank)

_____

Continuing Education Title

_____

Continuing Education Description

_____

Continuing Education Date

_____ _____

Mentee Name **Trainer's Name**

_____ _____

Mentee Signature **Trainer's Signature**

Form 5

Case Log Cadaver Verification

I, _____, hereby certify that a dog and/or cat cadaver was used to satisfy my case log requirements in place 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.***

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

_____

Mentee Signature Date

_____

Mentee Name

_____

Mentor Signature Date

_____

Mentor Name

***Form 5 is only required if a cadaver was used to satisfy case log requirements.**

Form 6*

Dental Radiography Cadaver Use Verification

I, _____, hereby certify that a cadaver dog and/or cat cadaver was used in my dental radiography requirement in place of a live patient.

_____

Mentee Signature Date

_____

Mentee Name

_____

Mentor Signature Date

_____

Mentor Name

***Form 6 is only required if a cadaver is used to satisfy radiography requirements.**

Form 7 SKILLS FORM

Name_____

The mentee is required to state whether they have mastered the skills on this form. **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 American Veterinary Dental College or a VTS(Dentistry) attest to the mentee's ability to perform the below-mentioned tasks.

Skill (Applies to both dogs and cats)	**Mastered**	**DAVDC or VTS (Dentistry) who can attest to mentee's mastery of skill**
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		

Creating vinyl polysiloxane (VPS) impressions. Experience needed – *mastery not required*.		
Instrument identification and use sequence in:		
a. Vital Pulpotomy		
b. Root Canal Therapy		
c. Extractions (non-surgical)		
d. Extractions (surgical)		
e. Periodontal surgery		
f. Oral surgery		
Intraoral Radiology positioning and correct image orientation		
Maintenance of hand instruments, equipment, and dental delivery systems		

Form 8

AVDT EQUIPMENT LIST

Name: _____

Below are 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 (DAVDC), or the mentee's mentor who can attest that this mentee has those instruments readily available to them in their practice.
All equipment listed below, even the 'knowledge of' equipment, are considered testing materials.

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 present at the mentee's clinic: ☐ Sickle Scaler ☐ Other: _____ ☐ Jacquette Scaler ☐ Morse Scaler ☐ Nebraska Scaler	X		
Hand Curette(s): Check those present at the mentee's clinic: ☐ Barnhart ☐ Columbia ☐ Other: _____ ☐ McCall ☐ 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		
Winged, straight, and luxating oral surgical elevators	X		
Extraction forceps	X		
Bone Curette	X		
Periosteotomes	X		

Oral surgery suturing instruments	X		
Root tip forceps and 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 or DR system and software	X		
DR Sensor	X		
CR Plates	X		
Arkansas Sharpening Stone, Arkansas Conical Stone, and Honing Oil	X		
Endodontic Equipment	**Required**	**Knowledge of**	**Check if present**
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	
Chelating Agent		X	
Glass slab, plastic slab, mixing paper		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	
Restorative Equipment	**Required**	**Knowledge of**	**Check if present**
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 Carrier		X	
Amalgam Carver		X	
Mixing Spatula		X	

Mixing Pads		X	
Mineral Trioxide Aggregate (MTA)		X	
Dentinal Bonding Agent(s)		X	
Glass Ionomer Products		X	
Orthodontics	**Required**	**Knowledge of**	**Check if present**
Impression Trays		X	
Rubber Mixing Bowl		X	
Mixing Spatula		X	
Vibrator		X	
Model Trimmer		X	
Alginate or putty		X	
Polyvinyl siloxane impression material		X	
Masel Chain		X	
Orthodontic Brackets		X	
Orthodontic Wire		X	
Orthodontic Buttons		X	
Orthodontic Chain		X	
Articulating paper		X	
Bite wax		X	
Dental Acrylic		X	
Surgical Wire		X	
Dental Pliers		X	
Dental Wire cutters		X	

Form 9

MENTOR/MENTEE CONTACTS and CASE LOG/CE VERIFICATION

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

Date	Mentee Initials	Mentor Initials	Method of Communication (i.e., in person, email, phone.)	Nature of Meeting – Topic(s) Covered

± By signing this form, the Mentor verifies regular contact with the Mentee as listed above.

_____ _____

Mentee Signature **Mentor Signature±**

_____ _____

Mentee Name **Mentor Name**

By signing below, the Mentor verifies that they have reviewed the Mentee's Credential Packet (including all logs) and CE documentation.

_____ _____

Mentee Signature **Mentor Signature**

_____ _____

Mentee Name **Mentor Name**