



Florida Association of Credentialed Veterinary Technicians

An Affiliate Organization of the Florida Veterinary Medical Association
Application for Technician Certification and Affiliate Membership



1 APPLICANT INFORMATION – PLEASE TYPE OR PRINT

Name _____ Date of Birth _____
(First) (Middle) (Last) (Maiden, if applicable)

Clinic or Work Name (If Applicable) _____

Clinic or Work Street Address _____

City, State, Zip _____ Phone _____

Work Email _____ Clinic Website _____

Home Address _____

City, State, Zip _____ Phone _____

Cell _____ Email _____

Preferred Mailing Address Office Home Preferred Email Address Office Home

2 EDUCATION – PLEASE TYPE OR PRINT

Name of AVMA-Accredited Veterinary Technology School _____

Address _____ City, State, Zip _____

Year Graduated _____ Type of Degree Conferred _____

Note: If you take/took the VTNE in a state other than Florida, you are required to have a sealed copy of your transcript sent from your school.

3 VETERINARY TECHNICIAN NATIONAL EXAM (VTNE) SCORE – PLEASE SELECT ONE

- I have already taken the VTNE in another state and I am having my VTNE score transferred from the American Association of Veterinary State Boards (AAVSB).
- I have already taken the VTNE in Florida on ____/____/____.
- I have applied to take the VTNE and will have my scores sent to the FVMA.

4 PERSONAL AFFIRMATION – PLEASE TYPE OR PRINT NAME AND SIGN

I, (Applicant Name) _____, affirm that I am the person referred to in this application for FVMA certification and affiliate membership. To the best of my knowledge, the information contained herein is true. I further confirm that I have never been convicted of a felony or any other crime involving moral turpitude.

Signature of Applicant X _____ Date _____

5 PLEASE SELECT A PAYMENT METHOD – FEE: \$55

(For Two Years of Certification and Membership, Now Through December 31, 2019)

- Check enclosed for \$55 (made payable to FVMA)
- Charge my credit card \$55 MasterCard VISA Discover AMEX

Name As It Appears on Card: _____

Credit Card Number: _____ Expiration Date: _____/_____/_____

Signature X _____

Congratulations and welcome to the FACVT, an affiliate organization of the FVMA!

You will receive an email at the address or addresses listed above with a receipt acknowledging your payment as well as a physical packet containing your membership card, certificate, and pin. You will start receiving regular correspondences from the FVMA and FACVT as soon as your payment processes. Please notify us of any changes in your name, address, or place of work so we have your latest contact information.

Any questions, comments, or concerns please call the FVMA at (800) 992-3862 or email info@fvma.org.