

2021 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 | Non-Interactive (max 5) | Medical | Non-Medical (max 3) |
| | | | (Check One) AND (Check One) | | | |
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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).

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