



Catherine Pfent, DVM, MS, PhD  
Director – Veterinary Technology  
Attending Veterinarian

Dear Candidate:

Thank you for your interest in the Blinn Veterinary Technology Program. This program is a two-year program within the Blinn College Division of Agriculture & Natural Sciences and new classes are accepted at the beginning of each Fall semester. Upon successful completion of the program, an Associate in Applied Science in Veterinary Technology degree will be conferred.

Enclosed, you will find an Admission Criteria checklist. This checklist outlines the requirements that **MUST** be met before applying to the Veterinary Technology Program. You will also find an Admission Documents checklist, which lists all of the necessary documents required for your packet submission. Please review all of this information carefully prior to completing your packet.

Please submit all materials together in a 9" x 12" envelope. Separate, individual materials will **NOT** be accepted as this constitutes an incomplete application packet. Applications will be accepted starting April 1st, 2019 and the deadline for submitting applications is May 17th, 2019. Completed application packets must be post-marked or hand-delivered by 4:00 PM to the Veterinary Technology Program Administrative Office at 301 Post Office Street, Bryan, Texas on or before this date. Failure to meet this deadline and/or submission of an incomplete application packet will disqualify the applicant from the selection process for the current year.

If your application meets criteria for selection, you will be scheduled for an interview. Interviews will be held May 23-24th, 2019. Following interviews and a final review of admission criteria, successful candidates will be notified of their acceptance. Applicants accepted into the Veterinary Technology Program must attend a mandatory orientation that will be scheduled prior to the start of the Fall semester. Please be advised that accepted candidates must also provide proof of current immunizations (including Hepatitis B, Tetanus, and Rabies), and will be asked to submit a criminal background check and drug screen prior to the start of Fall classes. Accepted applicants are personally responsible for the cost of complying with these Program requirements.

If you have any questions regarding this application or the Blinn Veterinary Technology Program, please visit our website (<http://www.blinn.edu/veterinary-technology>) or call the program administrative office at 979-209-7202. We look forward to learning more about you and wish you the best in the pursuit of a rewarding career in Veterinary Technology!

Sincerely,

A handwritten signature in black ink, appearing to read 'Catherine Pfent', written over a horizontal line.

Catherine M. Pfent, DVM, MS, PhD  
Director-Veterinary Technology

Veterinary Technology

2423 Blinn Blvd ♦ Bryan, Texas 77805 ♦ 979-209-7519 ♦ Fax 979-705-7289 ♦ Catherine.Pfent@Blinn.edu

## VETERINARY TECHNOLOGY PROGRAM – ADMISSION CRITERIA CHECKLIST

The following requirements **MUST** be met before a student makes application to the Veterinary Technology Program. Application deadline is May 17, 2019. **Failure to complete any of these requirements prior to the application deadline disqualifies an individual for the current year’s application process.**

Apply to Blinn College. If you are not a current student at Blinn College, please apply at this time. Go to <http://www.blinn.edu/admissions/> for instructions. Select PVTH (Pre-Veterinary Technology) as your major and indicate Fall 2019 as your intended semester.

Proof of Texas Success Initiative (TSI) Status- Applicants must be “college ready” in all sections based on results of assessment of through exemption. See the following URL for full explanation. Your TSI standing is generally indicated on your official transcript.  
[http://www.blinn.edu/admissions/success\\_initiative.html](http://www.blinn.edu/admissions/success_initiative.html)

Attend a Veterinary Technology informational meeting or schedule an appointment for a one-on-one session. Call 979-209-7202 to schedule your appointment.

Complete the following prerequisite courses with at least a “C” in each course:

BIOL 1406

MATH 1314 or 1324 (or higher)

ENGL 1301

These courses may be in progress during the Spring semester prior to admission, but **final grades must appear on the official transcript that is submitted with the application packet.** It is highly recommended that students have an overall GPA of 2.5 or greater.

Must have a minimum of 40 hours veterinary supervised clinical experience under a licensed veterinarian or a licensed veterinary technician. Documentation will be required. Documentation forms are included in the application packet.

\*This checklist does not need to be returned in your application packet.

## Blinn College District Veterinary Technology Program

Please type or print

GENERAL INFORMATION	
Name _____	
Mailing Address _____	
E-Mail _____	Phone _____
Permanent Address _____	
Blinn ID# _____	

How did you learn about our program? _____ _____
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PROFESSIONAL CERTIFICATIONS			
Please list any current professional certificates you hold (i.e. all continuing education requirements must be up to date to claim certification), institution or organization granting the certificate, the date you qualified for the original certificate, and the date of renewal certificate. <b>Please attach a photocopy of the current certificate(s) for documentation.</b> (e.g. CPR, First Aid, EMT, CVA)			
Certification	Granting Institution or Organization	Date Originally Qualified	Date of Renewal

VACCINATION STATUS
For the safety reasons, our students are required to be vaccinated. Proof of vaccination status is required after acceptance into the program. Do not send medical records with this application.

Have you been vaccinated, or willing to become vaccinated before the program begins, for the following?

- |               |                                     |   |   |
|---------------|-------------------------------------|---|---|
| Hepatitis B   | <input type="checkbox"/> Vaccinated | <input type="checkbox"/> Willing to become vaccinated | <input type="checkbox"/> Choose not to answer |
| Tetanus       | <input type="checkbox"/> Vaccinated | <input type="checkbox"/> Willing to become vaccinated | <input type="checkbox"/> Choose not to answer |
| Rabies        | <input type="checkbox"/> Vaccinated | <input type="checkbox"/> Willing to become vaccinated | <input type="checkbox"/> Choose not to answer |
| Meningococcal | <input type="checkbox"/> Vaccinated | <input type="checkbox"/> Willing to become vaccinated | <input type="checkbox"/> Choose not to answer |

### PREVIOUS EDUCATION

In addition to the electronic transcripts submitted to admissions, please enclose college official transcripts in your Vet Tech application packet, **including Blinn College.**

Type of School	Name of School	Location	Number of Years/Credits Completed	Major & Degree
High School or GED				
College				

Are you eligible to return to these institutions?  Yes  No

If no, please explain: \_\_\_\_\_

### PREREQUISITES & REQUIRED ACADEMIC COURSES

Complete the following table for the prerequisite and required courses within the Veterinary Technology curriculum.

Course	Status of course	Grade (Highest grade if repeated)	Repeated	Semester and Year	College/University	Course Equivalent (If different course name/number)
BIOL 1406 (Intro Biology)	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Taken		<input type="checkbox"/> No <input type="checkbox"/> Yes			
MATH 1314 or MATH 1324 (Algebra)	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Taken		<input type="checkbox"/> No <input type="checkbox"/> Yes			
ENGL 1301 (Composition)	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Taken		<input type="checkbox"/> No <input type="checkbox"/> Yes			
BIOL 2420 (Microbiology)	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Taken		<input type="checkbox"/> No <input type="checkbox"/> Yes			
SPCH 1318 (Communication)	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Taken		<input type="checkbox"/> No <input type="checkbox"/> Yes			
PHIL 2306 (Ethics)	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Taken		<input type="checkbox"/> No <input type="checkbox"/> Yes			

Note: ALL the above course work must have been completed with a “C” or better in each course.

**Please attach official transcripts from every college/university attended.**

Please list other math and science courses you have completed.

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If you so choose, you may explain any extenuating circumstance related to your course work or grades.

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**Please attach official transcripts from every college/university attended.**

## QUESTIONNAIRE AND ESSAY

1. What do you consider are your three (3) strongest characteristics and how will they benefit you as a veterinary technician?

2. What do you consider is your principle weakest characteristic, and how are you working to improve this weakness?

3. In the event that you are not selected for this program, what is your alternate plan? Provide interim plans if you are planning on reapplying.

4. What pleased you most about your veterinary supervised experience(s)?

5. What did you like least about your veterinary supervised experience(s)?

6. Describe the differences between a licensed veterinary technician, a certified veterinary assistant, and a veterinary assistant. Answer this question in complete sentences using proper grammatical English. Responses to this question will be used in the scoring process of applicants. For this question, if you so choose, you may attach a single page word processing document (1" margins, double spaced, 12-point traditional font).

## ADMISSION DOCUMENTS CHECKLIST

Please mark  all items included in this packet prior to mailing or hand-delivering these documents in a 9”X12” envelope. Failure to include listed documents results in an incomplete application packet which will disqualify the applicant from the selection process for the current year. Items will not be accepted individually. Once all documents are included, please sign the verification statement below, date, and include it in the application packet.

This Veterinary Technology Program application – all parts completed and signed below.

And attach:

Documentation of Veterinary Experience – 40 hours required; additional hours are beneficial to the applicant. Applicant completes the top portion of each form. The supervising veterinarian or LVT completes the remainder of the form including the Clinical Observation Rating. They must seal it in an envelope, sign across the seal, and return it to you for inclusion in your application packet. These forms must be completed by a licensed veterinarian or licenced veterinary technician. Include as many copies of this form as needed.

Documentation of Animal Experience and Customer Service – Applicant completes form and provides supervisory contact information. Include as many copies of this form as needed.

Documentation of Military service if applicable.

Three Recommendation Forms; Applicant completes the top portion of each form. Have reference complete the remainder of the form, seal it in an envelope, sign across the seal, and return it to you for inclusion in your application packet. Additionally, applicants are encouraged to remind reference to provide a letter of recommendation for inclusion with your recommendation form. References do not need to be in the veterinary field. Include three copies of this form from three separate references in sealed envelopes.

Official Transcripts: In addition to the electronic transcripts submitted to admissions, please enclose official transcripts in your application packet, including Blinn College transcripts. Each transcript must be in its own sealed envelope.

I certify that information provided in this application is correct and complete. I understand that omission or falsification of information is grounds for exclusion or dismissal. If accepted into the program, I agree to meet all entrance requirements and to conform and abide by the letter and spirit of the rules, regulations, and procedures of Blinn College and this program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Please mail or deliver completed packet by May 17<sup>th</sup>, 2019 to:  
Blinn College Veterinary Technology Program  
P.O. Box 6030  
Bryan, TX 77801-2446



**Blinn College District  
Veterinary Technology Program**

**DOCUMENTATION OF VETERINARY EXPERIENCE FORM**

**To be completed by the applicant:**

Name: \_\_\_\_\_

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

Under the provisions of the "Family Education Rights and Privacy Act of 1974", you have the right to see evaluations for admission. Please choose the appropriate phrase and sign your name.

\_\_\_\_\_ I waive \_\_\_\_\_ I do not waive \_\_\_\_\_ the right of access that I have to this form.

Number of hours of veterinary experience: \_\_\_\_\_

Applicant's signature \_\_\_\_\_

**To be completed by the Supervising Veterinarian or LVT:**

Please confirm the above documented hours and complete the clinical observation rating form on the back. Place the form in an envelope, seal, sign across the seal, and return the sealed and signed envelope to the student for inclusion in their application packet.

If the applicant has waived his/her right of access (see above), your evaluations will remain confidential. If the applicant does not waive right of access, the student will be permitted to review this evaluation upon request.

\_\_\_\_\_ I verify that the applicant has volunteered / observed / or worked at our facility for the amount of hours mentioned above. (Please initial)

\_\_\_\_\_ I **do not** verify that the applicant has volunteered / observed / or worked at our facility for the amount of hours mentioned above. (Please initial)

**Please complete the Clinical Observation Rating Form on the back of this page.**

**Name/Position (Print)** \_\_\_\_\_

**Facility Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

(Over)

## Clinical Observation Rating Form

Use the following scale to rate the applicant's behavior during their clinical experience with you.  
If you have no basis for an evaluation in a particular category, please circle "0" = "Not observed"

<b>5 = Excellent; Better than most I've seen</b>	<b>4 = Good or Above Average</b>	<b>3 = Average or Satisfactory</b>	<b>2 = Below Average</b>	<b>1 = Poor or Unacceptable</b>	<b>0 = Not observed</b>
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Category	Criteria on which to rate the student	Rating
Professionalism	<input type="checkbox"/> reliable <input type="checkbox"/> punctual <input type="checkbox"/> neat with good hygiene	5 4 3 2 1 0
Enthusiasm and interest in the clinical setting	<input type="checkbox"/> sincerely/appropriately enthusiastic <input type="checkbox"/> actively observes/asks questions	5 4 3 2 1 0
Oral Communication	<input type="checkbox"/> uses good grammar <input type="checkbox"/> ability to express ideas clearly <input type="checkbox"/> uses appropriate terminology	5 4 3 2 1 0
Non-Verbal Communication	<input type="checkbox"/> eye contact <input type="checkbox"/> listens attentively <input type="checkbox"/> body language	5 4 3 2 1 0
Attitude	<input type="checkbox"/> keeps a positive attitude <input type="checkbox"/> displays optimism	5 4 3 2 1 0
Maturity in the Clinical Setting	<input type="checkbox"/> demonstrates mature behavior relative to patient care situations <input type="checkbox"/> exercises discretion with both words/actions	5 4 3 2 1 0
People Skills	<input type="checkbox"/> works effectively with others <input type="checkbox"/> is pleasant to be around <input type="checkbox"/> accepts instruction well	5 4 3 2 1 0
Seriousness about the profession	<input type="checkbox"/> has significant knowledge/or experience base <b>OR</b> <input type="checkbox"/> is motivated to gain additional knowledge or experience base <input type="checkbox"/> has realistic understanding of the scope of Veterinary Technology	5 4 3 2 1 0

Given that future performance mirrors past performance, if you had an opening at your facility, would you likely hire this person as an LVT? \_\_\_\_\_ yes      \_\_\_\_\_ no      \_\_\_\_\_ have not observed long enough to say

Additional Comments:









**Blinn College District  
Veterinary Technology Program**

**Please type or print**

<b>DOCUMENTATION OF MILITARY SERVICE</b>
<b>Name</b> _____
<b>Branch of Military</b> _____
<b>Dates of Service</b> _____ <b>Date of Discharge</b> _____
<b>Was Discharge “Honorable”?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

**Please include photocopied documentation that verifies dates of service and attach to this form.**

## Blinn College Veterinary Technology Program Applicant Reference Evaluation & Letter of Recommendation

### To the Applicant:

Please complete this section of this form prior to having it completed by a reference of your choice. Make sure your evaluator is aware of the application deadline you are required to meet.

Name: \_\_\_\_\_

### RELEASE OF ACCESS TO THIS LETTER OF RECOMMENDATION

The applicant must complete and sign the following statement before submitting this form to the recommender. This request is in compliance with Federal Law P. L. 93-380 (Family Educational Rights and Privacy act of 1974).

- I waive my right of access to this letter of recommendation.
- I do not waive my right of access to this letter of recommendation.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### To the Recommender:

Blinn College Veterinary Technology Program is seeking information that will aid us in the selection of capable students who can complete their academic and technical work successfully, and who possess the personal qualifications essential for a member of a health care team. We would appreciate your candid evaluation of the applicant's qualifications.

**Please complete this form and attach a letter of recommendation; then seal in an envelope, sign across the seal and return it to the applicant for inclusion in their packet.**

If the applicant has waived his/her right of access (see above), your recommendation will remain confidential. If the applicant does not waive right of access, the student will be permitted to review this reference upon request.

**Acquaintance with Applicant** – How long and in what capacity have you known this applicant?  
\_\_\_\_\_

**Personal Appraisal** - Please put a check mark in the appropriate box that best corresponds to your evaluation of the applicant for each of the characteristics listed below. If you have no basis for evaluation in a particular category, please check "Not Observed."

Characteristics	Excellent	Above Average	Average	Poor	Not Observed
Self-presentation (poise/courtesy/language)					
Reliability/Honesty/Trustworthiness					
Accepts/Displays Responsibility					
Ability to Adapt to New Situations					
Ability to Work/Think Independently					
Accepts Instruction / Feedback Well					
Leadership (initiative/organizational skills)					
Ability to Work Effectively with Others					
Academic Potential					
Oral Communication Skills					
Written Communication Skills					
Problem Solving Ability					

**Recommendation** – please check ONE

{ } Strongly Recommended { } Recommend { } Recommend with Reservations { } Do Not Recommend

If "with reservations" or "not recommended", please explain: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Signature of Applicant

\_\_\_\_\_  
Date

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Ability to Work/Think Independently					
Accepts Instruction / Feedback Well					
Leadership (initiative/organizational skills)					
Ability to Work Effectively with Others					
Academic Potential					
Oral Communication Skills					
Written Communication Skills					
Problem Solving Ability					

**Recommendation** – please check ONE

{ } Strongly Recommended { } Recommend { } Recommend with Reservations { } Do Not Recommend

If "with reservations" or "not recommended", please explain: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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Ability to Work Effectively with Others					
Academic Potential					
Oral Communication Skills					
Written Communication Skills					
Problem Solving Ability					

**Recommendation** – please check ONE

{ } Strongly Recommended { } Recommend { } Recommend with Reservations { } Do Not Recommend

If "with reservations" or "not recommended", please explain: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_