

# 2023 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 ☐

PREFERRED 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) 7/1/2021 - present	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"/>	
			<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"/>	

**Amount Due: \$115.00** (\$75 renewal fee plus \$40 late fee). Require 5 additional penalty credits (must be interactive and medical).

- ☐ I would like a printed CVT card (add \$5). Digital CVT cards now online.  
☐ Expedite my late 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: (**DO NOT** Fax)

MVMA

101 Bridgepoint Way, Suite 100

South St. Paul, MN 55075

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

**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](mailto:marian@mvma.org)