



Equine Dental Providers of America

2305 S. Day Street Brenham, Texas 77833

Return to address above or email: office@edpaonline.org

Apprentice Evaluation Form to be completed by Supervisor

Date: _____

1. Applicant Information:

Name: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone - Cell: _____ Home: _____

Email: _____

2. Apprenticeship:

Supervisor: _____

Supervisor Credentials: _____

****Must be a Veterinarian or EDPA Certified Provider***

Address of Sponsor: _____

Phone: _____ Email: _____

Period of Apprenticeship: _____

Location of Apprenticeship: _____

Number of Horses Seen: _____

Supervisor's Letter of Evaluation:

On another page, please give details of the quality of work performed by the apprentice, the type of dental procedures completed, their use of the tools, and skill level achieved. Be sure to include specifics regarding horse handling, communication, knowledge of laws and safety of apprentice.



Supervisors Printed Name _____

Supervisors Signature _____

Date: _____

25 horizontal lines for text entry.