

# VVTA 2016 Membership / Certification / Re-Certification

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Circle One: CVT | Technician Non-VTC | Technician | Specialty | Student Other

Veterinary Practice: \_\_\_\_\_

## **To be completed by 1<sup>st</sup> time applicants:**

AVMA Accredited Veterinary Technician School: \_\_\_\_\_

City & State: \_\_\_\_\_

Expected /Year of Graduation: \_\_\_\_\_ Year Passed VTNE: \_\_\_\_\_ State: \_\_\_\_\_

VVTA membership is from January 1 to December 31. Application period lasts til Feb 1.

<b>Certification/Re-certification</b> (includes membership): \$50	\$ _____
<b>Technician Membership</b> (Non-CVT): \$25	\$ _____
<b>Student Membership:</b> \$15	\$ _____
<b>Late fee</b> (30 days past exp. Feb 1): \$10	\$ _____
Donation to Cindy Barrows CE fund	\$ _____
<b>TOTAL</b>	_____

**Send proof of graduation** and proof of passing the VTNE for Certification.

For Re-certification **send proof of 18 Continuing Education Credits/2 years for Re-certification**. Six credits may be from RACE-approved online sources.

**\*\*\*Mail Application & Fee to: Angie Mullins 975 Rte 106, Reading,VT 05062\*\*\*  
( 802-384-0107 [vvtasecretary@gmail.com](mailto:vvtasecretary@gmail.com) )**

**Deb Glottmann, President 802-229-2041 802-249-7227**

**Or apply online at: [www.VTVETTECHS.org](http://www.VTVETTECHS.org)**

<i>VVTA Use Only</i>	<i>Date Received:</i> _____		
<i>Payment:</i> _____	<i>via:</i> _____	<i>Membership</i>	<i>Certification</i>
<i>Review / Approval:</i> _____	<i>Acknowledgement:</i> _____		<i>Re-certification</i>
<i>CE:</i> _____		<i>#</i> _____	<i>Expires:</i> _____