

# 2017 MN VETERINARY TECHNICIAN RECERTIFICATION CONTINUING EDUCATION REPORT FORM

**Proof of 10 Continuing Education Credits & Recertification Fee is due no later June 30<sup>th</sup>, 2017 - late penalties apply after deadline**

DATE: \_\_\_\_\_ GRAD YEAR: \_\_\_\_\_ YEAR VTNE PASSED: \_\_\_\_\_

NAME: \_\_\_\_\_  
First      MI      Last      Previous Name (if changed)

ADDRESS: \_\_\_\_\_  
Street      Previous Street (if changed)

\_\_\_\_\_ City      State      Zip      Previous City, State, Zip (if changed)

PHONE: Business: \_\_\_\_\_ Home/Cell: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ Current Role: \_\_\_\_\_  
 Not currently working as a Veterinary Technician

E-MAIL: \_\_\_\_\_

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

## Minimum Requirement: 10 Continuing Education Credits – 7 of 10 credits must be Interactive & Scientific

List ALL credits/sessions below and select appropriate categories – **INCOMPLETE FORMS WILL BE REJECTED & RETURNED**

CE Date(s) <small>7/1/2015 - 6/30/2017</small>	Seminar / Course / Event Title	Total Credits	<b>Interactive</b>	Non-Interactive <small>(max 3)</small>	<b>Scientific</b>	Non-Scientific <small>(max 3)</small>	In-House <small>(max 3)</small>
<b>(Check all that apply)</b>							
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Total credits:** \_\_\_\_\_

**Amount Due: \$75.00** (includes \$15 processing fee for mailed submissions)  
*After 6/30/17 – Late penalty applies: \$25 late fee plus 5 penalty credits required*

Check Enclosed: Check # \_\_\_\_\_ Date: \_\_\_\_\_

Credit Card:  MasterCard     VISA     Discover     AMEX

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_



Mail requirements to: (DO NOT Fax)  
 MVMA  
 101 Bridgepoint Way, Suite 100  
 South St. Paul, MN 55075

**OR**

**Renew online (preferred method) [www.mvma.org](http://www.mvma.org)**  
*No processing fees if renewing online (\$60 renewal)*

Questions? 651-645-7533 or [melissat@mvma.org](mailto:melissat@mvma.org)

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**Office use only:**  Accepted  Rejected  
 Date: \_\_\_\_\_ Initials: \_\_\_\_\_