

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) <i>7/1/2019 - recent</i>	Seminar / Course / Event Title	Total Credits	Interactive	Non-Interactive (max 5)	Medical	Non-Medical (max 3)
			(Check One)	AND	(Check One)	
			<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"/>

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