

Professional History and Experience

Form 1

Full Name: _____

Address: _____

Phone: _____ Email: _____

Present Occupation/Title: _____

Are you a graduate of an AVMA accredited veterinary technology program? Y-N Graduation Date: _____

Are you currently licensed/registered/posses a credential to legally practice in your state or province? Y-N
Pass date of VTNE (or equivalent): _____

Are you a NAVTA member? IF YES, please provide NAVTA member ID number:

Have you previously earned a VTS designation in any other discipline?

If YES, please list discipline and date VTS designation achieved:

List your employment history for only the previous 5 years.

Name of Practice/Institution:	Start Date:	End Date:
Type of Practice:	Average number of hours worked per week:	
	Percent of time devoted to surgery:	
	Total surgery hours:	

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