



Veterinary Technology Program
University of Cincinnati
Blue Ash College
9555 Plainfield Rd.
Blue Ash, OH. 45236-1096
513-936-7172

This document is to confirm that _____ has completed at least
(print student name)

20 hours of veterinary experience under the supervision of a veterinarian (DVM/VMD) or registered veterinary technician (RVT, LVT, CVT) (signed below). This experience can be paid or unpaid and must have taken place **within three years** of application to the clinical year of the Veterinary Technology Program at UC Blue Ash College.

Please fill in the indicated area(s) that best describe this student's entire range of experience. Complete all areas (#1,2,3) that represent this student's experience. Depending on the student's particular experience, not all areas will necessarily be filled in. Multiple facilities may use a single form or multiple forms may be turned in.

1. Circle the number of **volunteer** hours under the supervision of a vet or vet tech completed within three years of application (circle the one answer that BEST matches your experience):
 - a. I completed an animal-related vocational program (signature not required)
 - b. 0 hours
 - c. 20 hours
 - d. 21-100 hours
 - e. 100+ hours

DVM/RVT Supervisor (printed) _____ Signature _____

Approximate dates for this experience: _____

Veterinary Facility Name and Contact _____

(See Next Page)

2. Circle the number of hours worked in a **paid** position as a **veterinary assistant** completed within three years of application (circle the one answer that BEST matches your experience):

- a. 0 hours
- b. 1-6 months
- c. 7-12 months
- d. 1-2 years
- e. 2+ years

DVM/RVT Supervisor (printed) _____ Signature _____

Approximate dates for this experience: _____

Veterinary Facility Name and Contact _____

3. Circle the number of hours worked in a **paid** position in a veterinary clinic (**receptionist, kennel help, etc. but NOT as a vet assistant**) completed within three years of application (circle the one answer that BEST matches your experience):

- a. 0 hours
- b. 1-6 months
- c. 7-12 months
- d. 1-2 years
- e. 2+ years

DVM/RVT Supervisor (printed) _____ Signature _____

Approximate dates for this experience: _____

Veterinary Facility Name and Contact _____

I certify that the above experience information is correct to the best of my knowledge.

(student signature)

(date)