

# 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:

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 practice  
as a veterinary technician/nurse

**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 6/1/2015 till 6/1/2020

### Primary Box 1: 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 2: 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 3: 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:

### Primary Box 4: Work History from 6/1/2018 to 6/1/2019

**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 6/1/2019 to 6/1/2020

**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:

## Professional History and Experience

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.

<b>Secondary Box 1</b>	<b>Start Date:</b>	<b>End Date:</b>
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 days/wk performing anesthesia:	Number of weeks/year: Average hours of work day spent providing primary anesthesia care:

<b>Secondary Box 2</b>	<b>Start Date:</b>	<b>End Date:</b>
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 days/wk performing anesthesia:	Number of weeks/year: Average hours of work day spent providing primary anesthesia care:

<b>Secondary Box 3</b>	<b>Start Date:</b>	<b>End Date:</b>
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 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 2020)**

<b>Addendum</b>	<b>Start Date:</b>	<b>End Date:</b>
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 days/wk performing anesthesia:	Number of weeks/year: Average hours of work day spent providing primary anesthesia care: