

2023 MN VETERINARY TECHNICIAN RECERTIFICATION CONTINUING EDUCATION REPORT FORM

Proof of 10 Continuing Education Credits & Recertification Fee is due no later June 30th, 2023 - late penalties apply after deadline

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: 10 Continuing Education Credits – 5 credits must be Interactive, 7 credits must be Medical

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

CE Date(s) <small>7/1/2021 - 6/30/2023</small>	Seminar / Course / Event Title	Total Credits	Interactive	Non-Interactive <small>(max 5)</small>	Medical	Non-Medical <small>(max 3)</small>
			(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: \$90.00 (Save \$15 by recertifying online instead of by mail)

I would like a printed CVT card (add \$5). Digital CVT cards now online.

Expedite my certification renewal (add \$100). 5-7 business day processing.

Check Enclosed: Check # _____ Date: _____


Credit Card: MasterCard VISA Discover AMEX

Name on Card: _____

Signature: _____

Card #: _____ CVV Code: _____

Expiration Date: _____ Billing Zip Code: _____



Total CE Credits: _____

Mail requirements to:
 MVMA
 101 Bridgepoint Way, Suite 100
 South St. Paul, MN 55075

***Please include COPIES of CE certificates.**

CE Guidelines & Renewal Requirements including
 Non-Preapproved CE form:
<https://www.mvma.org/certification-renewal>

Questions? 651-645-7533 or mariaN@mvma.org