

2020 Application (Certification will Expire Dec 31, 2022)
Certified Technician in the State of Montana

Please complete this form in its entirety

Date _____

Name: _____

Home Address: _____

City: _____ St: _____ Zip: _____

Home Phone: _____ E-Mail: _____

Place of Employment: _____

Address: _____

City: _____ St: _____ Zip: _____

Work Phone: _____ email: _____

New Certification - Please provide the following information.

(New graduates: Passage of VTNE on Odd years requires 8hrs CE, Even years no CE is required)

School information: (Please provide copy of diploma from 2 yr program as well as VTNE score)

School attended: _____ Year graduated: _____

License information: (Please provide a statement from previous state stating that you are in good standing)

Licensed Certified Registered

Issuing State: _____ License Number: _____

Renewal Certification

Signature: _____

Return this form with your \$75 payment
Postmark after Dec 31, 2020 \$25 late fee (per quarter)

Sign this application.

Make Check Payable to:

BIG SKY VETERINARY TECHNICIAN ASSOCIATION

Mail to:

Marcia Cantrell

6 Stallion Ridge

Livingston, MT 59047

Please note:

This form is for Certification only.

To become a member of BSVTA please fill out a separate application form.

See our website www.bigskylvettech.org

For Office use only:

Date rec'd: _____

Amount: _____

Check # _____

Pd by: _____