2019 MN VETERINARY TECHNICIAN RECERTIFICATION

CONTINUING EDUCATION REPORT FORM

Proof of 10 Continuing Education Credits & Recertification Fee is due no later June 30th, 2019 - late penalties apply after deadline

DATE: GRAD YEAR:				YEAR VTNE PASSED:					
NAME:	First MI Last Pro			Previou	vious Name (if changed)				
ADDRESS:				Previous Street (if changed)					
City	,	State Zip	-	Previous Cit	y, State, Zip	(if changed)		
PHONE: Busines	ss:		Home/Cell						
EMPLOYER:			(Current Role:					
_		Not currently working as a	Veterinary T	echnician					
I would	like to be on the MVMA Cuirement: 10 Contin	od of Certification Communic ontinuing Education Email Li nuing Education Cred	ist to receive	upcoming CE noti	fications	Yes	s must b	e Scient	
List ALL credit	s/sessions below and sele	ct appropriate categories –	- INCOMPL	ETE FORMS WI	LL BE R	EEJECT		ETURNI I	ED
CE Date(s) 7/1/2017 - 6/30/2019 Seminar / Course / Event Title					Total Credits	Interactive	Non-Interactive (max 5)	Scientific	Non-Scientific (max 3)
							Cone) AN		
		ertifying online instead of te fee plus 5 penalty credits r		Total credits:			·		
□ Check Enclosed: Check # Date:				Mail requirements to: (<u>DO NOT</u> Fax) MVMA 101 Bridgepoint Way, Suite 100 South St. Paul, MN 55075					
Credit Card: □ MasterCard □ VISA □ Discover □ AMEX									
Name on Card:									
Signature:						OR			
Card #:	Renew online (preferred method) www.mvma.org No processing fees if renewing online (\$60 renewal)								
Expiration Date: Billing Zip Code:	Questions? 651-645-7533 or info@mvma.org								