

## **Small Equine Certificate of Recognition Testing**

Smaller equine or the miniature class of equine, poses overall challenges on providing dental maintenance and care that requires an acquired skill set. By mastering these skills, we have an opportunity to raise the standard of care for these smaller breeds. Elevating the standard of care is part of the mission of the EDPA.

Currently the EDPA provides approved certification for entry level skills as required for licensing. In addition, the EDPA provides annual education programs as a commitment to life long learning; which is the obligation of every licensed professional-regardless of their profession.

The EDPA is committed to providing focused and competent dental care for the horses we serve. Our small equine patients require additional education, training, and experience in order to meet their needs. Therefore, as we strive to raise the standard of care, we are required to meet those goals.

The EDPA is offering a Small Equine Certificate Recognition testing process for those members who have already completed the EDPA Certification Testing. At the end of the testing process, the candidate will receive a ....

## **Certificate of Recognition in Small Equine Dental Studies and Testing**

You will be able to display or advertise the certificate as part of your credentials.

\*\* NOTE:

You cannot use the term "Specialist or Specializing". That term is reserved for Board Certified individuals by recognized specialties within the American Veterinary medical Association (AVMA) and subsequently reserved for veterinarians.

#### Payment Breakdown for EDPA Certified Members: Total fee for Small Equine Testing is \$250

- 1. \$50 Evaluation Fee; due when submitting ALL case studies
- 2. \$200 due prior to final Testing. Invoice will be sent

#### Payment Breakdown for EDPA Certified Non-Members: Total fee for Small Equine Testing is \$400

- 1. \$100 Evaluation Fee; due when submitting ALL case studies
- 2. \$300 due prior to final Testing. Invoice will be sent

## **Small Equine Testing Process**



To begin the Certificate of Recognition testing by the EDPA, the candidate must start by completing and submitting the following with the Application:

#### <u>Credential Documents (copies of):</u>

Send to: EDPA 2305 S. Day St. Brenham, Texas 77833

- 1. EDPA Certification Certificate
- 2. License(s) held in State you work in. (if state requires)
- 3. Continuing Education Documentation (last two years)
- 4. Reference Letters: 2 clients and 2 Veterinarians
- 5. Evaluation Fee Payment due \$50 for Members; \$100 for Non-Members Pay online or by Check

#### PART 1- PRACTICAL LIVE HORSE TESTING (Send separately from the above documents)

\*\*\* Please send all case study photos and supporting material on a flash drive (pdf form)

**To:** Kristina Rector/ EDPA Membership Director 785 Fields Rd. Dansville, Michigan 48819

- 1. Submission of 10 cases of various ages and various degrees of difficulty
  - a. Various ages:
    - i. 2 cases of 2-4 year olds
    - ii. 2 cases of 5-10 year olds
    - iii. 2 cases of 11-15 year olds
    - iv. 2 cases of 16-20 year olds
    - v. 2 cases of 20 + geriatric cases
- 2. Each case study MUST be submitted with the following:
  - a. A DETAILED dental chart with Recommendations
  - b. Veterinarian Evaluation Form
  - c. LABELED Before and After Photos
    - i. Incisors: Left, Central, and Right Views
    - ii. Intraoral: Clear Views of All Arcades!!!
      - 1. 100 and 200 arcades together
      - 2. 300 ad 400 arcades separate (together only if both arcades can be seen completely)
  - d. Photos of any tooth extractions and any other pathology that you note.
  - e. Side picture of the entire horse/ Equipment candidate used
  - FLUSH ORAL CAVITY BEFORE TAKING PHOTOS!

Photos of a mouth with food debris or excessive blood post-extraction will be disqualified!!

The 10 case studies will be reviewed by the evaluation team within 60 days. The candidate will be notified the Certification Director via email, if they passed or failed. Passing candidates will move on to the next testing process.

Prior to taking Part 2 of the testing process, the remainder of the testing fee will be due no later than 2 weeks before the testing date. An invoice will be sent.

#### **PART 2 WRITTEN TEST**

The written test will be given on Thursday evening at the annual October conference in Katy Texas. Testing candidates will be given a testing number. Only the office will have the name of the testing candidate. Candidates will be notified of the testing time.

Written test will be in the form of multiple choice and true/false questions. The candidate will have 1 hour to complete the written test.

#### <u>Testing questions will pertain to the following information:</u>

Anatomy and Physiology of Small Equine
Aging of Small Equine
Oral Pathology
Abnormal pathology seen in Small Equine
Small Equine Genetics
Equipment Safe for Small Equine
Small Equine Maintenance Care

The candidate must pass with an 80% or better score to move on to Part 3

### PART 3- SKULL CASE-BASED EXAMINTION TEST

The examination testing will take place on the Sunday morning immediately following the annual October conference in Katy Texas. Candidates will be notified of the testing time.

Testing Candidates will be assigned a testing number. Only the office will have the name of the testing candidate. The evaluation team will not know who the testing candidate is.

The case-based examination will be designed to present 3 small equine skull cases that the candidate will be asked to chart the pathology, course of management, and recommendations.

Each candidate will have 30 minutes to complete each skull evaluation. For a total testing time of 90 minutes. Candidates must pass with an 80% or better score.

Once the test is completed, candidates can leave. Notification of results will be sent via email. Candidates who pass will receive their Certificates in the mail.



# **Equine Dental Providers of America**

office@edpaonline.org

| Small Equine Certificate of Recognition Te | esting Application | Date:          |  |  |
|--------------------------------------------|--------------------|----------------|--|--|
| Applicant Information:                     |                    |                |  |  |
| Name:                                      |                    | EDPA Member #: |  |  |
| Date of Birth: Addres                      | ss:                |                |  |  |
| City:                                      | State:             | Zip:           |  |  |
| Phone:                                     | Cell:              |                |  |  |
| Email:                                     | Web                | Website:       |  |  |
| Education                                  |                    |                |  |  |
| High School/GED:                           |                    | Yr Completed:  |  |  |
| College/University:                        |                    | Yr Completed:  |  |  |
| Trade School:                              |                    | Yr Completed:  |  |  |
| EDP Practice:                              |                    | Yr Completed:  |  |  |
| EDPA Certified Testing Date:               |                    |                |  |  |
| Average Number of Small Equine Seen per    |                    |                |  |  |
| Applicant Signature:                       |                    | Date:          |  |  |
|                                            |                    |                |  |  |

Please submit completed application with all required materials to: office@edpaonline.org

Please remit payment to: www.EDPAonline.org – Contact Us/Payment page

Make checks payable to EDPA and mail to: EDPA 2305 S. Day Street,

Brenham, TX 77833



## **EDPA Small Equine Testing Supervising Veterinarian Evaluation Form**

Please Print – ALL Areas MUST be Completed

| Date:                                 | Applicant Name:                                    |                     |     |    |  |
|---------------------------------------|----------------------------------------------------|---------------------|-----|----|--|
| Supervising Veterinaria               | n:                                                 |                     |     |    |  |
| Vet Clinic Address:                   |                                                    |                     |     |    |  |
| Veterinarian Phone #:                 |                                                    | Veterinarian Email: |     |    |  |
|                                       |                                                    |                     |     |    |  |
| Horses Name                           |                                                    | Case Study #        |     |    |  |
| Horse Owner                           |                                                    | Owner's Phone #     |     |    |  |
|                                       |                                                    |                     | YES | NO |  |
| Approach, Handling<br>Animal Sense    | Confident?                                         |                     |     |    |  |
|                                       | Aggressive?                                        |                     |     |    |  |
|                                       | Agitated?                                          |                     |     |    |  |
|                                       | Comfortable                                        |                     |     |    |  |
| Pre-Evaluating<br>Animals Condition   | Check or Ask for Vital Signs?                      |                     |     |    |  |
|                                       | Identify Proper Condition (Body Score)?            |                     |     |    |  |
|                                       | Asked about Horse's Current Diet?                  |                     |     |    |  |
|                                       | Asked about Horse's Health Issues?                 |                     |     |    |  |
|                                       |                                                    |                     |     |    |  |
| Cleanliness and                       |                                                    |                     |     |    |  |
| Preparedness                          | Sterilized / Clean Tools?                          |                     |     |    |  |
| Safety                                | Proper use of head stand or head suspension?       |                     |     |    |  |
|                                       | Proper head position for oral flushing?            |                     |     |    |  |
|                                       | Proper eye protection, gloves and lighting source? |                     |     |    |  |
|                                       | Proper use of speculum with                        |                     |     |    |  |
|                                       | A                                                  |                     |     |    |  |
| Appropriate Tool Use                  | Appropriate use of tools for Small Equine?         |                     |     |    |  |
|                                       | Was any harm or trauma caused during procedure?    |                     |     |    |  |
| Professionalism                       | Professional conduct with clients/agents/trainers? |                     |     |    |  |
|                                       | Knowledge of Small Equine Issues and concerns?     |                     |     |    |  |
|                                       | Were there any communications of post dental care? |                     |     |    |  |
|                                       |                                                    |                     |     |    |  |
| Comments/                             |                                                    |                     |     |    |  |
| Recommendations                       |                                                    |                     |     |    |  |
|                                       |                                                    |                     |     |    |  |
| Supervising<br>Veterinarian Signature |                                                    |                     |     |    |  |
| -                                     |                                                    |                     |     |    |  |
| Applicant Signature                   |                                                    |                     |     |    |  |