

2020 MN VETERINARY TECHNICIAN LATE RECERTIFICATION

CONTINUING EDUCATION REPORT FORM

Proof of 15 Continuing Education Credits, Recertification Fee and Late Fee is due

DATE: _____ DEGREE(S)/CREDENTIAL(S): _____

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: 15 Continuing Education Credits – 10 credits must be Interactive, 12 credits must be Medical

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

CE Date(s) <small>7/1/2018 - 6/30/2020</small>	Seminar / Course / Event Title	Total Credits	Interactive		Medical	
			Non-Interactive (max 5)	(max 5)	Non-Medical (max 3)	(max 3)
			(Check One) AND (Check One)			
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Amount Due: \$115.00 (\$75 renewal fee plus \$40 late fee). Require 5 additional penalty credits (must be interactive and medical). Deadline was ~~6/30/20~~ (extension 9/30/20 due to COVID)

Check Enclosed: Check # _____ Date: _____
 Credit Card: MasterCard VISA Discover AMEX
 Name on Card: _____
 Signature: _____
 Card #: _____
 Expiration Date: _____ CVV Code: _____
 Billing Zip Code: _____



Total credits: _____

Mail requirements to: (**DO NOT** Fax)
 MVMA
 101 Bridgepoint Way, Suite 100
 South St. Paul, MN 55075
OR
 Email to mariaN@mvma.org. **Do NOT include credit card information on form. Please call office with CC payment or mail in a check.**
 Questions? 651-645-7533 or mariaN@mvma.org