

Florida Veterinary Medical Association  
7131 Lake Ellenor Drive  
Orlando, FL 32809  
Ph: (407) 851-3862 Fax: (407) 240-3710

**FLORIDA VETERINARY MEDICAL ASSOCIATION**  
**Veterinary Technician Committee**  
**Application for Certification Exam**

**PART A: APPLICANT INFORMATION AND DOCUMENTATION**

I hereby submit an application for examination and certification as a Veterinary Technician in the State of Florida and submit the following evidence of my qualifications:

1. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
2. Print Name In Full: \_\_\_\_\_  
(First M.I. Last) (Maiden Name)

3. Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

4. Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ 5. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

6. Office Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

7. High School Attended (Name): \_\_\_\_\_

Or The G.E.D. Number: \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

8. F.V.M.A. Accredited Veterinary Technician Program Attended:

Name of School Attended \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date courses completed or to be completed)

Degree Conferred \_\_\_\_\_ Date Diploma Issued \_\_\_\_/\_\_\_\_/\_\_\_\_

Or to be issued \_\_\_\_/\_\_\_\_/\_\_\_\_.

9. Are you currently certified, registered or licensed in another state? \_\_\_\_YES \_\_\_\_NO

If so, please list the state(s): \_\_\_\_\_

10. Upcoming Dates of the Florida Practical Examination (FPE)

January 16, 2009 \_\_\_\_\_

June 19, 2009 \_\_\_\_\_

January 15, 2010 \_\_\_\_\_

June 18, 2010 \_\_\_\_\_

11. The \$50.00 examination fee and a recent photograph MUST accompany your completed application.

12. Payment (**Please Check Payment Method:**)

Check enclosed for \$ 50.00 (made payable to FVMA)

Charge my credit card \$ 50.00

\_\_\_MasterCard \_\_\_VISA \_\_\_Discover \_\_\_AMEX

Acct. No. \_\_\_\_\_

Exp. Date \_\_\_\_\_

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

13. Official Transcripts

a) All applicants are required to submit an official transcript from the AVMA accredited program from which they graduated from. The transcript MUST show that you have graduated and that a degree in Veterinary Technology/Science was awarded to you .

OR

b) If you anticipate completing all academic requirements of the veterinary technology program (excluding general education courses) within one (1) month of this testing date, THE AFFIDAVIT IN PART D MUST BE SUBMITTED.

Not complying with these stipulations will only delay/deny your certification.

14a. I have applied to the American Association of Veterinary State Boards (AAVSB) to take the VTNE in Florida and I am registered to take the Exam at the next scheduled testing date. I have requested on my application that my VTNE scores be sent to the Florida Veterinary Medical Association (FVMA).

14b. I have already taken the VTNE and I am having my VTNE score transferred from the American Association of Veterinary State Boards (AAVSB). NOTE: We will need to receive your VTNE scores prior to the test date. Your completed application form plus proof of current certification, registration or licensure must also be received prior to the test date. Passing VTNE scores are calculated at one standard deviation below the national avg. to set the minimum passing score.

APPLICANT'S SIGNATURE:

X \_\_\_\_\_

**SPECIAL NEEDS REQUIREMENT:** i.e.: Do you Require Special Accommodations, Extended Testing Time, Large Print Examination Booklet, etc. Please explain, and send documentation on appropriate letterhead.

\_\_\_\_\_ NO \_\_\_\_\_ YES - Documentation attached

**PART B: CERTIFICATE OF MORAL CHARACTER**

**(TO BE COMPLETED BY ALL CANDIDATES)**

**TO BE SIGNED BY ONE CITIZEN OF HIS/HER COMMUNITY**

This is to certify that I have been personally acquainted with:

\_\_\_\_\_ (Applicant's Full Name)

and have known him/her to be of good character and hereby recommend him/her to the Florida Veterinary Medical Association's Veterinary Technician Committee for eligibility of certification by examination in the State of Florida.

I have known him/her for \_\_\_\_\_ years.

**X** \_\_\_\_\_

(Signature of Endorser)

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**PART C: PERSONAL AFFIDAVIT**

**(TO BE PROVIDED BY ALL CANDIDATES)**

**A NOTARY PUBLIC MUST COMPLETE THIS PART FOR THE APPLICANT**

State of \_\_\_\_\_, County of \_\_\_\_\_

(Applicant's Name) \_\_\_\_\_, being duly sworn, says that he/she is the person who is referred to in this application for Veterinary Technician Certification for the State of Florida; that the statements contained herein are true to the best of my knowledge and belief; that he/she has never been convicted of a felony or of any other crime involving moral turpitude; that he/she has read and understands the affidavit.

Signature of Applicant: **X** \_\_\_\_\_

Sworn Before Me This \_\_\_\_\_ day of \_\_\_\_\_, Year \_\_\_\_\_.

Signature of Notary Public: **X** \_\_\_\_\_

My Commission Expires: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**PART D: AFFIDAVIT TO BE COMPLETED ONLY BY THE CANDIDATE THAT WILL COMPLETE ACADEMIC REQUIREMENTS WITHIN ONE MONTH OF THE EXAMINATION DATE.**

State of \_\_\_\_\_, County of \_\_\_\_\_

(Applicant's Name) \_\_\_\_\_, being duly sworn, says that he/she is currently enrolled in good standing at a AVMA accredited program, and will complete all academic requirements of the Veterinary Technology program (Excluding general education courses) at:

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**AVMA School/College**

within one (1) calendar month of the FPE/VTNE examinations administered on \_\_\_\_\_ by the Florida Veterinary Medical Association.

Signature of Applicant: \_\_\_\_\_

Sworn Before Me This \_\_\_\_\_ day of \_\_\_\_\_, Year \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_