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 Name ___________________ First Name __________________ Middle Name __________________

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:

<table>
<thead>
<tr>
<th>Area</th>
<th>Hrs/wk</th>
<th>Area</th>
<th>Hrs/wk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Nursing</td>
<td>______</td>
<td>Surgical Prep &amp; Asst.</td>
<td>______</td>
</tr>
<tr>
<td>Clinical Lab.</td>
<td>______</td>
<td>Radiology</td>
<td>______</td>
</tr>
<tr>
<td>Kennel Mgmt.</td>
<td>______</td>
<td>Front Office/Client Rel.</td>
<td>______</td>
</tr>
<tr>
<td>Hosp. Adm.</td>
<td>______</td>
<td>Staff Supervision</td>
<td>______</td>
</tr>
<tr>
<td>Other (explain)</td>
<td></td>
<td>Other (explain)</td>
<td></td>
</tr>
</tbody>
</table>

(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):


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.

Last updated 10/1/15