

MASSACHUSETTS VETERINARY TECHNICIAN ASSOCIATION

VERIFICATION OF PRACTICAL EXPERIENCE

Use this form to document practical experience used to fulfill requirements for certification. Experience gained as a volunteer can be used if tasks were appropriate for veterinary technicians. A separate form must be used for each site at which experience was gained.

Please type or print clearly in ink.

A. Technician:

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Tel. ( ) \_\_\_\_\_  
Street City/State Zip

I verify that the information contained in this form is true to the best of my knowledge.

Signature \_\_\_\_\_ Date of Application \_\_\_\_\_

B. Facility

Name \_\_\_\_\_ Employer/Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Tel. ( ) \_\_\_\_\_  
Street City/State Zip

Can employer/supervisor be contacted at above number? Yes \_\_\_ No \_\_\_  
If no please explain:

\_\_\_\_\_

C. Experience

1. Date employment began \_\_\_\_\_ Date employment ended \_\_\_\_\_

Employment was \_\_\_\_\_ full time (more than 30 hrs/wk) \_\_\_ part time

If part time, give average number of hours worked per week \_\_\_\_\_

2. For each area, give average number of hours worked per week:

<u>Area</u>	<u>Hrs/wk</u>	<u>Area</u>	<u>Hrs/wk</u>
Medical Nursing	_____	Surgical Prep & Asst.	_____
Clinical Lab.	_____	Radiology	_____
Kennel Mgmt.	_____	Front Office/Client Rel.	_____
Hosp. Adm.	_____	Staff Supervision	_____

Other (explain) \_\_\_\_\_

Other (explain) \_\_\_\_\_

(Continue on back side)

3. Use this space to provide additional information supporting validity of practical experience (i.e. in-house training programs or continuing education programs completed while employed):

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D. Verification of above information

It is only necessary to have section 2 (below) completed if section 1 cannot be completed.

1. Verification by Employer/Supervisor

I verify that the information above is true to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title/Position \_\_\_\_\_ Facility \_\_\_\_\_

2. Verification by Co-workers

a. Name \_\_\_\_\_ Tel. \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_  
Briefly describe basis on which co-worker can verify practical experience

\_\_\_\_\_  
I verify that the information above is true to the best of my knowledge

Signature of Co-worker \_\_\_\_\_ Date \_\_\_\_\_

b. Name \_\_\_\_\_ Tel. \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_  
Briefly describe basis on which co-worker can verify practical experience

\_\_\_\_\_  
I verify that the information above is true to the best of my knowledge

Signature of Co-worker \_\_\_\_\_ Date \_\_\_\_\_

If unable to have information given above verified by either employer/supervisor or by two co-workers, complete all sections of form except D. Attach an explanation of why section D cannot be completed and include any materials that can be used to support statements in document (i.e., copies of evaluations of job performance or paycheck stubs) and submit it to the MVTA with the application for certification. The MVTA will advise the applicant if further information is required before approval can be granted.