



Florida VETERINARY MEDICAL ASSOCIATION



# Team Member RENEWAL

Thank you for serving the veterinary profession and helping to provide the highest level of veterinary care. We encourage you to continue to maintain your professional status. The FVMA looks forward to continuing to support you.

Full Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

School \_\_\_\_\_ City, State \_\_\_\_\_

Degree \_\_\_\_\_ Graduation Date \_\_\_\_\_

### CERTIFIED VETERINARY ASSISTANT

I have completed a minimum of five (5) hours of appropriate continuing education for recertification and submitted a complete CE Log



**\$35**

EXP. 12/31/2024

### CERTIFIED VETERINARY TECHNICIAN

I have completed a minimum of fifteen (15) hours of appropriate continuing education for recertification and submitted a complete CE Log



**\$65**

EXP. 12/31/2025

### ANIMAL CARE TECHNICIAN



**\$45**

EXP. 12/31/2025

### VETERINARY PRACTICE MANAGER



**\$65**

EXP. 12/31/2025

Check Enclosed

Please charge my: VISA MasterCard AMEX Discover Amount: \$ \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Billing Address (if different than above) \_\_\_\_\_

By signing below, I acknowledge that a late fee of \$25 will be charged to any applications submitted after Dec. 31, 2023.

Signature X \_\_\_\_\_

FVMA dues payments are not deductible as charitable contributions for federal income tax purposes. However, they may be deductible as business expenses, except for that portion which goes to FVMA lobbying expenses. FVMA estimates that 6.53% of your 2024 membership dues are allocated to lobbying expenses and therefore nondeductible. Contributions to the Florida Veterinary Medical Association PAC are not deductible for federal income tax purposes.

## SEND COMPLETED RENEWAL VIA MAIL OR EMAIL

7207 Monetary Drive | Orlando, Florida, 32809

Phone Number: 407-851-3862 | Email: [membership@fvma.org](mailto:membership@fvma.org) | Website: [fvma.org](http://fvma.org)



## *Continuing Education* REQUIREMENTS

Team members are expected to maintain current competencies through continuing education (CE).

**Veterinary assistants** will be required to earn a minimum of five (5) hours annually of appropriate continuing education for recertification.

**Veterinary technicians** will be required to earn a minimum of fifteen (15) hours biennially of appropriate continuing education for recertification.

CE logs *must* be accompanied by copies of your certificates or proof of attendance. Keep originals for your records in case of audit. No renewal certificate shall be issued without proof the applicant has met the CE requirements.

**Renewal reminders are mailed beginning in October of the applicable renewal year. Failure to receive a renewal form will not relieve the individual of CE requirements. Team members are responsible for maintaining a current mailing address with the FVMA.**

Reinstatement of an inactive certificate may be issued upon completion of appropriate CE and payment of applicable fees. Please contact the membership department for specific instructions and approval.



## *Standards for* CONTINUING EDUCATION

Acceptable CE consists of any Florida Board of Veterinary Medicine or Registry of Approved Continuing Education (RACE) approved program. Team members may also receive credit for CE provided by: AVMA, FVMA, AAHA, Central Florida Academy of Veterinary Medicine, University of Florida and other regional meetings.

To find approved providers, please visit

<https://www.aavsb.org/ce-services/race/find-race-program-provider>

All offerings shall be at least fifty (50) minutes in length or one (1) contact hour. Increments of twenty-five (25) minutes will be accepted when the offering extends beyond one contact hour.



## *Revocation of* CERTIFICATION

Any certified veterinary assistant or technician not adhering to ethical standards, or convicted of a felony, is subject to revocation of their certification by the committee.



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Table with 6 columns: DATE, CE PROVIDER, LOCATION, SESSION TITLE, SPEAKER'S NAME, HOURS. The table contains 20 empty rows for data entry.

I hereby declare that I have attended the above hours of continuing education.

TOTAL HOURS

Empty box for total hours

Signature \_\_\_\_\_ Date \_\_\_\_\_

Full Name \_\_\_\_\_ Member ID \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Preferred Mailing Address \_\_\_\_\_