



School of Allied Health Sciences  
LINCOLN MEMORIAL UNIVERSITY

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: Holly Evans

*For Departmental Use Only*

Date Received: \_\_\_\_\_

VMT Admissions Personnel: \_\_\_\_\_