

Veterinary Medical Technology

AS Veterinary Medical Technology Program CLINICAL OBSERVATION HOURS

Please fill out this form completely. Incomplete forms will not be processed. If hours were completed at multiple facilities, please submit one form for each facility.

Student Name (Please print) _____

Name of Clinic/Facility _____

Address _____

Phone _____

Date(s) of Observation _____

Total Observation Hours Completed _____

Observations and Duties Performed _____

Required Signatures

This form must be signed by a veterinarian or licensed veterinary medical technician at the facility in which you completed your observation hours.

Veterinarian _____

Date _____

License # _____

LVMT _____

Date _____

License # _____

Student _____

Date _____

Applicants should return completed form to:

Veterinary Medical Technology Program
Lincoln Memorial University
6965 Cumberland Gap Parkway
Harrogate, TN 37752
Attn: Heather Bhakta

For Departmental Use Only

Date Received: _____

VMT Admissions Personnel: _____