

Eastern Veterinary Technician Association

Application for special CE consideration due to circumstances surrounding Covid 19

First Name: _____ Last Name: _____

(If Ap.) Maiden Name _____ VTS Title (if app.) _____

EVTA Member #: _____ VTNE# _____

Home Address: _____

City _____ Province _____ Postal Code _____

email address: _____

Home Phone: _____

Work Place and Address: _____

City _____ Province _____ Postal Code _____ Work Phone: _____

****Reason for being unable to meet CE requirements****

CE completed by March 22nd, 2020
