

Professional History and Experience

Full Name:

(First Name)

(Last Name)

Email:

Phone:

Address:

Street

City

State

Zip

Country

Present Occupation/Title:

You provide anesthesia primarily to:

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

NO

School:

Graduation Date:

month/day/year

Pass date of VTNE:

NAVTA membership number:

month/day/year

Do you hold another VTS title? **YES** **NO** If yes, indicate year obtained:

Repeat AVTAA Applicant? **YES** **NO**

If yes, indicate year(s) submitted:

Pre-application:

Complete Application:

State

License #

Original Date of
Credentialing
(mm/dd/year)

List each state in which you hold an
active license to **legally** practice
as a veterinary technician

INDICATE original date of credentialing

Has your license ever lapsed or been inactive? **YES**

NO

Explain:

International Candidates: *(List your current certification(s) obtained and license information)*

For Credentials Committee use only:

Total # of CREDENTIALLED HOURS: _____

Total # of ANESTHESIA HOURS: _____

Professional History and Experience

LIST YOUR EMPLOYMENT HISTORY 6/1/2013 till 6/1/2018

Primary Box 1: Work History from 6/1/2013 to 6/1/2014

Start Date:

End Date:

Name of Practice/Institution:

Type of Practice:

Supervisor name:

Contact email:

Regular hours worked per **DAY**:

Number of days worked per week:

Number of weeks/year:

(maximum of 2000 hrs. / year is accepted)

Number of days/wk performing anesthesia:

Average hours of work day spent providing primary anesthesia care:

Primary Box 2: Work History from 6/1/2014 to 6/1/2015

Start Date:

End Date:

Name of Practice/Institution:

Type of Practice:

Supervisor name:

Contact email:

Regular hours worked per **DAY**:

Number of days worked per week:

Number of weeks/year:

(maximum of 2000 hrs. / year is accepted)

Number of days/wk performing anesthesia:

Average hours of work day spent providing primary anesthesia care:

Primary Box 3: Work History from 6/1/2015 to 6/1/2016

Start Date:

End Date:

Name of Practice/Institution:

Type of Practice:

Supervisor name:

Contact email:

Regular hours worked per **DAY**:

Number of days worked per week:

Number of weeks/year:

(maximum of 2000 hrs. / year is accepted)

Number of days/wk performing anesthesia:

Average hours of work day spent providing primary anesthesia care:

Primary Box 4: Work History from 6/1/2016 to 6/1/2017

Start Date:

End Date:

Name of Practice/Institution:

Type of Practice:

Supervisor name:

Contact email:

Regular hours worked per **DAY**:

Number of days worked per week:

Number of weeks/year:

(maximum of 2000 hrs. / year is accepted)

Number of days/wk performing anesthesia:

Average hours of work day spent providing primary anesthesia care:

Primary Box 5: Work History from 6/1/2017 to 6/1/2018

Start Date:

End Date:

Name of Practice/Institution:

Type of Practice:

Supervisor name:

Contact email:

Regular hours worked per **DAY**:

Number of days worked per week:

Number of weeks/year:

(maximum of 2000 hrs. / year is accepted)

Number of days/wk performing anesthesia:

Average hours of work day spent providing primary anesthesia care:

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The area below is for **SECONDARY POSITIONS** held during the same year as a primary job or a change of primary employment mid-year (June to June) for any of the 5 primary boxes.

Secondary Box 1	Start Date:	End Date:
Name of Practice/Institution:	Type of Practice:	
Supervisor name:	Contact email:	
Regular hours worked per DAY : <i>(maximum of 2000 hrs. / year is accepted)</i>	Number of days worked per week: Number of days/wk performing anesthesia:	Number of weeks/year: Average hours of work day spent providing primary anesthesia care:

Secondary Box 2	Start Date:	End Date:
Name of Practice/Institution:	Type of Practice:	
Supervisor name:	Contact email:	
Regular hours worked per DAY : <i>(maximum of 2000 hrs. / year is accepted)</i>	Number of days worked per week: Number of days/wk performing anesthesia:	Number of weeks/year: Average hours of work day spent providing primary anesthesia care:

Secondary Box 3	Start Date:	End Date:
Name of Practice/Institution:	Type of Practice:	
Supervisor name:	Contact email:	
Regular hours worked per DAY : <i>(maximum of 2000 hrs. / year is accepted)</i>	Number of days worked per week: Number of days/wk performing anesthesia:	Number of weeks/year: Average hours of work day spent providing primary anesthesia care:

History Addendum (Only use if employment has changed after June 1 2018)

Addendum	Start Date:	End Date:
Name of Practice/Institution:	Type of Practice:	
Supervisor name:	Contact email:	
Regular hours worked per DAY : <i>(maximum of 2000 hrs. / year is accepted)</i>	Number of days worked per week: Number of days/wk performing anesthesia:	Number of weeks/year: Average hours of work day spent providing primary anesthesia care: