



INTERNATIONAL ASSOCIATION OF EQUINE DENTISTRY

Sponsorship Packet Contents

Table of Contents

Prerequisites.....	1
Sponsor Requirements.....	2
Sponsor Duties	3
Evaluation of Horse Condition	4
Evaluation of functionality, pre and post dental.....	5
Sponsor Evaluation of Candidate	6
Declaration of Sponsorship	7



INTERNATIONAL ASSOCIATION OF EQUINE DENTISTRY

Prerequisites

Prerequisites for participation in a Certification Examination:

1. Member of the IAED in good standing.
2. A sponsor* for basic certification:
 - a. Sponsor must have either basic or advanced certification or,
 - b. Sponsor is an authorized representative of a legal educational body with a comprehensive equine dental curriculum recognized by the IAED.
3. A completed application.
4. Application fee.
5. Requests for interpreters or translations must be submitted 8 weeks prior to published examination date.
6. Basic Certification: 250 dental charts candidate's actual case work. Can be submitted via electronic media*.
7. Advanced Certification : one detailed case study of candidate's actual work. . Can be submitted via electronic media*.

* See sponsor requirements

** See case study guidelines

Legal note:

When practicing dentistry every individual must adhere to all laws within the jurisdiction in which they are practicing. Required veterinary interaction described by this document is for IAED Certification purposes only.

Sponsor Requirements:

1. Evaluate the candidate regarding their knowledge, ability and experience in actual supervised work setting(s).
2. Evaluate and chart the sponsor horse(s) prior to the candidate performing dental procedures.
3. Have the candidate chart the horse(s) correctly and clearly, plan the work.
4. Monitor the candidate's actual work.
5. Evaluate the candidate's work upon completion. Advise the candidate of any recommendations, perform corrections if necessary, stressing areas of concern.
6. Complete the Sponsorship Declaration provided in packet.
7. Return the completed packet documents to the candidate, including
 - Sponsor's horse evaluation and functionality chart(s)
 - Sponsor's candidate evaluation
 - Sponsor Declaration
8. Candidate returns to the IAED:
 - Application forms
 - Equipment photos
 - Sponsorship documents
 - Required recommendations
9. Upon review and acceptance, the candidate submits their initial non-refundable payment deposit to receive the IAED Study Guide.



International Association of Equine Dentistry Sponsor Requirements

TO: Prospective Sponsors

Thank you for sponsoring an IAED Certification Candidate. Sponsorship is a preparatory evaluation process to determine the readiness of the candidate before they participate in the certification process.

The sponsor is to evaluate the work the Candidate does in the field, insuring he/she is ready to attempt the IAED Certification examination. The sponsor is responsible for showing the candidate the areas(s) he/she may need to improve. The sponsorship in no way insures the candidate will pass the examination; however, it is instrumental in his/her preparation.

Candidates attempting the first Certification can be sponsored by an IAED Certified or an IAED Advanced Certified member, or representative of an IAED recognized equine dental learning program. Advanced Candidates do not require a sponsor.

TIME LIMIT – The Certification Sponsorship Required Documents must be completed and received by the Certification Committee Chairperson 30 days prior to testing (unless otherwise specified).

The sponsor must:

- a. Realize there is time commitment.
 1. Be willing to complete the required Sponsor Documentation.
 2. Be willing to recommend or reject the Candidate and if necessary assist the Candidate in areas they may require consideration.

It is recommended to the sponsor that:

- a. Sponsor no more than 2 candidates per testing.
- b. Not sponsor someone you have been instrumental in teaching or that you have worked with extensively (this gives the Candidate another opinion prior to testing)
- c. If possible, observe the Candidates work more than once.



INTERNATIONAL ASSOCIATION OF EQUINE DENTISTRY
Sponsor Duties

IF POSSIBLE – SIMULATE A TESTING SITUATION

1. Evaluate the person on appropriate certification level.
2. Evaluate the sponsor horse prior to Candidate performing the dental procedure.
 - A. Evaluate candidate's animal and fill out horse evaluation form. Sign.
(Sponsor and Candidate)
 - B. Complete top portion of functionality chart (Pre-Dental)
3. Candidate charts horse using IAED-supplied chart.
4. Monitor the actual procedure to complete candidate evaluation form.
5. Evaluate completed procedure. Complete bottom portion of functionality chart
(Post-Dental)
6. Advise candidate yes or no, to proceed with certification.
7. Perform corrections if necessary – pointing out areas of concern.
8. Complete the Sponsorship Declaration. (in packet)
9. Return the completed charts and declaration to the IAED
 - a. Chart of Horse
 - b. Functionality Chart
 - c. Sponsor Evaluation of the Candidate
 - d. Sponsor Declaration

Return complete packet to:

IAED
PO Box 1141
Seguin, Texas 78156

At least 30 days before certification.



International Association of Equine Dentistry

Candidate Sponsor Evaluation: Horse Condition

Candidate: _____ Sponsor: _____ Date: _____

Level of Certification: ____Basic ____Advanced

Horse Name: _____ Breed: _____ Sex: _____ Age: _____

Outer Appearance:

Skull- Symmetry & sensitivity: _____

Musculature- symmetry and or sensitivity: _____

Overall condition of horse: _____

Overall condition of the oral cavity _____

INCISORS GENERAL CONDITION

Normal Ventral Curve Dorsal Curve Diagonal Overbite Underbite Other

Explanation: _____

MOLAR ARCADES GENERAL CONDITION

Normal Abnormal Step Wave Excessive Transverse Ridging Other

Molar Clinical Crown: Shallow Normal Excessive Clinical Crown

Molar Table Angle: Flat Normal Steep

Explanation: _____

Specific Identification of Molars and / or Incisor Condition

Loose and or expiring teeth: _____

Deciduous teeth: _____

Wolf Teeth: _____

Tooth Fragments: _____

Cavities: _____

Dentition Abnormalities: _____

Oral Cavity Abnormalities: _____

Other Comments: _____

Sponsor Signature: _____ Date _____

Candidate Signature: _____ Date _____



INTERNATIONAL ASSOCIATION OF EQUINE DENTISTRY

Functionality Chart of IAED Candidate Sponsor Horse

Candidate: _____ Sponsor: _____

Date: _____ Level: ___ Basic ___ Advanced

Horse Name: _____ Breed: _____ Color: _____ Sex: ___ Age: ___

Functionality of Sponsor Horse – Pre-Dental

Lateral Excursion measurement (Incisors): Right Direction: _____

Left Direction: _____

Occlusion of Molars (contact)

Right Side:	Interference	Limited	Functional	Other
Left Side:	Interference	Limited	Functional	Other

Comments: _____

Cheek Retractor Observation:

Right Side:	Interference	Gapped Molars	Acceptable
Left Side:	Interference	Gapped Molars	Acceptable

Comments: _____

Pre-existing altered table angle and location: _____

Functionality of Sponsor Horse – Post-Dental

Lateral Excursion measurement (Incisors): Right Direction: _____

Left Direction: _____

Occlusion of Molars (contact)

Right Side:	Interference	Limited	Functional	Other
Left Side:	Interference	Limited	Functional	Other

Comments: _____

Cheek Retractor Observation:

Right Side:	Interference	Gapped Molars	Acceptable
Left Side:	Interference	Gapped Molars	Acceptable

Comments: _____

Pre-existing altered table angle and location: _____



INTERNATIONAL ASSOCIATION OF EQUINE DENTISTRY

Sponsor Declaration

Candidate: _____ Sponsor: _____ Date: _____

Date of Evaluation: _____ Level of Certification: ___ Basic ___ Advanced

1. Candidate performed at or above level of certification desired: ___ YES ___ NO ___ Possibly

If not yes, please explain:

2. Completed procedure resulted in functional mouth: ___ Yes ___ No

If no, explain:

3. Do you recommend this candidate for the IAED Certification exam: ___ Yes ___ No

If no, explain:

Comments:

Sponsor Signature: _____ Date: _____

Printed Name: _____ Contact Number: _____

Fill out the following:

Certification Level: ___ Basic ___ Advanced ___ Examiner

If not a certified sponsor, please fill out the following:

Dental Program: _____