

VERIFICATION OF EXPERIENCE

I have completed 4500 hours of experience under the supervision of a veterinarian licensed in Montana.

Applicants whose experience hours have been completed under the supervision of more than one veterinarian must submit a separate form for each.

To be completed by the supervising veterinarian licensed in the State of Montana

Name of Supervisor: _____ License Number: _____

Name of Facility: _____

Facility Address: _____
Street/PO Box City State/Zip

Telephone Number: _____ Email: _____

Dates of Supervision: _____ to _____
MM/DD/YYYY MM/DD/YYYY

Total hours applicant worked under your supervision. _____

How many hours per week did the applicant work? _____ Part time Full Time

Describe the duties and responsibilities of the Tech: _____

Did the duties and responsibilities of the tech include, at minimum:

- General Veterinary Care Lab Skills
 X-ray Experience Surgical Experience Dental Experience

Is the applicant currently employed with the facility? Yes No

I certify that (name of applicant) _____ has been actively engaged in obtaining experience hours to become a licensed veterinary technician in the State of Montana. The applicant has completed the hours of experience listed above and has demonstrated sufficient skills and competency to practice as a Montana Licensed Veterinary Technician.

Signature of Supervising Veterinarian: _____ Date: _____