

Please write legibly and complete all fields.

VVTA Application 2020 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 1st 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 1st to December 31st.

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

Elizabeth Williams

74 Upper Road

Bridgewater Corners, VT 05035

Any additional questions? Contact: Elizabeth Williams, Certification Coordinator

vvtacertification@gmail.com 802-299-7292

Or apply online at:

www.VTVETTECHS.org

VVTA Use Only

Date Received: _____

Payment: _____ via: _____

Review / Approval: _____

Acknowledgement: _____

CE: _____

Membership Certification Re-certification

Expires: _____