

NAME: \_\_\_\_\_

## Course Curriculum

### Certificate of Advanced Studies in Veterinary Medicine

# Dentistry

Required are a total of 25 ECTS credits minimum of course work

Please tick all courses accounting to 25 ECTS minimum – including the courses already attended

A minimum of 20 ECTS credits have to be collected in the Major Subject:

Major Subjects	ECTS credits	Please tick
Dentistry I - Introduction Dentistry ( <i>mandatory</i> )	5	<input type="checkbox"/>
Dentistry II - Periodontics	5	<input type="checkbox"/>
Dentistry III - Endodontics	5	<input type="checkbox"/>
Dentistry IV - Advanced Endodontics ( <i>III mandatory</i> )	5	<input type="checkbox"/>
Dentistry V - Prosthodontics	5	<input type="checkbox"/>
Dentistry VI - Oral Surgery: Tumors	5	<input type="checkbox"/>
Dentistry VII - Oral Surgery: Jaw	5	<input type="checkbox"/>
Dentistry in Small Mammals	5	<input type="checkbox"/>

Any remaining ECTS credits may be collected from the following Minor Subjects:

Minor Subjects	ECTS credits	Please tick
Anaesthesia and Pain Management I	5	<input type="checkbox"/>
Anaesthesia and Pain Management II	5	<input type="checkbox"/>
Emergency & Critical Care I	5	<input type="checkbox"/>
Emergency & Critical Care II	5	<input type="checkbox"/>
Feline Dentistry	5	<input type="checkbox"/>
Nutrition I	5	<input type="checkbox"/>
Nutrition II	5	<input type="checkbox"/>
Orthopaedics I	5	<input type="checkbox"/>
Orthopaedics II	5	<input type="checkbox"/>
Radiology I	5	<input type="checkbox"/>
Soft Tissue Surgery I	5	<input type="checkbox"/>
Soft Tissue Surgery II	5	<input type="checkbox"/>
Soft Tissue Surgery III	5	<input type="checkbox"/>
Soft Tissue Surgery IV	5	<input type="checkbox"/>
*	5	<input type="checkbox"/>

\*An additional **ESAVS** course - outside the list of minors - might be chosen subject to approval by the program director!

#### External course work

An equivalent of 5 ECTS credits from course work taken outside of ESAVS courses may be recognized if certain requirements are met. For further details, please contact the ESAVS Office



NAME: \_\_\_\_\_

Indicate relevant ESAVS Courses attended in the past 5 years before enrolment into the Master Program (please attach a copy of the certificates of attendance):

1. Course / Year: \_\_\_\_\_
2. Course / Year: \_\_\_\_\_
3. Course / Year: \_\_\_\_\_
4. Course / Year: \_\_\_\_\_
5. Course / Year: \_\_\_\_\_
6. Course / Year: \_\_\_\_\_