**Recommendation for Registration as an Equine Dental Technician**

[*Regulations*](https://www.dhp.virginia.gov/media/dhpweb/docs/vet/leg/VetMed.pdf) *of the Virginia Board of Veterinary Medicine require that a person applying for registration as an equine dental technician must provide a recommendation from at least two veterinarians licensed in Virginia who attest that at least 50 percent of their practice is equine; and that they have observed the applicant and can attest to his competency to be registered.*

# Name of Applicant for Registration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please provide a summary of your observation of this applicant performing tasks relating to the practice of equine dentistry. Include the types of tasks you have observed the applicant performing (i.e., planning and leveling of equine teeth using non-motorized tools; planning or leveling using motorized tools, or the extraction of wolf teeth premolars) and approximately how often you have observed the applicant and over what period of time. **Respond on a separate sheet and attach to this form.**

2.Please evaluate the applicant: (Please indicate with check mark)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Poor | Fair | Good | Superior |
| Professional knowledge |  |  |  |  |
| Skill level |  |  |  |  |
| Ethical/professional conduct |  |  |  |  |

3. Recommendation: (please indicate with check mark)

* Recommend highly and without reservation ;
* Recommend as qualified and competent ; or
* Recommend with some reservation  (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I attest that at least 50 percent of my veterinary practice is equine and that the statements made in this recommendation are true to the best of my knowledge.**

##### Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print or type name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Virginia veterinary license number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(This report will become a part of the applicant’s file and may be reviewed by the applicant upon request.)*