

2016 CERTIFIED VETERINARY TECHNICIAN CONTINUING EDUCATION REPORT FORM

Proof of 10 Continuing Education Credits & Recertification Fee is due no later than June 30th, 2016

DATE: _____ GRAD YEAR: _____ YEAR VTNE PASSED: _____

NAME: _____
First MI Last Previous Name (if changed)

ADDRESS: _____
Street Previous Address (if changed)

City State Zip

PHONE: Business: _____ Home/Cell: _____

Preferred method of Certification Communications: Email Mail Both

I would like to be on the MVMA Continuing Education Email List to receive upcoming CE notifications Yes No

EMPLOYER: _____ Current Role: _____
Not currently working as a Veterinary Technician

E-MAIL ADDRESS: _____

Interactive Credits (Required: 7 Minimum)

| Date(s): | Seminar/Course/Event Title | # Scientific/ Technical Credits | # Non- Technical Credits |
|----------|----------------------------|---------------------------------------|--------------------------------|
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Non-Interactive Credits (Limitations: Maximum of 3 accepted)

| Date(s): | Seminar/Course/Event Title | # Scientific/ Technical Credits | # Non- Technical Credits |
|----------|----------------------------|---------------------------------------|--------------------------------|
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Total Credits Submitted – 10 Credit Minimum _____
Minimum of 7 scientific/technical credits and maximum of 3 non-technical credits accepted

Amount Due: \$60.00 (After 6/30/2016 - Amount Due: \$80.00 & 15 Credits)

Check Enclosed Check #: _____ Date: _____

Credit Card: MasterCard VISA Discover AMEX

Name on card: _____

Signature: _____

Card #: _____

Expiration Date: _____ CVV Code: _____

Billing Zip Code: _____



**Mail CE Report Form, Certificate copies, and
Recertification Fee to: (do not FAX)**

MVMA
101 Bridgepoint Way, Suite 100
South St. Paul, MN 55075

Or renew online at
www.mvma.org/recertification-information

For questions, call 651-645-7533 or email
melissat@mvma.org