

## AVZMT Applicant Information

Name:

[Last]

[First]

Address:

[Street]

[City]

[State/Territory/Province]

[Zip Code]

[Country]

Phone:

[Home]

[Work]

Email:

NAVTC Membership #

AZVT Membership #

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Are you currently credentialed in the state (territory or province) in which you reside and/or work?

Yes No

If a different state, provide justification:

Specify state where you hold certification, licensure, or registration:

Category:

Number:

Issue Date:

[mm/yyyy]

**\*PHOTOCOPY OF CREDENTIALS REQUIRED**

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Are you a graduate of an AVMA accredited veterinary technology program? Yes No

School Name:

Address:

[Street]

[City]

[State/Territory/Province]

[Zip Code]

[Country]

Graduation Date:

[mm/yyyy]

VTNE (pass date):

[mm/yyyy]

**\*PHOTOCOPY OF DIPLOMA REQUIRED**

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