



HIGH SCHOOL CVA LEVEL I SKILLS VALIDATION CHECKLIST VERIFICATION

(MUST BE SUPERVISED & CHECKED OFF BY DVM OR TX LVT ONLY)

NOTE: All competencies must be either **performed** or **described** by the applicant, even if a certain species is not seen by the practice.

APPLICANT'S NAME

First Name: _____ Last Name: _____

SKILLS VALIDATION CHECKLIST SUPERVISOR'S INFORMATION

Supervisor Title: (Check One): DVM Texas LVT RVT/CVT/LVT*
(*CVT, RVT or LVT supervision allowed out of State)

First Name: _____ Last Name: _____

Clinic Name: _____

Clinic Address: _____

City _____ State _____ Postal Code: _____

Clinic Phone:(_____) _____ Fax:(_____) _____

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

Supervisor's Signature: _____

By affixing my signature above, I certify that the student named above has demonstrated competency in the behaviors and skills checked herein, and I recommend that this student be considered for certification at Veterinary Assistant Level I.