

The Academy of Veterinary Clinical Pathology Technicians

Professional History and Experience

Full Name: _____

Credentials: _____

Address: _____

Phone: _____ E-mail: _____

Present Occupation and Title: _____

Are you a graduate of an AVMA accredited veterinary technology program?

Yes No

School attended: _____ Graduation date: _____

Do you currently possess a credential to legally practice in your state or province?

Yes No

Pass date of VTNE: _____

NAVTA membership number: _____

License number: _____

List your employment history for the previous 6 years.

Name of Practice / Institution:	
Type of Practice:	
Start Date:	End Date:
Average number of hours worked per week:	Total number of weeks worked:
Percentage of time devoted to Clinical Pathology:	Total Clinical Pathology hours:
Total hours = % devoted to Clinical Pathology x hours per week worked x weeks worked at job	

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