



2014 REGISTERED VETERINARY TECHNICIAN STATE EXAM APPLICATION

EXAM DATE: FRIDAY, JUNE 20, 2014 • AUSTIN, TX

► PERSONAL INFORMATION

Please print. Return this form with payment to TVMA at 8104 Exchange Dr., Austin, TX 78754 or fax to 512/452-6633 if paying by credit card. If you have questions, call TVMA at 512/452-4224.

First Name: _____ Last Name: _____ SSN: _____ DOB: ____/____/____

Clinic Name: _____

Work Address: _____ City/State: _____ Zip: _____

Home Address: _____ City/State: _____ Zip: _____

Work Phone: _____ Home Phone #: _____ E-mail: _____

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

► 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: May 30, 2014. Incomplete forms will not be processed.**

► SELECT (ONE ONLY)

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

*Date Student Will Complete Program: _____

*Reflects date that ALL course work and clinicals are completed and diploma is received.

School and State: _____

Phone: _____

Program Director Name: _____

Program Director Signature: _____

Note: Signature indicates student has only an internship left at the time of exam to complete all program requirements. If the student has more than an internship left at the time of exam, they are not eligible to take the state exam at this time. You must submit an official final transcript.

IMPORTANT: NAME ON FINAL TRANSCRIPT: _____

(check one or both)

I have never taken the National or Texas RVT state 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: _____

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 AAVSB to request transfer at 877/698-8482.

State Transferring From: _____ Registering or Licensing Agency Name: _____

School and State Graduated: _____

I have an expired registration in the state of Texas with the prior designation of ATR or RVT and graduated from an AVMA-accredited vet tech program. You must submit an official transcript. 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: _____

(check one or both)

I took the Texas state exam and/or National exam (VTNE) previously in Texas and did not pass the exam(s).

Year of Initial Exam(s): _____ Year Last Exam(s) 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).

Signature: _____ Date: _____

You will receive an exam information packet that will be emailed by June 6, 2014 please contact TVMA with any questions.

► PAYMENT (CHECK OR CREDIT CARD)

Payment must accompany application. **A non-refundable application fee of \$35 and the State Exam fee of \$95. Refunds of 100% before May 30, 2014. Refunds of 50% until June 6, 2014.**

Visa MC Card Number: _____ CSC #: _____ Expiration Date: ____/____/____

Name on Card: _____