Florida VETERINARY MEDICAL ASSOCIATION

CERTIFIED VETERINARY TECHNICIANS

2027 Application for Membership

APPLICATION INFORMATION

Name: _____ D.O.B: _____

Home Street Address: _____

City, State, Zip _____ Cell: _____

Personal Email: _____

Clinic or Work Name (If Applicable): _____

Clinic or Work Street Address: _____

City, State, Zip: _____ Work Phone: _____

Work Email: _____ Clinic Website: _____

Preferred Mailing Address: ☐ Work ☐ Home Preferred Email Address: ☐ Work ☐ Personal

APPLICANT EDUCATION

Name of AVMA-Accredited
Veterinary Technology School*: _____

School Address: _____ City, State, Zip: _____

Graduation Year: _____ Type of Degree: _____

***NOTE:** Must be a graduate of an AVMA-accredited veterinary technician program in order to be eligible for CVT status.

VETERINARY TECHNICIAN NATIONAL EXAM (VTNE) SCORE

☐ 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 (mm/dd/yyyy): _____ .**

☐ I have applied to take the VTNE and will have my scores sent to the FVMA.

***NOTE:** Please be sure to transfer your VTNE score to the Florida Veterinary Medical Association (FVMA).

** **NOTE:** If you took the VTNE **PRIOR TO 2020**, please be sure to have your scores transferred via a **VAULT** transfer through the AAVSB.

7207 Monetary Drive | Orlando, Florida 32809
Phone: 407-851-3862 | Fax: 407-240-3710 | membership@fvma.org | www.fvma.org

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PERSONAL AFFIRMATION

I, (Full Applicant Name) _____, affirm that I am the person referred to in this application for FVMA certification and 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: _____ **Date:** _____

POLITICAL ACTION COMMITTEE (PAC)

As part of your membership, $20.00 of your membership fees support the PAC, which advocates on behalf of Florida Veterinary Professional's interests. If you prefer not to contribute to the PAC, you can opt-out by checking the box below:

☐ **OPT-OUT:** I do not wish for any part of my membership fees to be used for PAC contributions. Please redirect this portion to the FVMA Foundation, general fund or other non-political activities.

EASY WAYS TO PAY FOR YOUR MEMBERSHIP

Pay by Check

Mail your completed membership form and check payable to FVMA to:

7207 Monetary Dr, Orlando, FL 32809

Online Portal:

Scan the QR code for a step-by-step video walkthrough on how to create a portal account.

☐ Check enclosed for $70 (made payable to the FVMA)

CONGRATULATION AND WELCOME TO THE FVMA

You will receive regular correspondence from the FVMA as soon as your payment is processed. Please notify us of any changes in your name, address, or place of work so we have your latest contact information. If you have any questions, comments, or concerns please call the FVMA at 407-851-3862 or email us at membership@fvma.org.

To better protect your information, the FVMA can no longer accept membership applications sent by email. Applications may be completed securely through our online member portal by clicking the login on the FVMA website or by mailing your form to the FVMA office.

A processing fee of 3% will be applied to credit card transactions. Processing fees are non-refundable.

FVMA dues payments are not deductible as charitable contributions for federal income tax purposes. However, they may be deductible as business expenses, except for the portion which goes to FVMA lobbying expenses. The FVMA estimates that 6.53% of your 2027 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.

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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 begin in October of the applicable renewal year. Failure to receive a renewal form will not relieve the individual of CE requirements.

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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