



Supporting Quality
Veterinary Care

Colorado Association of Certified Veterinary Technicians Membership Application / Certification Renewal July 1, 2010 – June 30, 2012 (2nd year only)

Please fill out one application per person (print neatly or visit www.cacvt.com for an electronic version).

1) Mailing information:

First Name: _____ Middle Initial: _____ Last Name: _____

Preferred first name if different from above: _____ Former last name (if applicable): _____

Mailing Address (Street, Apt #): _____

City: _____ State: _____ Zip: _____

2) Please fill out completely:

Male/Female: _____ Title (circle one): CVT, DVM, VT, Assistant, Student, other _____

Home #: _____ Work #: _____ Cell #: _____

Which contact method do you prefer (check one)? Home / Work / Cell / e-mail

E-mail: _____

By providing my e-mail, I authorize CACVT to e-mail me any pertinent information (like timely updates on events that affect me). I understand that CACVT will never give out my e-mail address to any other entity. You may always opt out any time.

How would you like your monthly newsletter delivered? (please check one)

Physical Mail or E-mail (CACVT encourages you to go "green")

(Note: *Techniques* is distributed on even months, *E-nformation* is distributed on odd months. It will automatically be sent via e-mail unless physical mail is requested. **By choosing e-mail, you will receive a \$10 e-mail coupon good for any CACVT event during this certification period.**)

Clinic / Employment: _____

AVMA Technician School: _____ Date Graduated (mm/dd/yy): _____
Students: expected graduation date

State in which VTNE was taken: _____ Date Tested (mm/dd/yy): _____

CO Certification Number (if known – not mandatory if renewing) _____
(If transferring into Colorado from another state, a Colorado number will be provided.)

3) Directory display of information:

A) CACVT Web site: Members-Only area: only CACVT members will have access.

By checking here, I authorize CACVT to list my name, date I became a CACVT member, # CE hours on file, e-mail address (if on file), and residence (city and state only). I may opt out at any time.

B) Joint directory with the veterinarians

By checking here, I authorize CACVT to list my name and residence (city and state only) in the Joint Directory. This is printed once a year. I may opt out for the second year (must notify the office by May).

Return completed application and payment to:

CACVT
191 Yuma Street, Denver, CO 80223
Fax: 303-318-0651

If you have any questions, please contact the office at 303- 318-0652 (toll free 1-866-318-0652)
info@cacvt.com or admin@cacvt.com

A \$25.00 service charge will be added to all returned checks. If you wish to pay by credit card (through PayPal), please visit www.cacvt.com/apply or contact the office for assistance. Thank you.

4) Please select one Membership Category (unless noted, all dues covers 2 years):

Note: Categories A - D will be considered members of the association (CACVT) and therefore receive all the benefits of membership as defined in the Bylaws (such as CE requirements, holding office, and voting privileges). Categories are defined at www.cacvt.com/membershipcategories.

A. Active Association Membership Category: Certified Veterinary Technician*

(Most Popular Option! Individual will have full Association benefits and will be considered a CVT in good standing in the state of CO as long as meet CE requirements established by the Certification Branch.)

- \$62.00 Active CVT** (renewal = previous CACVT member or new member testing in CO)
- \$62.00** Transferring into CO from another state, CVT**

On what date did you request your scores be sent to Colorado? _____

B. Associate Membership Category

- \$49.00** Associate Member (Assistant, Receptionist, Manager, DVM, VT maintaining credentialing in another state, etc.)

C. Student Membership Category

(Individuals must be currently attending an AVMA-accredited veterinary technology program. Please fill out the Student application form.)

D. Other

1. Certification Only (non-association) Category: Certified Veterinary Technician*

(Individual may maintain CVT status without joining the CACVT Association as long as meet defined requirements established by the Certification Branch. Individual will have no Association benefits but will be considered a CVT in good standing in the State of CO by CACVT standards.)

- \$76.00** CVT Status Only (renewal = previous CACVT member, or new member testing in CO)
- \$76.00** Transferring into CO, CVT Status Only**

On what date did you request your scores be sent to Colorado? _____

2. Newsletter only

- \$20.00** / for 1 year: (No additional benefits of membership are included in this category. This is ideal for animal-related organizations to receive this monthly publication delivered to their facility.)

5) Additional Fee adjustments

A. Discount for NAVTA / VTS Membership / other credentials (example: AALAS, CVPM)

- **\$10.00** NAVTA # _____ OR credential designation _____
(Please list both if appropriate. However, only \$10 total can be deducted. Your additional credentials must be current and be in good standing.)

B. Late Fee – 3 months past initial testing date

- **\$25.00**
(after July 1, 2011 for VTNE taken in March 2011 and after Dec 1, 2011 for VTNE taken in July-Aug 2011)

\$_____ Total amount enclosed

- Check enclosed (payable to CACVT)
 - Paypal – please charge the credit card
 - Paypal – already paid online
- Name on card = _____

Full name on card:

Billing address:

Card #:

Expiration date:

3 or 4 digit security ID:

* Must meet continuing education (CE) requirements to maintain certification. Refer to CE guidelines for specifics concerning acceptance and submission of CE.

** Persons transferring into Colorado must 1) meet requirements established by the Certification Branch and 2) have their VTNE score submitted with their application (either with a personal copy or from a transfer by the American Association of Veterinary State Boards (AAVSB): 877-698-8486 or www.aavsb.org.)

If you have any questions, please contact the office at 303-318-0652 (1-866-318-0652) or at info@cacvt.com or admin@cacvt.com. A membership kit will be mailed to you in approximately 4-6 weeks. If any of this information changes (e.g., new address, name change), it is the responsibility of the applicant to contact the CACVT office. CACVT is not responsible for mail not being delivered or improper recording of CE hours due to a name change not being reported.

Association dues may be deductible as professional or business expenses, to the extent allowable by law (please consult a tax accountant). Dues and other contributions to local, state, or national association are not deductible as charitable contributions for federal income purposes.

Thank you for your support!