



## OVMA VETERINARY ASSISTANT CERTIFICATION APPLICATION

Please print or type answers to all questions to complete this form. The applicant and supervisor or instructor **MUST** sign this application in order for it to be accepted for review.

### **Applicant Information:**

Legal Name: \_\_\_\_\_  
(Last) (First) (Middle/Maiden)

Applicants Birthday: \_\_\_/\_\_\_/\_\_\_ Applicant is 16 years old or older?  Yes  No  
\*if no apply after 16<sup>th</sup> birthday

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

### **Work- Based Clinic and Supervisor Information:**

Supervisor's Title:  DVM  RVT Member of OVMA or OVTA?  Yes  No

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 Program & Instructor Information:**

Instructor Name: \_\_\_\_\_  
(Last) (First) (Middle/Maiden)

Instructor Title (optional): \_\_\_\_\_

Educational Program Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Instructor Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Program Enrollment Dates for Applicant:  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Site where clinical hours were completed: \_\_\_\_\_

Supervising DVM or RVT at site: \_\_\_\_\_

**Instructor's Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

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

**Testing Information:**

Exam Type	OVMA/ OVTA Member Discount	Cost of exam
First Exam	If the supervising DVM/RVT is <u>not</u> a current member of the OVMA/OVTA	<input type="checkbox"/> \$135
	If the supervising DVM/RVT is a current member of the OVMA/OVTA	<input type="checkbox"/> \$110
Retest	N/A	<input type="checkbox"/> \$80

**Payment Method:**

Purchase Order  Check  Credit or debit card (please call our office to pay via phone)

**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