



Equine Dental Providers of America

2305 S. Day Street Brenham, Texas 77833 www.EDPAonline.org

Return to address above or email: ExecSec@EDPAonline.org

Apprentice Evaluation Form to be completed by Supervisor

Date: _____

1. Applicant Information:

Name: _____

Address: _____ **City:** _____

State: _____ **ZIP:** _____

Phone: _____ **Cell:** _____

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: _____

Letter of Recommendation:

On the following page, please give details of the quality of work performed by apprentice, type of dental procedures completed and tool use, and skill level achieved. Be sure to include specifics regarding horse handling, communication, knowledge of laws and safety of apprentice. Use additional pages or letterhead if needed.

