

2024 MN VETERINARY TECHNICIAN RECERTIFICATION CONTINUING EDUCATION LATE 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: 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: 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) 7/1/2022 - 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"/>
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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"/>

Amount Due: \$125.00 (\$85 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 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