



Wyoming Veterinary Technician Association www.wyvta.org

Application for Biennial Period January 1, 2023-December 31, 2024

Check application is complete with all required documentation prior to submission to avoid delay in processing.

*Note: Any additional documentation should be **emailed** to CVT_Members@wyvta.org or sent to Jackie Van Noy, CVT/Members, 1532 26th St. Cody, WY 82414*

MEMBERSHIP: To apply for 2023-2024 membership in WyVTA, find the option for the biennial membership below.

You will choose your payment package at the end of the application.

- Membership Biennial CVT: initial or renewing = \$40
****Biennial Membership is REQUIRED for veterinary technicians wishing to certify with WyVTA.**
- Membership Biennial Associate Member: DVM, hospital staff; initial or renewing = \$40
- Membership Biennial VT Student (includes right to individual WyVTA vote, must be current AVMA accredited VT program student, regardless of year in school) = \$30

CERTIFICATION: Veterinary technicians eligible to be Certified Veterinary Technicians (certify or re-certify) with WyVTA, select one option in the certification group below; You will choose your payment package at the end of the application.

- Certification Biennial CVT; **initial** (first time certifying with WyVTA) = \$10
***Documentation is required. Please review entire application.*
- Certification Biennial CVT; **renewing** = \$0 **if paid by January 10 of 2023**
***CE documentation required for renewing (prior 2 years as defined in the WyVTA Bylaws).*
- Certification Biennial CVT; **renewing, but overdue** = \$10 **received/paid after January 10 of 2023**
***If certifying, ensure you also have a membership selected to complete the application.**
- Not applicable/Not certifying/Not a Veterinary Technician

Please Do NOT abbreviate. Please PRINT

NAME:

First	MI	(Maiden)	Last Name
HOME / MAILING ADDRESS		WORK ADDRESS	
Street Number/Name/PO BOX		Business Name (no abbreviations)	
City	State	Street Number/Name/PO BOX	
Area Code & Phone Number: Cell [] Home []		City	State
Personal Email <i>(please do not use work email)</i>		Work Area Code & Phone Number	

What type of hospital/institution do you work for?

Please check the appropriate job description box:

Veterinary Technician Veterinary Assistant Associate Member (circle one): DVM Other Staff Industry/Research

Complete veterinary education information below, if applicable:

VT or DVM School Name (please write out full name)

graduation date

program area code & phone number

CREDENTIALS BELOW (states or specializations): Please include all that apply

RVT, CVT, LVT, VTS or DVM

issuing state

RVT, CVT, LVT, VTS or DVM

issuing state

RVT, CVT, LVT or DVM

issuing state

RVT, CVT, LVT, VTS or DVM

issuing state

Please check which committee(s) you would like to serve on?

Nominations Membership Continual Education Newsletter NAVTA Scholarship
 (other interests?) _____

If you are certifying or re-certifying with this application, **ALL documentation MUST BE IN the WyVTA office along with payment before we can proceed with verification of your membership and certification.**

Please allow 4 weeks for processing. You will be contacted by email or phone call if the chairperson has any questions or is missing anything. PROMPT response is essential. CVT_Members@wyvta.org is the contact email to check progress.

The following items ARE REQUIRED. If re-certifying, the office will double check what we have on file:

- Application Type: Check the appropriate box(es) on page 1 and below in the payment section.
- Include a copy of Veterinary Technician Program graduation/diploma **(new applicants only)**
- Confirm VTNE scores are being transferred to WyVTA by PES/AAVSB **(new applicants only)**
OR VTNE scores already on file with WyVTA **(renewing applicants)**
- Every certifying year you MUST submit Continuing Education certificates from the immediate previous 2 years, sent/emailed (PDF, Word, JPG) **(renewing applicants)**
*10 hours of approved CE are required every 2 years (RACE, WyVTA, WyVMA, NAVTA, or AVMA approved)
OR New graduate (within the previous 2 years) no certificates needed until first re-certification
- Include proof of license/registration/certification if transferring from another state

As a member of the Wyoming Veterinary Technician Association, I will abide by the Constitution, Bylaws, and Rules of the Association. Go to <https://www.wyvta.org/bylaws.pml> to read.

Signature

Date

Mail checks payable to the WyVTA

LAST STEP:

1. **Email (PDF, Word, JPG) documents to:** CVT_Members@WyVTA.org (Subject line: Your Last Name-Memb/Cert Docs) **and MAIL payment** with your Last Name-Memb/Cert Dues in the check memo line to the address below:

< OR >

2. **Mail completed application, additional documentation, and dues (DO NOT SEND CASH)**

to:

Jackie Van Noy, CVT
WyVTA Membership & Certification
1532 26th St
Cody, WY 82414