

# 2005 Registered Veterinary Technician Exam

Austin, TX  
Friday June 17, 2005

Name (L, F, MI): \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Work Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

All mailings are sent to the home address unless otherwise notified.

E-mail: \_\_\_\_\_

## INSTRUCTIONS

- Please determine your exam category and answer the respective questions.
- Please do not answer the questions for more than one category. You should only fall under one of the below categories.
- All information requested below is required. **DEADLINE: APRIL 15, 2005**

### 1. I am currently enrolled in an AVMA-accredited veterinary technology program (see note below).

Date Student Will Complete Program: \_\_\_\_\_ School and State: \_\_\_\_\_ Phone #: \_\_\_\_\_

Program Director Name: \_\_\_\_\_ Program Director Signature: \_\_\_\_\_

- **Note:** Signature indicates student has *only* an internship left at the time of testing to complete all program requirements. If the student has more than an internship left at the time of testing, they are not eligible to take either exam at this time.

### 2. I have never taken the National or Texas RVT exam and am a graduate of an American Veterinary Medical Association (AVMA)-accredited vet tech program. You must submit an official final transcript.

Date of Graduation: \_\_\_\_\_ School, State and Year Graduated: \_\_\_\_\_

### 3. I am a transferring registered, licensed or certified technician from another state and a graduate from an AVMA-accredited vet tech program (the program must have been accredited at the time of completion). You must submit an official transcript, a status letter from your current state and have your VTNE scores transferred to TVMA. If you previously passed the national exam in any state where it is offered, you must call the PES to request transfer at 212/367-4200.

State Transferring From: \_\_\_\_\_ Registering or Licensing Agency Name: \_\_\_\_\_

School and State Graduated: \_\_\_\_\_

### 4. I have an expired registration in the state of Texas with the prior designation of ATR or RVT and graduated from an AVMA-accredited program. You must submit an official transcript if you graduated prior to 1995. If you graduated and have not taken the VTNE, you will be required to do so.

Name at the Time Registration Expired (if changed): \_\_\_\_\_

Date of Initial Exam: \_\_\_\_\_ OR Year Registration Expired: \_\_\_\_\_

### 5. I took the state exam and/or VTNE previously in Texas and did not pass one or both exams. If you previously took the exam under category 1, you must provide an official transcript showing completion of your AVMA-accredited vet tech program if you did not do so previously.

Payment must accompany application. Please circle the appropriate test/tests: An application fee of \$25 plus one of the following:

VTNE/State: \$195, VTNE Only: \$125, State Only: \$85

Refunds of 100% before May 1. Refunds of 50%, for the state exam only, until May 30.

Visa/MC #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

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Austin, TX  
Friday June 17, 2005

Exam Failed (circle one): **National** **State** Year of Initial Exam: \_\_\_\_\_ Year Last Exam Taken: \_\_\_\_\_

\_\_\_\_\_  
School, State and Year Graduated: \_\_\_\_\_

I hereby affirm that the information provided above is true and correct to the best of my knowledge and understand that any misrepresentation could prevent me from taking the examination(s). DEADLINE: APRIL 15, 2005

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**You will receive a confirmation postcard and an exam packet will be mailed by May 15<sup>th</sup>. please contact Ellen Mahanay, RVT with any questions**

Payment must accompany application. Please circle the appropriate test/tests: An application fee of \$25 plus one of the following:  
VTNE/State: \$195, VTNE Only: \$125, State Only: \$85  
Refunds of 100% before May 1. Refunds of 50%, for the state exam only, until May 30.

Visa/MC #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_