

Professional History and Experience

Full Name:

(First Name)

(Last Name)

Email:

Phone:

Address:

Street

City

State

Zip

Country

Present Occupation/Title:

You provide anesthesia primarily to:

Are you a graduate of an AVMA accredited veterinary technology program? **YES**

NO

School:

Graduation Date:

month/day/year

Pass date of VTNE:

month/day/year

Do you hold another VTS title? **YES**

NO

If yes, indicate year obtained:

Repeat AVTAA Applicant? **YES**

NO

If yes, indicate year(s) submitted:

Pre-application:

Complete Application:

State

License #

Original Date of
Credentialing
(mm/dd/year)

List each state in which you hold an
active license to practice
as a veterinary technician/nurse

INDICATE original date of credentialing

Has your license ever lapsed or been inactive?

YES

NO

Explain:

International Candidates: *(List your current certification(s) obtained and license information)*

For Credentials Committee use only:

Total # of CREDENTIALLED HOURS: _____

Total # of ANESTHESIA HOURS: _____

Professional History and Experience

LIST YOUR EMPLOYMENT HISTORY 6/1/2019 till 6/1/2024

Primary Box 1: Work History from 6/1/2019 to 6/1/2020

Start Date:

End Date:

Name of Practice/Institution:

Type of Practice:

Supervisor name:

Contact email:

Regular hours worked per **DAY**:

Number of days worked per week:

Number of weeks/year:

(maximum of 2000 hrs. / year is accepted)

Number of days/wk performing anesthesia:

Average hours of work day spent providing primary anesthesia care:

Primary Box 2: Work History from 6/1/2020 to 6/1/2021

Start Date:

End Date:

Name of Practice/Institution:

Type of Practice:

Supervisor name:

Contact email:

Regular hours worked per **DAY**:

Number of days worked per week:

Number of weeks/year:

(maximum of 2000 hrs. / year is accepted)

Number of days/wk performing anesthesia:

Average hours of work day spent providing primary anesthesia care:

Primary Box 3: Work History from 6/1/2021 to 6/1/2022

Start Date:

End Date:

Name of Practice/Institution:

Type of Practice:

Supervisor name:

Contact email:

Regular hours worked per **DAY**:

Number of days worked per week:

Number of weeks/year:

(maximum of 2000 hrs. / year is accepted)

Number of days/wk performing anesthesia:

Average hours of work day spent providing primary anesthesia care:

Primary Box 4: Work History from 6/1/2022 to 6/1/2023

Start Date:

End Date:

Name of Practice/Institution:

Type of Practice:

Supervisor name:

Contact email:

Regular hours worked per **DAY**:

Number of days worked per week:

Number of weeks/year:

(maximum of 2000 hrs. / year is accepted)

Number of days/wk performing anesthesia:

Average hours of work day spent providing primary anesthesia care:

Primary Box 5: Work History from 6/1/2023 to 6/1/2024

Start Date:

End Date:

Name of Practice/Institution:

Type of Practice:

Supervisor name:

Contact email:

Regular hours worked per **DAY**:

Number of days worked per week:

Number of weeks/year:

(maximum of 2000 hrs. / year is accepted)

Number of days/wk performing anesthesia:

Average hours of work day spent providing primary anesthesia care:

Professional History and Experience

The area below is for **SECONDARY POSITIONS** held during the same year as a primary job or a change of primary employment mid-year (btw June to June) for any of the 5 primary boxes.

Supplemental Box 1	Start Date:	End Date:
Name of Practice/Institution:	Type of Practice:	
Supervisor name:	Contact email:	
Regular hours worked per DAY : (maximum of 2000 hrs. / year is accepted)	Number of days worked per week: Number of days/wk performing anesthesia:	Number of weeks/year: Average hours of work day spent providing primary anesthesia care:

Supplemental Box 2	Start Date:	End Date:
Name of Practice/Institution:	Type of Practice:	
Supervisor name:	Contact email:	
Regular hours worked per DAY : (maximum of 2000 hrs. / year is accepted)	Number of days worked per week: Number of days/wk performing anesthesia:	Number of weeks/year: Average hours of work day spent providing primary anesthesia care:

Supplemental Box 3	Start Date:	End Date:
Name of Practice/Institution:	Type of Practice:	
Supervisor name:	Contact email:	
Regular hours worked per DAY : (maximum of 2000 hrs. / year is accepted)	Number of days worked per week: Number of days/wk performing anesthesia:	Number of weeks/year: Average hours of work day spent providing primary anesthesia care:

History Addendum (Only use if employment has changed after June 1 2024)

Addendum	Start Date:	End Date:
Name of Practice/Institution:	Type of Practice:	
Supervisor name:	Contact email:	
Regular hours worked per DAY : (maximum of 2000 hrs. / year is accepted)	Number of days worked per week: Number of days/wk performing anesthesia:	Number of weeks/year: Average hours of work day spent providing primary anesthesia care: