

# **Veterinary Nursing Program**

# APPLICATION FOR ADMISSION

## **Veterinary Nursing Program**

### **Due Dates:**

a. Fall Application Due July 1st (Face-to-Face & Online Students)

Name:(Last)		(34:111 /34:11 )
(Last)	(First)	(Middle/Maiden)
Address:		
Address:(Street)	(City)	(State) (Zip Code
Email:	_	
Home Telephone: C	Cell:	
U.S. Citizen? Yes No Date	te of Birth (Month) (Day) (Year)	
Please check next to the program which y		
Face-to-Face Program	ou are applying:	
Distance Learning Program		
If you are applying to the Distance Learni	ng Program please specify the foll	owing:
Semester: Fall or Spring (circle one)	Year:	
References:		
I have requested that the 2 following indi	viduals send letters of recommend	dation.
NOTE: Reference letters must be signed	d and should not be from a fami	ly member.
Name	Address	

Name of Institution	City, State	Dates Attended	Degree Received/Anticipated	
Ouganizations/Comm	vanitas Comeilas Astiviti	oo. List all bosinning wi	th high agh	مما
Organizations/Comm Name of		es: List all beginning wi		Dates Involved
Organization	Type of Service/Ac	Type of Service/Activity		
Employment, List all v	work avnariance both t	full and part time during	y the last five	o voors
		full- and part-time, during		
	vork experience, both f	full- and part-time, during		e years. <b>State</b>
Dates: From To	Position Held		City,	State
Tave you ever been arithe past five (5) years.	Position Held	Employer	City,	State
Have you ever been are the past five (5) years.	Position Held  rested for any offense of	Employer  or convicted of any offens	City,	State
Dates: From To  Have you ever been are the past five (5) years.	Position Held  rested for any offense of a separate sheet of page	Employer  or convicted of any offens	City,	State
Have you ever been are the past five (5) years.  Yes No  Yes, provide details on the past you ever been contains.	Position Held  rested for any offense of a separate sheet of page	Employer  or convicted of any offens	City,	State
Dates: From To  Have you ever been are the past five (5) years.  Yes No  Have you ever been con Yes No  Yes No	Position Held  rested for any offense of a separate sheet of page	Employer  or convicted of any offens  over.	City,	State

Date\_\_\_\_\_

\_\_\_\_ Yes \_\_\_\_ No



# **Clinical Observation Record**

Name of Applicant:	
Veterinary Hospital Observed:	
Address of Veterinary Hospital:	
The purpose of clinical observation is to acquaint the pote Veterinary and Veterinary Nursing professions and to allo Technician an opportunity to provide feedback regarding the applicant should be able to give rational for why they Technician.	ential applicant with the nature and scope of the ow the Veterinarian or Registered Veterinary the applicant. Upon completion of their observation
Please consider the following and provide your overa	ll impression: The applicant:
<ul> <li>arrived promptly for observation and stayed the agre</li> <li>was neat &amp; appropriate in their appearance and beha</li> <li>showed effective listening skills &amp; good verbal common observed attentively and with interest.</li> <li>showed confidence &amp; enthusiasm through their behave asked questions &amp; gave comments that indicated an a Nursing.</li> </ul>	vior. inication. vior.
Each applicant must observe 16 hours to be eligible to aphours of observation can be with either a veterinarian or After the initial 16 hours, the applicant can earn points by Applicants can earn up to 4 points (1 point per 8 hours).	any member of the veterinary health care team.
Amount of time observed: Date(s) of Observ	ration:
Amount of time observed: Date(s) of Observ	ration:
Amount of time observed: Date(s) of Observ	ration:
I recommend this student for consideration by the MSC V	eterinary Nursing Program: Yes No
Comments:	
DVM/RVT Signature:	DVM or RVT Date:
Print Name of Observer:	
Licence # Phone Number	Emaile