

# 2022 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>7/1/2020 - present</small>	Seminar / Course / Event Title	Total Credits				
			Interactive <small>(Check One)</small>	Non-Interactive <small>(max 5)</small>	Medical <small>(Check One)</small>	Non-Medical <small>(max 3)</small>
			<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"/>	<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"/>

**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](mailto: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