

2018 MN VETERINARY TECHNICIAN RECERTIFICATION CONTINUING EDUCATION REPORT FORM

Proof of 10 Continuing Education Credits & Recertification Fee is due no later June 30th, 2018 - 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>7/1/2016 - 6/30/2018</small>	Seminar / Course / Event Title	Total Credits	Interactive	Non-Interactive <small>(max 3)</small>	Scientific	Non-Scientific <small>(max 3)</small>	In-House <small>(max 3)</small>
			(Check all that apply)				
			<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"/>
			<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"/>
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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 6/30/18 – 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
No processing fees if renewing online (\$60 renewal)

Questions? 651-645-7533 or melissat@mvma.org

Office use only: Accepted Rejected
 Date: _____ Initials: _____