

Professional History and Employment

Form 2

Name: _____ Last _____ First _____ MI _____

Address: _____ Street _____ City _____ State _____ Zip Code _____

Phone: Work () - - Home () - - E-mail Address: _____

Area of Specialization: _____ Present Occupation: _____

Have you graduated from an AVMA approved School of Veterinary Technology? Yes _____ No _____
 School _____ Graduation Date _____

Are you currently Licensed/ Registered/ Certified or possess a credential to legally practice? Yes _____ No _____
 Licensed/ Registered/ Certified in State: _____ since: _____

****Photocopy of diploma in veterinary technology or photocopy of veterinary technician credential required****
Veterinary Technician Employment History

Name of Practice/ City/ State	Type of Practice (emergency, surgery, etc)	Average number of hours worked per week	% of time in area of specialty	Starting date/ Ending date

****Minimum of 3 years with 6,000 hours of experience as a CVT in the Internal Medicine area of specialization****

****All experience must be completed within five years prior to application****

To figure hours = hours per week X percent in specialty X weeks worked at job = Total hours experience
 (Example: 40 hours/week X 80% X 50 weeks/year X 4 years = 6,400 hours)