

VVTA Application 2005

Membership/Certification/Re-certification

Name: _____ Date: _____

Address: _____

Home Phone: _____ Work Phone: _____

E-Mail: _____

_____ VTC Student _____ Technician

Veterinary Practice: _____

Address: _____

Fax: _____ -Mail _____

Technical School: _____

Address: _____

Expected / Year of Graduation: _____

Year Passed VTNE: _____ Certification #: _____ eStat _____

(In Vermont, your certification # is found in the lower left corner of your certificate.)

Certification/Re-Certification (includes membership): \$50.00

Technician Membership: \$25.00

Student Membership: \$15.00

Associate Membership (out of state newsletter subscription): \$10.00

Send proof of graduation or work experience and proof of passing the VTNE for certification.

Send proof of 6 continuing education credits for recertification.

VVTA membership is from January 1st to December 31. A \$10.00 late fee will be charged for all renewals after February 1st.

Mail Application and Fee to:

VVTA c/o Jo Collemer, LVT, CVT
117 East Bear Swamp Road
Middlesex, VT 0560293

8022295054 catwhisperer@silicondairy.net

VVTA Use Only

For Certification Coordinator use only:

Membership

Certification

Re-Certification

Date Received: _____

Payment: _____ via: _____

Review/Approval: _____

Acknowledgement: _____

Expires: _____