

**PLEASE WRITE LEGIBLY AND COMPLETE ALL FIELDS.**

**VVTA Application 2019  
Membership / Certification / Re-certification**

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

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

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

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

CVT \_\_\_\_\_ Technician (Non-CVT) \_\_\_\_\_ Specialty \_\_\_\_\_ Other \_\_\_\_\_ Student \_\_\_\_\_

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 \_\_\_\_\_

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

**VVTA membership is from January 1<sup>st</sup> to December 31<sup>st</sup>.**

Certification / Re-certification (includes membership): \$50.00

Technician Membership (Non-CVT): \$25.00 Student Membership: \$0.00

Late fee (30 days past expiration/February 1st): \$10.00.

For Re-certification send proof of 18 Continuing Education Credits / 2 years for Re-certification.

Six credits may be from RACE-approved online sources.

***Donation to the Cindy Barrows CE fund: \$ \_\_\_\_\_***

***Mail Application and Dues to:***

***VVTA c/o***

***Deborah Glottmann***

***210 Center Road***

***Montpelier, VT 05602***

***vtasecretary@gmail.com***

***Any additional questions? Contact: Deb Glottmann, President 802-249-7227***

***Or apply online at:***

***[www.VTVETTECHS.org](http://www.VTVETTECHS.org)***

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