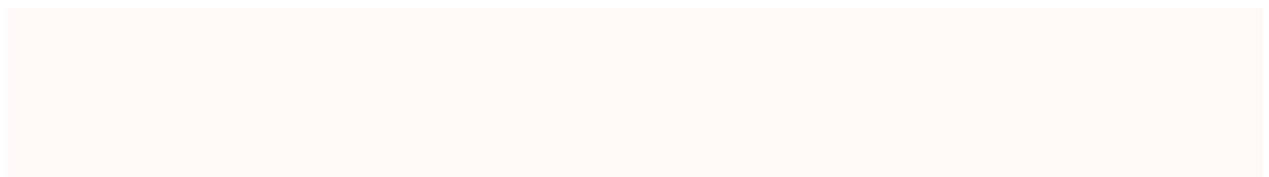# Academy of Equine Veterinary Nursing Technicians

Academy of Equine Veterinary Nursing Technicians

Application for 2019 Examination

Deadlines for the 2018 Exam are closed.

Important Deadlines for 2019 AEVNT Applications

May 1st 2018 thru March 15, 2019
- "Letter of Intent" to Apply - This requires applicants to send a simply email to info@aevnt.org stating an intent to apply for the academy. A mentor will then be assigned to each applicant to guide them through the application process and assist in preparation for the examination. The earlier you send in your letter of intent, the earlier a mentor can help you through the application process.
The last date of letters of intent to be accepted is March 15th of the application year.

April 15th
- Letters of Recommendations are due

May 1st
- Application packet due, must be completed and sent in for review
- First date to begin gathering cases for 2018 application

July 1st
- Final date to be accepted to sit for the examination
(results of applications are sent out)

August 1st
- Last date for appeals for current year's exam

December 7th
- Proposed examination date during the AAEP AAEVT Annual Convention Denver Colorado.

Fees

- **Application fee: $40 non-refundable**
- **Examination fee: $100 non-refundable**
- **Annual dues: $50 to be paid every January**

- All payments should be made out to the AEVNT or can be made via paypal

Submit all materials to:

Sue Loly, LVT, VTS-EVN
1225 Ferndale St. N #12
Maplewood, Mn
55119
lolyx001@umn.edu

Questions? Email us at info@aevnt.org

Please know that the Organizing Committee wants to work with each of you in completing this process; therefore, if you have questions or a unique situation, please let us know. It is strongly suggested that you have someone review your application before the final submission.

AEVNT Application Checklist

(Requested order of remittance)

□ Applicant Information form

□ Waiver, Release and Indemnity Agreement

□ Letters of Recommendation Form (2)

□ Photocopy of valid, current veterinary technology license / registration

□ Curriculum Vitae

□ Employment History Form

□ Continuing Education Form and proof

□ Advanced Skills Form

□ Case Log (Minimum 50 / Maximum 75)

□ Detailed Case Reports (5)

<u>AEVNT Applicant Information</u>

(*Please place as first page*)

Name: _____
      (Last)   (First)   (Middle Initial)   (Maiden)

Address: _____ _____
      (Street)   (City)   (State/Province) (Zip Code) (Country)

Phone: Home (____) _____ Work (____) _____

Email: _____

Are you a graduate of an AVMA accredited veterinary technology program?   Yes No

School Name: _____

School Address: _____
      (Street)   (City)   (State/Province)(Zip Code)   (Country)

Graduation Date: _____ (month/year)   Pass date of VTNE: _____ (month/ year)

Credentials (RVT, CVT, LVT, AHT): _____

Are you currently licensed/ registered/ credentialed/ certified to legally practice in any state or province? Yes○○No

List all states you are licensed in:

State: _____ Number _____ Date first issued: _____ (month/year)

State: _____ Number _____ Date first issued: _____ (month/year)

_____

AAEVT Membership Number _____   How Long _____

NAVTA Membership Number _____   How Long _____

_____

** **Photocopy of diploma in veterinary technology or photocopy of veterinary technology credentials required****

WAIVER, RELEASE AND INDEMNITY AGREEMENT

I hereby submit my credentials to the Academy of Equine Veterinary Nursing Technicians for consideration for examination in accordance with its rules and enclose the required application fee. I agree that prior to or subsequent to my examination; the AEVNT Board may investigate my standing as a technician, including my reputation for complying with the standards of ethics of the profession. I understand and agree that the application fee shall be nonrefundable.

I agree to abide by the decisions of the AEVNT Board and thereby voluntarily release, discharge, waive and relinquish any and all actions or causes of actions against the Academy of Equine Veterinary Nursing Technicians and each and all of its members, regents, officers, examiners and assigns from and against any liability whatsoever in respect of any decisions or acts that they may take in connection with this application, the examination, the grades on such examinations and/or the granting or issuance, or failure thereof, of any certificate, except as specifically provided by the Constitution and Bylaws of this organization. I agree to exempt and relieve, defend and indemnify, and hold harmless the Academy of Equine Veterinary Nursing Technicians, and each and all of its members, regents, officers, examiners and assigns against any and all claims, demands and/or proceedings, including court costs and attorney's fees, brought by or prosecuted for my benefit, extended to all claims of every kind and nature whatsoever whether known or unknown at this time. I further agree that any certificate which may be granted and issued to me shall be and remain the property of the Academy of Equine Veterinary Nursing Technicians.

I certify that all information provided by me on the application is true and correct. I acknowledge that I have read, understand and agree to abide by the above two paragraphs.

_____   _____
(Signature)   (Date)

_____   (Please print your name)

AEVNT

<u>CONFIDENTIAL LETTER OF RECOMMENDATION</u>

Dear _____,

The individual whose name appears below is applying for their specialty in equine veterinary nursing through the Academy of Equine Veterinary Nursing Technicians. He/she has listed you for one of their letters of recommendations. In order to facilitate their application process and make it less of a task for you, we ask you to please answer the following questions in detail. Specifics regarding the applicant are appreciated as we make our decision on many factors. Feel free to elaborate with any additional information pertaining to the applicant's qualifications in the appropriate spot. Please know your comments will be held in complete confidence and never released to the applicant. Completed letters can either be mailed or scanned and emailed. Letters must be sent from the author, not from the applicant.

<div align="center">

AEVNT Letter of Recommendation
Sue Loly, LVT, VTS-EVN
1225 Ferndale St. N #12
Maplewood, Mn
55119
lolyx001@umn.edu

</div>

Letters of recommendation are due on or before April 15, 2019. This candidate's application cannot be reviewed unless your letter of recommendation is received by the due date listed above. We appreciate your assistance in helping complete this applicant's request for entry into the AEVNT.

_____

Name of Applicant _____

Applicant Address _____

_____

Applicant Phone Number _____

Applicant Email _____

How long have you known the applicant? _____

What is your professional relationship to the applicant? _____

_____

_____

_____

How would you describe this applicant's technical abilities in equine veterinary nursing? _____

_____

_____

_____

How would you describe this applicant's professionalism, ethics and commitment to the equine veterinary profession? _____

_____

_____

_____

In your opinion, how well does this applicant exhibit the vision outlined in the AEVNT mission statement and why?

"To advance the education and professional recognition of credentialed equine veterinary technicians who display excellence in and dedication to providing superior nursing care to the equine patient."

_____

_____

_____

_____

_____

Any other information you feel helps qualify this applicant for the designation of veterinary

technician specialist – equine veterinary nursing? _____

_____

_____

_____

_____

Reference Information

Name of Reference _____

Reference Credentials _____

Reference Address _____

_____

Reference Phone Number _____

Reference Email _____

Reference Signature _____

On behalf of the applicant and the AEVNT, we would like to thank you for your prompt attention to this request. If you have any questions or concerns regarding this request, please email the Academy Application Review Committee at info@aenvt.org

***Please note letters of recommendation must be completed by a Veterinarian who is a member of AAEP, a Veterinary diplomat employed in an equine practice, or a VTS – EVN.

AEVNT CONTINUING EDUCATION RECORD

Applicant's name: _____

Name of conference, meeting, etc.: _____

Organization providing the CE: _____

Date: _____ Location: _____

Date	Speaker/ Credentials	Lecture Title	Hours

Total hours _____

Name of conference, meeting, etc.: _____

Organization providing the CE: _____

Date: _____ Location: _____

Date	Speaker/ Credentials	Lecture Title	Hours

Total hours _____

Proof of attendance (photocopy of document provided by the organization) is required **A minimum of fifty (50) CE hours related to equine veterinary technology or nursing are to be completed within the last three (3) years immediately prior to application submission.

At least ten (10) hours of the CE must be completed within the year of application. **

Print additional copies as needed

EMPLOYMENT HISTORY

Please list employment history beginning with most recent Print additional copies as needed**

Please note that you must have a minimum of 3 years (5000hrs) of credentialed work experience, with at least 75% (3750 hours) specializing in equine veterinary nursing. Your work experience must be current and within 3 years of the application. Maternity leave, workers comp leave, FMLA leave, sick and vacation time should be considered and do not count towards overall work experience hours.

Employer Name Address Phone # Email Contact Person	Average number of hours worked per week	Type of practice (general, university, teaching, referral, mobile, mixed)	Start date (month/ day/ year) End date (month/ day/ year)	Percentage of time devoted to equine veterinary nursing

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CASE LOG REPORTS

Must have 50 acceptable cases Do not submit more than 75** Do not deviate from format provided**

Applicant's Name: _____

Case Log # _____

Date: _____ Species: _____ Breed: _____ Sex (M, F, G): _____

Age: _____ Weight (kgs): _____ Patient ID: _____

Presenting complaint: _____

Diagnosis: _____

Treatment: _____

Nursing   procedures   I   performed: _____
_____
_____

Nursing procedure I assisted with: _____
_____
_____

Outcome / Length of stay: _____
_____

Case Log # _____

Date: _____ Species: _____ Breed: _____ Sex (M, F, G): _____

Age: _____ Weight (kgs): _____ Patient ID: _____

Presenting complaint: _____

Diagnosis: _____

Treatment: _____

Nursing   procedures   I   performed: _____
_____
_____

Nursing procedure I assisted with: _____
_____
_____

Outcome / Length of stay: _____
_____