



Application for FVTA Certification

Personal Information

Name: _____ Hospital Name: _____
 Address: _____ Address: _____
 City/State/Zip: _____ City/State/Zip: _____
 County: _____ County: _____
 Phone: (____) _____ Phone: (____) _____
 *Email: _____ Fax: (____) _____

**All Association correspondence will be via email. If you do not have email access, please note this in the "Comments" area at the end of the registration form.*

Employment Type

Small Animal Practice Exotic/Zoo Animal Large Animal Practice
 Teaching/Research Facility Mixed Animal Practice Sales
 Emergency Clinic Other (please explain) _____

Are you a member of NAVTA? Yes No

Are you a Registered Florida Voter? Yes No

Registration For:

I am applying for certification/membership through the Florida Veterinary Technician Association (FVTA)

- FVTA Certification (bi-annual) includes 2-year Membership

I am a Certified/Registered/Licensed veterinary technician from another state and am applying for certification in Florida.
The following must be included:

- School _____ Year of Graduation _____
- Degree Awarded _____
- Accreditation Body _____ Certified/Registered/License# _____

I am including proof of 15-Continuing Education Credits (CE) Use Form provided

Payment

Certification: \$75.00 **NOTE:** Add \$25.00 late fee if payment made more than 30 days past the renewal date (\$100.00 total)
Application fee: \$ 5.00 First time application New Student Certification: \$25.00 (Includes membership) (\$30.00 total)

Total Enclosed \$ _____

**(This is a onetime fee for those that are applying for certification with the FVTA for the first time)*

Payment can be made by credit card using Pay Pal, Check or Money Order

Please make check or money order payable to:

Florida Veterinary Technician Association
FVTA Certification
PO Box 924082
Princeton FL 33092

OFFICE USE ONLY:

___ Application & payment received ___ CE Form ___ Computer input ___ Check or money order number: _____