

Please write legibly and complete all fields.  
VVTA Application 2022  
Membership / Certification / Re-certification

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

Complete Mailing Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-Mail: \_\_\_\_\_

CVT \_\_\_\_\_ Technician (Non-CVT) \_\_\_\_\_ Student \_\_\_\_\_ Other Support Staff \_\_\_\_\_

Specialty and Academy/Association (if applicable) \_\_\_\_\_

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

For initial CVT applicants only:

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 or Support Staff 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 Richard, CVT**

**74 Upper Road**

**Bridgewater Corners, VT 05035**

**vvtacertification@gmail.com**

**Any additional questions? Contact: Elizabeth Richard, Certification Coordinator 802-299-7292**

**Or apply online at:**

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