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Professional, Career, and
Technical Education

Revised 5-1-07

**VETERINARY TECHNOLOGY PROGRAM
Application for Eligibility**

PERSONAL INFORMATION – *All information will be kept confidential*

Date of Application: _____ Semester/Year for which you are applying: Fall, _____ Spring, _____

Full Name: _____
Last First Middle

List any other name(s) by which you have been known (maiden): _____ Social Security #: _____

Home Telephone: (____) _____ Work Telephone: (____) _____
Cell: (____) _____ E-mail address: _____

Permanent Mailing Address: *(All correspondence from VT Program will be sent to this address.)*

_____ *Address City State Zip*

Alternate Contact Person: *(If you are unavailable.)*

_____ *Name Relationship Telephone #*

How did you first learn about the Veterinary Technology Program at Jefferson State Community College?

Are you currently enrolled at Jefferson State Community College? ____ YES ____ NO

Are you currently enrolled at another college or institution? ____ YES ____ NO

If so: Name of college _____

Do you currently hold any degrees, licenses or certificates? ____ YES ____ NO

If so, please list name and date received: _____

Have you ever been employed in any other medical field? ____ YES ____ NO

If so, please explain: _____

EDUCATIONAL BACKGROUND

High School from which you have graduated or will graduate from: _____

Date of Graduation: _____ Type of Diploma: _____

If you have not graduated from High School, but hold an equivalent diploma, please indicate source: _____

Date Received: _____ Cumulative High School GPA: _____

Memberships and/or Offices held in High School clubs and organizations:

High School Awards/Scholarships Received:

WORK EXPERIENCE -- *(Employment and/or volunteer work)*

Please list in order from past to present, any animal-related work experience you have had:

_____ *Date Location Job Description Supervisor*

1) _____

2) _____

3) _____

WORK EXPERIENCE (continued)

Date	Location	Job Description	Supervisor
4) _____	_____	_____	_____
5) _____	_____	_____	_____

How many hours of work experience within a veterinary clinic would you estimate that you have at the present time? _____

Do you have a clinic in mind that you would like for us to consider to be used as an approved clinical site for you to work in for your clinical applications of this program? _____yes _____no. If yes, please give the veterinarian’s name, clinic name, address, email, and phone number.

On a separate sheet, in one paragraph, please tell us why you want to be a veterinary technician.

FINANCIAL INFORMATION

Due to the length of the Veterinary Technology Program, you will require significant financial support. The following questions are intended solely to identify the means by which you anticipate meeting your financial needs, so that we might assist you with financial aid resources, if necessary. All information disclosed within this application will remain strictly confidential.

Of the following sources, indicate your means of meeting educational costs: 1 = Primary 2 = Secondary

- _____ Own Savings or Income _____ Parents' Savings or Income _____ Spouse's Savings or Income _____ Pell Grant
- _____ Service Benefits _____ Work Study Program _____ Scholarship _____ Other (Please Specify) _____

Would any of the following present serious financial problems during your enrollment in the VT Program? (Check all that apply.)

- ___ Transportation ___ Uniforms ___ Child Care ___ Books/Supplies ___ Medical Care ___ Required Instruments/Equipment

COURSE REQUIREMENTS AND RECOMMENDATIONS

Initial each statement verifying that you have read and understand the requirements as they apply to the VT Program.

- _____ Veterinary Technology students will be assigned clinical activities at veterinary hospitals or operations off-campus with a minimum of 20 hours per week.
- _____ Rotations for Large Animal and Laboratory Animal Sessions will be done at specific hospitals or facilities that can meet these objectives, these rotations may require travel for the student.
- _____ Arrangements must be made to provide transportation to all such assignments.
- _____ Written tests will be given at designated testing sites which may require travel for the student.
- _____ All students in the Veterinary Technology Program must have access to a computer and internet connection.
- _____ Veterinary Technology students are expected to adhere to the Code of Ethics relating to behavior on and off-campus, whereas student behavior is considered a reflection of our entire program. Students found to be in violation are subject to dismissal from the program.
- _____ All students in the Veterinary Technology Program are required to show proof of medical insurance.
- _____ All students in the Veterinary Technology Program are required to purchase professional malpractice insurance through Jefferson State.
- _____ Any student who becomes pregnant while enrolled in the Veterinary Technology Program is required to inform the program instructor.
- _____ It is strongly recommended that all students in the Veterinary Technology Program be immunized against tetanus and rabies.

I certify that the information I have provided on this application is accurate and that I have not intentionally withheld information requested. I further understand that any falsification of information may subject me to dismissal from the college.

SIGNATURE: _____ PRINTED NAME: _____ DATE: _____

JEFFERSON STATE TRANSCRIPT REQUEST FORM

I authorize the release of a transcript of my Jefferson State academic record and any other academic records that may be on file in the Jefferson State Office of Enrollment Services to the Jefferson State Veterinary Technology Department.

SIGNATURE: _____ PRINTED NAME: _____ DATE: _____

Submit completed application to:
Jefferson State Community College
Center for Professional, Career, and Technical Education
Veterinary Technology Program
2601 Carson Road
Birmingham, AL 35215
Fax: 205-856-8572