



NEW HAMPSHIRE VETERINARY TECHNICIAN ASSOCIATION

Application for Certification as a Veterinary Technician in New Hampshire

Name: _____ NHVTA member? Y / N
(print clearly) Last First Middle

Address: _____
(street)

(city, state, zip)

Phone #: _____ *E-mail: _____

Are you currently certified, licensed, or registered in another state? _____
*If yes, attach a copy of your current documentation of Certification, Licensure, or Registration

Fee for new CVT's is \$30.00 and includes (late fee is an additional \$25.00 after March 1st):
A 1 year NHVTA membership, a membership card which will allow free admission to all NHVTA CE's &
NHVTA email updates & up-to-date information on upcoming CE's.

Mail this completed CVT application, all required documentation, a check in the amount of \$30.00
payable to the NHVTA or your PAYPAL receipt to:

New Hampshire Veterinary Technician Association • P.O. Box 295, Greenland, NH 03840
Please notify the NHVTA of any name, address, phone or email changes

Please allow 4 - 6 weeks to process your application.

Signature of applicant: _____ Date: ____/____/____

Verification of Employment / Experience if required: (Refer to Requirements for Certification Form)

(1) Hospital: _____
Phone: _____
Address: _____
(street) (city, state, zip)

Supervisor: _____ Title: _____
Employment Dates: From: _____ To: _____
Average hours/week: _____ Total hours worked: _____

List specific skills, duties, and responsibilities performed while employed and include percentage of
time the skill was performed:

Table with 4 columns for skill/duty/responsibility and percentage, containing 4 rows of blank lines for entry.

Supervisor Signature: _____ Date: _____

