**VTS Dermatology (ADVT) Applicant Information and Work Experience form**

(please return as a MS Word document)

Name: Click here to enter text.

Mailing Address: Click here to enter text.

City, State/Province: Click here to enter text.

Home/Cell Phone: Click here to enter text. Work Phone:Click here to enter text.

Preferred email address: Click here to enter text. Alternate email address:Click or tap here to enter text.

Date submitted: Click here to enter text.

Date Application Packet Fee was submitted: Click or tap here to enter text.

Currently credentialed in the state/province of: Click here to enter text.

Check appropriate credential: [ ]  LVT [ ]  RVT [ ]  CVT [ ]  RAHT [ ]  Other Click or tap here to enter text.

Credential number: Click here to enter text.

From which AVMA/CVMA accredited program did you graduate? Click here to enter text.

Date of graduation: Click here to enter text.

**Work Experience (as a credentialed veterinary technician):**

|  |  |  |
| --- | --- | --- |
| From: mm/yyyy to: mm/yyyy | List place(s) of Employment obtaining derm experience | Description of Primary Responsibilities Related to Specialty(list role, duties and species) |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
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For Internal Use Only

[ ] Applicant has met criteria to proceed working towards VTS requirements

[ ] Application fee received; Method of payment: Click or tap here to enter text.Date deposited: Click or tap here to enter text.

[ ] Applicant number assigned and added to spreadsheet #Click here to enter text.

[ ] Application packet materials sent to applicant. Date:Click here to enter text.

*Application packet materials must be submitted by/expire on*: Click or tap here to enter text.