



**VETERINARY TECHNOLOGY PROGRAM**

**DOCUMENTATION OF 75 HOURS OF CLINICAL EXPERIENCE FORM**

**PLEASE PRINT.** Part 1 is to be completed by the applicant. Part 2 (back of this page) is to be completed by the Veterinarian/Credentialed Veterinary Technician providing the documentation of clinical experience.

**PART 1: TO BE COMPLETED BY APPLICANT**

**IMPORTANT!**

**To the Applicant: Complete ONLY Part 1** of this form before giving it with a self-addressed stamped envelope to the Veterinarian/Credentialed Veterinary Technician who will be providing your documentation of clinical experience. Write your name and address on the envelope and when it has been returned to you, enclose the SEALED envelope with the rest of your application materials. Do not open the envelope when you receive it. **Please note only hours completed within the last two years will be counted. Please ensure form is complete and includes the TOTAL NUMBER OF HOURS. Only hours completed at a veterinary hospital will count. All hours must be completed at one facility.**

**If the seal is broken on the envelope, your entire application will be returned to you.**

1. Applicant's Name:

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2. Applicant's Current Address:

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3. Name of Veterinarian/Credentialed Veterinary Technician supplying documentation:

Name	Title	Facility	Phone
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4. Dates you spent at the above facility:

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5. Total hours you spent at the above facility:

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6. Circle the Types of animals you observed:

Dogs

Cats

Pocket Pets

Horses

Cows

Birds

Others: \_\_\_\_\_

7. Circle the following items that describe the types of clinical situations that you observed.

Vaccinations

Exam Room Visits

Farm Calls

Medical Treatments

Surgeries

Lab Work

X-rays

Front Office Work

Others: \_\_\_\_\_

**Division of Allied Health, 615 City Park Avenue, New Orleans, LA 70119 ◦ 504-671-6201 ◦ FAX 504-483-4609**

**PART 2: TO BE COMPLETED BY VETERINARIAN/CREDENTIALLED VETERINARY  
TECHNICIAN**

**IMPORTANT: To the Veterinarian/Credentialed Veterinary Technician:** The person described in Part 1 of this form has applied for admission to the Delgado Community College Veterinary Technology Program and stated on his/her application that experience in a veterinary practice was gained under your supervision.

Do you feel that you know the applicant well enough to give a reasonable, comprehensive estimate of personal character and academic ability?     YES     PROBABLY  
 NOT SURE

Did the volunteer have any patient contact?     YES     NO

**Check the one box in each row that correctly describes your observation of the applicant.**

	Excellent	Above Average	Average	Below Average	Lacking Information
<b>Initiative</b>					
<b>Attitude</b>					
<b>Attentiveness</b>					
<b>Interest</b>					
<b>Self-Confidence</b>					
<b>Maturity</b>					
<b>Communication Skills</b>					
<b>Behavior</b>					

**Applicant Strengths:**

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**Additional Comments:**

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\_\_\_\_\_ I recommend this applicant for admission without reservation.

\_\_\_\_\_ I recommend this applicant for admission with reservation. Please describe in comments above.

\_\_\_\_\_ I do not recommend this applicant for admission.

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Signature                      Position/Title                      Facility                      Date

Printed Name of Evaluator: \_\_\_\_\_

**This form is to be mailed to the applicant in the envelope provided. PLEASE SEAL and SIGN ACROSS THE SEAL to insure confidentiality. Return the sealed signed envelope to the applicant, who will submit it unopened with the rest of his/her application.**