



Wyoming Veterinary Technician Association www.wyvta.org

Application for Biennial Period January 1, 2024-December 31, 2025

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 Beth Zima, CVT/Members, 301 Thelma Dr. #126, Casper, WY 82609

If you are certifying or re-certifying with this application, **ALL documentation MUST BE IN the WyVTA Membership office along with payment before we can proceed with verification of your membership and certification.** You will be contacted by email or phone call if the chairperson has any questions or is missing anything. PROMPT response is essential.

Please allow **4 weeks for processing.** CVT_Members@wyvta.org is the contact email to check progress.

MEMBERSHIP (must select one)

To apply for 2024-2025 membership in WyVTA, select one 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 = \$30. Membership includes the currently enrolled AVMA accredited VT program student's right to individual WyVTA vote regardless of year in program.

Veterinary Technician Program - AVMA Accredited ONLY – ANNUAL MEMBERSHIP = \$50/ school membership. Program Director is the Member-in-Charge. Enrolled students are covered and represented by this membership, but not eligible to vote. Students are encouraged to review the newsletter, submit articles and pictures, and elect a first- and second-year representative to attend WyVTA Monthly Meetings online to communicate information back to fellow students.

NOTE: Program Director: Please include contact email addresses for students with application for bimonthly newsletter information. Encouragement to attend and be actively involved in the state association is appreciated and highly recommended regardless of final career destination.

CERTIFICATION (select one ONLY if certifying or re-certifying)

Veterinary Technicians eligible to be Certified Veterinary Technicians with WyVTA: select one option in the certification group below; You will choose your payment package at the end of the application.

***Ensure you also have a membership selected to complete the application.**

Certification Biennial CVT; initial (first time certifying with WyVTA at any time of year) = \$10

****Documentation is required. Please review entire application.**

Certification Biennial CVT; renewing = \$0 **if received & paid by January 10 of 2024**

****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 2024**

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 page 2 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

(two) 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

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

ZIP

Street Number/Name/PO BOX

Area Code & Phone Number: Cell Home

City

State

ZIP

Personal Email (please do not use work email)

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 Staff Industry/Research Other

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 have an interest in and/or would like to serve on?

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

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

LAST STEP: Mail checks payable to the WyVTA

- 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 all monies due (DO NOT SEND CASH) to:**

Beth Zima, CVT, WyVTA Membership & Certification
301 Thelma Dr. #126
Casper, WY 82609