

**Application Packet – Class of 2020
Academy of Veterinary Dental Technicians**

**Form 1
Letter of Intent**

I, _____ do hereby notify the Board of Directors of the Academy of Veterinary Dental Technicians of my intention to begin the credentialing process to become a Veterinary Technician Specialist (Dentistry). I will begin my required training and documentation (mentorship program) on _____. I intend to fulfill all of the requirements by _____. I have read and agree to the general requirements for application. I have contracted with a veterinary dental mentor. I have practiced at least 3 years (with a minimum of 6000 hours) as a graduate/credentialed veterinary technician with 2000 of these hours spent in the past two years in veterinary dentistry.

Signed,

Signature

Date

Print Name

**Form 2
Personal Information**

Name _____
(Last) (First) (Middle Initial)

Address _____

Phone Home (_____) _____ - _____ Work (_____) _____ - _____

E-mail address _____
(Please Print Clearly – this is our primary means of contacting you.)

Present Occupation _____ Credentials: CVT/ LVT/ RVT (circle) Other:

Have you graduated from an AVMA approved school of veterinary technology?
Yes () No ()
School name _____ Year _____

Are you currently credentialed to legally practice as a veterinary technician?
Yes () No () If yes, date first issued _____

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Are you currently credentialed to legally practice as a dental hygienist?

Yes () No () If yes, date first issued _____

Estimate, as accurately as possible, how many hours you have spent practicing veterinary technology as a **credentialed/graduate** veterinary technician: _____ hours. (6000 minimum)

Estimate, as accurately as possible, how many hours you have spent practicing **veterinary dentistry as a credentialed/graduate** veterinary technician in the last two years:

_____ hours (2000 minimum)

List your employment history as a credentialed/graduate veterinary technician.

Name of Practice/ Institution	Average number of hours worked per week	Average number of hours spent in the dental department	Type of practice (general surgical, dental, emergency, etc.)	Starting date-Ending date