



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:

Jackie Van Noy, CVT, Secretary
1532 26th Street
Cody, WY 82414

Make checks out to the WyVTA