



INTERNATIONAL ASSOCIATION OF EQUINE DENTISTRY CERTIFICATION APPLICATION

Testing Location: _____ Testing Date: _____

Have you previously tested with the IAED? Yes No

Date: _____ Result: _____ Level: _____

Level to Attempt Basic Advanced (Requires Basic)

PERSONAL INFORMATION

NAME: _____ Phone: _____

ADDRESS: _____ Email: _____

Country: _____

CITY: _____ STATE/PROVINCE: _____ Postal Code: _____

Name of Business (if applicable) _____

EDUCATION and TRAINING

Equine Dental Association Memberships, Certifications (please list) other than the IAED

High School / GED?: Yes No College / Univ?: Yes

Equine Dental Education: Equine Dental School: Yes No Other Equine Dental Training: Yes No

Please Describe Courses, Training, Certification: (Attach additional forms if necessary)

Description/Date: _____ / _____

Description/Date: _____ / _____

Description/Date: _____ / _____

Description/Date: _____ / _____

Description/Date: _____ / _____

Description/Date: _____ / _____

Description/Date: _____ / _____



INFORMATION AND EXPERIENCE IN EQUINE DENTISTRY

Number of years practicing equine dentistry:

Full Time: _____ Part Time: _____ #Horses Seen per Year?: _____

Other occupation/s: _____

Which describes your practice?:

___ General: _____

___ Age Specific: _____

___ Breed Specific: _____

___ Discipline Specific: _____

Do you restrict your practice to your local area? _____

Areas of Travel? _____

Do you have an area of special interest regarding equine dentistry and specific goals?

EQUINE DENTAL INSTRUMENTATION

What Type of instrumentation do you use?

Power Equipment: ___ Yes ___ No Electric: ___ Yes ___ No Pneumatic: ___ Yes ___ No

Please specify type: _____

Hand Instrumentation: ___ Yes ___ No

Please specify type:

Combo Power/Hand: ___ Yes ___ No Head Stand: ___ Yes ___ No Head Suspension: ___ Yes ___ No

GENERAL PRACTICE INFORMATION

Do you work on sedated horses? ___ Yes ___ No

Do you remove wolf teeth? ___ Yes ___ No

Do you remove deciduous teeth? ___ Yes ___ No

SIGNATURE: _____ DATE: _____

PLEASE SEND A COPY OF YOUR DENTAL CHART AND A PICTURE OF YOUR EQUIPMENT TO: (hard copy unless other arrangements are made)