

Veterinary Nursing Program

APPLICATION FOR ADMISSION

Veterinary Nursing Program

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

Name: (Last)	(Eirat)	(IE:aM) alkkiM)
(Last)	(First)	(Middle/Maiden)
Address:		
(Street)		(City) (State) (Zip Code)
Email:		
Home Telephone:	Cell:	
U.S. Citizen? Yes No	Date of Birth	
	(Month) (Day)	(Year)
Please check next to the program whi	ch you are applying:	
Face-to-Face Program		
Distance Learning Program		
If you are applying to the Distance Le	arning Program please	specify the following:
Semester: Fall or Spring (circle one)	Year:	_
References:		
I have requested that the 2 following	individuals send letters	of recommendation.
NOTE: Reference letters must be si	gned and should not b	e from a family 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	Type of Service/Activiti	es: List all beginning wi		Dates Involved
Organization	Type of Service/Ac	ctivity		Dates involved
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. State
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:
 arrived promptly for observation and stayed the agre was neat & appropriate in their appearance and beha showed effective listening skills & good verbal common observed attentively and with interest. showed confidence & enthusiasm through their behave asked questions & gave comments that indicated an a Nursing. 	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