

# Professional History and Experience

Full Name:

Email:

Phone:

Address:

Street

City

State

Country

Zip

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:

month/day/year

NAVTA membership number:

	State	License #	Original Date of Credentialing (mm/dd/year)
<i>List each state in which you hold an active license to legally practice as a veterinary technician</i>			
<i>INDICATE original date of credentialing</i>			

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

**NO**

Explain:

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

For Credentials Committee use only:

Total # of CREDENTIALLED HOURS: \_\_\_\_\_

Total # of ANESTHESIA HOURS: \_\_\_\_\_

## Professional History and Experience

### LIST YOUR EMPLOYMENT HISTORY 6/1/2012 till 6/1/2017

#### Primary Box 1: Work History from 6/1/2012 to 6/1/2013

**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)*

Average hours of work day spent providing primary anesthesia care:

#### Primary Box 2: 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)*

Average hours of work day spent providing primary anesthesia care:

#### Primary Box 3: 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)*

Average hours of work day spent providing primary anesthesia care:

#### Primary Box 4: 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)*

Average hours of work day spent providing primary anesthesia care:

#### Primary Box 5: 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)*

Average hours of work day spent providing primary anesthesia care:

## Professional History and Experience

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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:	
<b>Regular</b> hours worked per <b>DAY</b> : <i>(maximum of 2000 hrs. / year is accepted)</i>	Number of days worked per week:	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:	
<b>Regular</b> hours worked per <b>DAY</b> : <i>(maximum of 2000 hrs. / year is accepted)</i>	Number of days worked per week:	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:	
<b>Regular</b> hours worked per <b>DAY</b> : <i>(maximum of 2000 hrs. / year is accepted)</i>	Number of days worked per week:	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 2017)**

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