



VETERINARY TECHNOLOGY OBSERVATION VERIFICATION

RE: _____(Name)

SS# or CCC ID _____

Dear Doctor,

The above named individual is applying for admission to the Veterinary Technology Program at Cuyahoga Community College in Parma, OH. Applicants are required to perform ten (10) hours of observation at a veterinary facility. Procedures observed are at the discretion of the individual veterinarian; however, we hope that the individual will be able to observe those procedures approved by the Ohio Veterinary Medical Licensing Board (OVMLB) for registered veterinary technicians (anesthesia, blood withdrawal, IV catheterization). The applicant may count hours working as a veterinary assistant for this requirement. Please assist us by completing the section below after the applicant has finished the observation period. ***Please return this form to the individual named above. Thank you for your help.***

Sincerely,

Carrie Harviel, RVT, BS
Program Manager
Veterinary Technology Program

VERIFICATION OF VETERINARY TECHNOLOGY OBSERVATION/EXPERIENCE

This is to verify that the student named above has satisfactorily performed 10 hours of observation at

(Name of facility or practice)

on the following dates: _____

The applicant fulfilled the observation requirement as an employee. _____yes _____no

Signature of person completing form

Printed name of person completing form

Address

Phone

If you have information which can best be given in a personal conversation, please check here and include contact information. _____