

Important Note

If this form is approved by the program director, you do not have to complete the clinical observation form.

Date: _____ A#: _____
Name (Please Print): (Last) _____ (First) _____ (Date) _____
Address: _____
City: _____ State: _____ Zip: _____
Phone # (home) _____ (work) _____ (cell) _____
Email address _____

Criteria for part-time versus fulltime

- Part time (20 hours/week for a minimum of 6 months)
- Full-time (40 hours/week for a minimum of 6 months)

Which of the above do you believe you qualify? ___ Part-time ___ Full-time

Please have the other side completed by the Employer.

Name of Animal Hospital/Facility: _____
Address: _____
City: _____ State: _____ Zip: _____
Office Number: _____
Supervisor: _____ Phone Number: _____
Dates of Employment: _____ Average Hours per week: _____
Website of animal hospital (if applicable) _____
Describe your responsibilities: _____

I hereby certify that the above information is true and accurate to the best of my knowledge.

Student Signature: _____ Date: _____

Note: If criteria is not met, 16 hours of observation has to be complete by November 1 deadline date. Include this form when your turn in the program application.

To be completed by the Employer:

Please provide employment information related to individual identified on the other side.

In what capacity was this individual employed?

___ Full-Time ___ Part-time Approximate # hours per week _____

Date(s) and duration of employment:

Signature _____ Title _____
Print Name _____ Date: _____