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Professional, Career, and  
Technical Education

Revised 09-03-10

**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 #: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
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 yes, please list name and date received: \_\_\_\_\_

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

If yes, 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: 205-856-8518

Jefferson State follows equal opportunity admission policies and employment practices. College facilities are accessible to the handicapped.