

2024 MN VETERINARY TECHNICIAN RECERTIFICATION CONTINUING EDUCATION REPORT FORM

Proof of 10 Continuing Education Credits & Recertification Fee is due no later June 30th, 2024 - 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: Home/Cell: _____ Work: _____

EMPLOYER: _____ Current Role: _____
Not currently working as a Veterinary Technician ☐

E-MAIL: _____

Preferred method of Certification Communications: ☐ Email ☐ Mail ☐ Both

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) 7/1/2022 - 6/30/2024	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: \$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