

Minnesota Veterinary Technician Certification Application

NEW TECHNICIANS

Submit Application, application fee, and either a copy of your diploma <u>or</u> original transcripts from your school. VTNE scores are submitted to MN if indicated on exam applications, if we do not have your score on file, you will be notified.

CREDENTIAL TRANSFERS

If you are transferring credentials from another state to MN, a letter of good standing from the state in which you are currently certified/licensed/registered and your VTNE score transfer must also be received in addition to your application, application fee and diploma.

To request a score transfer, please visit www.aavsb.org.

	To request a sco	ore transfer, plea	se visit <u>www.ac</u>	wsb.org.
ıme:				
	First	MI		Last
dress:		Street		
	City		State	Zip
nte of Birth:				
nail Address:				
eferred Phone:		Pre	ferred method (of contact: Mail Email Both
om which AVMA Accr	edited Veterinary Te	chnology Progra	n did you grad	uate?
0.1	anol		City	State
Sci	nool		City	State
ear of Graduation:		VTNE Completi	on date:	
re you certified in anoth	ar stata? If so, what s	tate(s)?		
re you certified in alloth	er state? If so, what s	iale(s)!		
urrently working as a tec	chnician? \square Yes \square	No Employer	:	
ork Address:	Work Phone: _			
ot be approved until all req	uired documentation h	as been received b	y the MVMA. Ple	aining certification in the state of MN. App ase review the requirements carefully. The ions, contact us at 651-645-7533.
Application Fee: \$75	5.00			Mail application to:
☐ Check Enclosed C	heck #	Date:		_ MVMA
redit Card: Uisa	☐ MasterCard ☐	Discover	AmEx	101 Bridgepoint Way, Suite South St. Paul, MN 5507
Jame on Card:				Or apply Online
ignature:				<u>www.mvma.org</u> For questions, call Maria a
C Number:				651-645-7533 or email <u>mariaN@r</u>
Expiration Date:	CVV Code:	Billing Zip	Code:	For office use only: Received:
				☐ Approved ☐ Declined