



OFFICE USE ONLY

ACT



HIGH SCHOOL CVA LEVEL I EXAM APPLICATION

PLEASE PRINT

APPLICANT'S INFORMATION

First Name: _____ Last Name: _____

Address: _____

City _____ State _____ Postal Code: _____

Phone:(_____) _____ Email: _____

Date of Application: _____

Applicant's Signature: _____

SUPERVISOR'S INFORMATION

I certify that the student named above has met the **200 hours** classroom requirements of hands-on training.

Supervisor Title: (Check One): Ag Teacher DVM Texas LVT RVT/CVT/LVT* Home School Co-op Teacher
(*CVT, RVT or LVT supervision allowed out of State)

Exam Type: (Check One): Online Paper

First Name: _____ Last Name: _____

School Name: _____

School Address: _____

City: _____ State: _____ Postal Code: _____

Phone:(_____) _____ Email: _____

PERIOD OF OBSERVATION: From Date: _____ To Date: _____

Supervisor's Signature: _____

By affixing my signature above, I certify that the applicant named above has worked under my supervision for at least 90 days and has demonstrated competency in the behaviors and skills checked herein, and I recommend that this applicant be considered for certification at Veterinary Assistant Level I.

— THE EXAM FEE IS \$135/APPLICANT —

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