

## Test Application Form

### **Applicant's Contact Information**

Name \_\_\_\_\_ Titles CVT/LVT/RVT Other \_\_\_\_\_

Specialty:    Cardiology    Large Animal    Neurology    Oncology    Small Animal

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_

### **Work Contact Information**

Place of Employment \_\_\_\_\_

Employer Contact (your boss) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Phone \_\_\_\_\_

**Please use my (select one)**    home    work as my primary contact

Please let us know if we can share your contact information with the other examinees

YES

NO

Is this a retest?

YES

NO

Examination Fee Schedule:    General & Specialty Exam \$150

Please send examination fee along with this application to:

AIMVT

PO Box 75221

Seattle, WA 98175-0221

Deadline for examination fee submission is February 1<sup>st</sup> of testing year