APPLICATION FOR ACCREDITATION OF PROGRAM FOR EDUCATING VETERINARY TECHNICIANS

Name of Institution: __________________________
Address: __________________________ City: ______________ State _____ Zip: _________
Phone: ______________ Fax: ______________ Email: __________________________
Program Website: __________________________

Application is hereby made to the American Veterinary Medical Association for accreditation of,
(name of program)
in accordance with the published "Standards of an Acceptable Program for Educating Veterinary Technicians."
Degree(s)/Certificate Granted: __________________________
Program Length: __________________________

Beginning in calendar year 2016, the cumulative number of all site visits in a 12-month period shall not exceed 50 so all requests may not be met in a given year. The CVTEA may in its sole discretion and for good cause shown give consideration to exceed the maximum number of site visits. Currently accredited programs will be given priority in scheduling.

Programs Applying for Initial Accreditation:
Submit materials as outlined in Section VI Standard Operating Procedures for Initial Accreditation

Print and then Sign Name:
Chief Executive Officer of Institution ________________________________________________

Print and Sign Name:
Department Head/Division Dean __________________________________________________________________

Print and Sign Name:
Director of Program __________________________________________________________________________

Indicate credentials: __________________________________________________________________________

Date: ______________________

Submit this application along with the materials requested in Step 1 of the Initial Application Material and Review Form found in Section VI of the Accreditation Policies and Procedures of the AVMA CVTEA Email jhorvath@avma.org for a Word version of this document.

Send to: American Veterinary Medical Association, Education and Research Division, 1931 N. Meacham Rd., Suite 100, Schaumburg, IL  60173-4630