



Veterinary Technician Association

website: www.wyvta.org

Application for Certification

Please PRINT or TYPE all information, do not use abbreviations. Fill out entire application.

FULL NAME (including maiden if applicable): _____

ADDRESS (MAILING): _____
P. O. Box or Street Number and Name City State Zip

ADDRESS (PHYSICAL): _____
Street number and name City State Zip

E-MAIL ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

WORK ADDRESS: _____

AVMA accredited Veterinary Technology (Animal Health Technology) Program attended (including address):

Graduation date: _____ Phone number of program attended: _____

The following items are required:

1. New Application Renewal - Wy Certificate Number _____
2. Copy of diploma attached Diploma on file with WyVTA
3. WyVTA membership application attached Current WyVTA member
4. VTNE scores on file with WyVTA VTNE scores being transferred
5. Continuing Education certificates from previous 2 years attached New graduate
6. Proof of license/registration/certification if transferring from another state attached
7. \$10.00 application fee (new application or lapsed renewal)

Send completed applications and fees to:

Jaime Voelz, CVT, Secretary
1810 DeSmet Ave
Sheridan, WY 82801

Make checks out to the WyVTA