OVMA VETERINARY ASSISTANT CERTIFICATION APPLICATION

Print or Type Answers to all Questions on this form in full.

Applicant Information:

Name: _____

 (Last) (First) (Middle/Maiden)

Mailing Address: _____

City:_____ State: _____ Zip:_____

Email: _____ Birthday: _____/_____/_____

Home Phone: _____ Cell: _____

Supervisor's Information: (Education/Training in Veterinary Clinical/Hospital)

Supervisor's Title: ☐ DVM ☐ RVT

Name: _____

 (Last) (First) (Middle/Maiden)

Clinic Name: _____

Clinic Address: _____

City:_____ State: _____ Zip:_____

Clinic Phone: _____Email: _____

Period of Observation Training from Date: _____ To Date: _____

Supervisor's Signature: _____ Date: _____

Education: (optional)

Name of Institution: _____ From: _____To: _____

Name of Institution: _____ From: _____To: _____

Transcript/s are included with your application (optional): ☐ Yes   ☐ No

OVMA VA Certification Skills List completed and included with your application (required): ☐ Yes   ☐ No

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Testing Information:

Exam Testing Windows	Certification Applications Due
January 1 –31, 2024	December 31st, 2023
May 1 –30, 2024	April 15th, 2024
June 1 –30, 2024	May 15th, 2024

Exam Type	OVMA Member Discount	Cost of exam
First exam during testing window	If your supervising DVM is <u>not</u> a current member of the OVMA	☐ $135
	If your supervising DVM is a current member of the OVMA	☐ $110
Retest during testing window	N/A	☐ $80

To find out if your supervising DVM is an active OVMA member, please contact the OVMA at (405) 478-1002.

Payment Method:
☐ Check   ☐ Credit/Debit Card:

Card Holder Name: _____

Card #: _____ Expiration Date: _____

Billing Address: _____

City: _____ State:_____ Zip code: _____ CVV: _____

Applicant Signature: _____

Submit application, completed skills list, and payment to:

Oklahoma Veterinary Medical Association
13917 Quail Pointe Dr.
Oklahoma City, Oklahoma 73134
(405) 478-1002
www.okvma.org