

EMPLOYMENT HISTORY

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

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

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

Email: _____

Present Occupation: _____

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

Have you graduated from an AVMA approved school of veterinary technology? No Yes

List school name _____

Date graduated _____ (month/year)

City & State _____

Are you *currently* licensed/registered/credentialed to legally practice in any state or province?

No Yes

List all states you are licensed in

State _____ Date first issued _____ (month/year)

State _____ Date first issued _____ (month/year)

Estimate, as accurately as possible, how many hours you have spent practicing emergency or critical care veterinary nursing **since becoming** a credentialed veterinary technician in the last five years. _____ hours

EMPLOYMENT HISTORY (cont.)

List your employment history as a credentialed veterinary technician. Print additional copies of this form as necessary.

Name of practice/institution Address, City, State Contact person telephone # Contact person email	Average number of hours worked per week	Percentage of time devoted to emergency critical care medicine	Total Hours Worked	Starting date (MM/DD/YY) Ending date (MM/DD/YY)	Type of practice (general, referral, emergency, etc.)
		Total Hours:			