



Veterinary Technician Association

website: www.wyvta.org

Application for Biennial Certification: 2018-2019

Approved certification will be effective January 1, 2018 - December 31, 2019

(Certification Year is Even)

Check your Certificate Number on your Certificate Card "WVTA XX-YYYY" where XX is your Certification Year

Please PRINT or TYPE all information, do not use abbreviations

COMPLETE ENTIRE APPLICATION; include ALL documentation especially Membership Application, dues, and any applicable certification fees

FULL NAME (including maiden if applicable): _____

ADDRESS (MAILING): _____
P. O. Box or Street Number and Name City State Zip

ADDRESS (PHYSICAL): _____
Street number and name City State Zip

E-MAIL ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

WORK ADDRESS: _____
Business Name Street number and name City State Zip

AVMA accredited Veterinary Technology (Animal Health Technology) Program attended (including address)

School Name Street number and name City State Zip

Graduation date: _____ Phone number of program attended: (_____) _____ - _____

The following items ARE REQUIRED, please check appropriate boxes or indicate N/A (not applicable) if it does not apply:

- 1. Application Type: Check the appropriate box.
[] New Application = \$ 10.00 [] Lapsed Renewal (received after expiration date) = \$ 10.00
[] Current Renewal (received prior to expiration date) = \$0 (no fee due); WyVTA Certificate Number _____
2. [] Copy of VT diploma attached (new applicants) [] VT Diploma on file with WyVTA
3. [] WyVTA membership application and fee attached (required for certification)
4. [] VTNE scores on file with WyVTA [] VTNE scores being transferred
5. [] Continuing Education certificates from previous 2 years attached [] New graduate
*10 hours of approved CE is required every 2 years (RACE, WyVTA, WyVMA, NAVTA, or AVMA approved)
6. Proof of license/registration/certification if transferring from another state: [] Attached [] N/A

Make checks payable to the WyVTA
Please send completed applications and fees to:
Deana Baker, CVT; WyVTA Secretary/Membership
2633 Bighorn Ave., Cody, WY 82414

* Association Use - Do Not Write Below This Line *

Date Received _____ Check number _____ Amount _____ Certification card sent date _____
CE received _____ Are things correct _____ Follow up _____/_____/_____