



Dear Candidate:

Thank you for inquiring about 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, 2018 and **the deadline for submitting applications is May 31st, 2018**. 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. 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 (www.blinn.edu/twe/vet_tech/) 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 'Dan Hendrix, DVM'.

Dan Hendrix, DVM
Interim Program Director
Blinn Veterinary Technology Program

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 31, 2018. **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 Spring 2018 as your intended semester even though the program does not begin until Fall 2018.
- Proof of Texas Success Initiative (TSI) Status- Applicants must be “college ready” in all sections based on results of assessment or 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
- Attend a Veterinary Technology informational meeting or watch the online informational. Applications will only be distributed at these meetings or emailed upon receiving your online score report.
- Complete the following prerequisite courses with at least a “C” in each course. Math and science courses must have been completed within the last 10 years:
 - Biol 1406
 - Math 1314 or 1324 (or higher)
 - Eng 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.
- Complete the ATI TEAS – Allied Health. Enclose score sheet in your application packet.
- Must have a minimum of 40 hours veterinary supervised clinical experience. Documentation will be required. Documentation forms are included in the application packet.

**PLEASE PRINT ALL
INFORMATION
REQUESTED EXCEPT
SIGNATURE**

**Blinn College
Veterinary Technology Program**

Student Application

**NOTE: YOU MUST APPLY TO BLINN COLLEGE FOR CONSIDERATION TO THE
VETERINARY TECHNOLOGY PROGRAM.**

GENERAL INFORMATION					
Name _____					
Last	First	Middle	Maiden Name	Previous Name	
Mailing Address _____					
Number	Street	Apt. #	City	State	Zip
E-Mail _____			Social Security No. _____ - _____ - _____		
Telephone (_____) _____			Cell Phone (_____) _____		
Permanent Address _____					
Number	Street	Apt. #	City	State	Zip
Blinn ID# _____					

PREVIOUS EDUCATION				
In addition to the electronic transcripts submitted to admissions, please enclose official transcripts in your Vet Tech application packet, including Blinn College.				
Type of School	Name of School	Location (Complete Mailing Address)	Number of Years/Hrs. Completed	Major & Degree
High School or GED				
College				
Is your Hepatitis B series complete? ___ Yes ___ No In Progress? ___ Yes ___ No				

EMPLOYMENT (Begin with the most recent years or attach a resume)		
Name of employer Address City, State, Zip Code Phone Number	Employment Dates	Reason for Leaving
	From	
	To	
	Employment Dates	Reason for Leaving
Name of employer Address City, State, Zip Code Phone Number	From	
	To	
Name of employer Address City, State, Zip Code Phone Number	Employment Dates	Reason for Leaving
	From	
	To	
	Employment Dates	Reason for Leaving
Name of employer Address City, State, Zip Code Phone Number	From	
	To	

EMERGENCY CONTACTS	
Name _____	Name _____
Relationship _____	Relationship _____
Telephone: (Home) _____	Telephone: (Home) _____
(Cell) _____ (Work) _____	(Cell) _____ (Work) _____

SIGNATURE
I certify that the information, provided in this application, is correct and complete. I understand that omission or falsification of information is grounds for exclusion and 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: _____
<p>Please indicate the manner in which you found out about this program:</p> <p> <input type="radio"/> Career Fair(s) <input type="radio"/> Community Contact(s) <input type="radio"/> Family Member <input type="radio"/> High School Counselor <input type="radio"/> Movie Advertisement(s) <input type="radio"/> Healthcare Workers in Practice <input type="radio"/> Television Advertisement(s) <input type="radio"/> Recruiting Presentation @ Your High School <input type="radio"/> Other _____ </p>

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).

SECTION II: PROFESSIONAL CERTIFICATIONS (e.g. CPR, First Aid, EMT, CVA)

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.

Please attach a photocopy of the current certificate(s) for documentation.

Certification	Granting Institution or Organization	Date Originally Qualified	Date of Renewal

SECTION III: PREREQUISITES & REQUIRED ACADEMIC COURSES

Complete the following table for the prerequisite and required courses within the Veterinary Technology curriculum. General Biology and Algebra or Math Analysis I must have been completed within the last 10 years, and Microbiology must have been completed within the last 3 years.

COURSE	Status of course C=complete IP = in progress NT=not taken	Grade*	Repeated*	Date Completed* (N/A if not completed)	College/University where course taken**	Course Equivalent (if not exact course listed)
<i>BIOL 1406 (Intro)</i>						
<i>MATH 1314 or 1324 (Algebra/ Analysis I)</i>						
<i>ENGL 1301 (Comp)</i>						
<i>BIOL 2420 (Micro)</i>						
<i>SPCH 1318 (IPC)</i>						
<i>PHIL 2306 (Ethics)</i>						

* If you repeated a course, enter the repeated course grade in the REPEATED column; enter the original course grade in the GRADE column. Place the date of the last course taken in the DATE COMPLETED column. Note: ALL the above course work must have been completed with a "C" or better in each course.

** Are you eligible to return to these institutions? _____ Yes _____ No

If no, please explain. _____

Please list other math and science courses you have completed. _____

If you so choose, you may explain any extenuating circumstance related to your course work or grades. Use back if additional space is required. _____

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.

Please place a check mark by the ONE option that best fits your experience:

_____ 40 hour requirement

_____ ≥120 hours

_____ ≥60 hours

_____ ≥140 hours

_____ ≥80 hours

_____ ≥160 hours

_____ ≥100 hours

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) _____ Please circle: DVM or LVT

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"

5 = Excellent; Better than most I've seen	4 = Good or Above Average	3 = Average or Satisfactory	2 = Below Average	1 = Poor or Unacceptable	0 = Not observed
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Category	Criteria on which to rate the student	Rating
Professionalism	<ul style="list-style-type: none"> ◆ reliable ◆ punctual ◆ neat with good hygiene 	5 4 3 2 1 0
Enthusiasm and interest in the clinical setting	<ul style="list-style-type: none"> ◆ sincerely/appropriately enthusiastic ◆ actively observes/asks questions 	5 4 3 2 1 0
Oral Communication	<ul style="list-style-type: none"> ◆ uses good grammar ◆ ability to express ideas clearly ◆ uses appropriate terminology 	5 4 3 2 1 0
Non-Verbal Communication	<ul style="list-style-type: none"> ◆ eye contact ◆ listens attentively ◆ body language 	5 4 3 2 1 0
Attitude	<ul style="list-style-type: none"> ◆ keeps a positive attitude ◆ displays optimism 	5 4 3 2 1 0
Maturity in the Clinical Setting	<ul style="list-style-type: none"> ◆ demonstrates mature behavior relative to patient care situations ◆ exercises discretion with both words/actions 	5 4 3 2 1 0
People Skills	<ul style="list-style-type: none"> ◆ works effectively with others ◆ is pleasant to be around ◆ accepts instruction well 	5 4 3 2 1 0
Seriousness about the profession	<ul style="list-style-type: none"> ◆ has significant knowledge/or experience base OR ◆ is motivated to gain additional knowledge or experience base ◆ 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:

DOCUMENTATION OF GENERAL ANIMAL EXPERIENCE FORM

Applicant's Name: _____

INDIVIDUAL PET OWNERSHIP

Have you ever owned a pet? _____ yes _____ no

If yes, please list cumulative dates: _____

If yes, please list types of animals owned: _____

OTHER GENERAL ANIMAL EXPERIENCE

The rest of this form is the opportunity to document animal experiences that may not have been veterinary supervised, but that provided unique and valuable animal care and handling experience. **DO NOT** consider your individual pet when documenting additional animal experience, **UNLESS** you have done some type of non-traditional pet activities with that animal, such as professional showing, pet assisted therapy, agility competitions, etc. Listed activities should have current contact information for the person who can verify this experience. **Please sign the bottom of the back page.** Please contact the Veterinary Technology Program office (CC-13; 979-209-7202) if you need additional forms.

Dates of the Experience:
Approximate Total Hours of the Experience:
Type of Experience (Briefly Describe)
Facility Name/Contact Person/Supervisor Information (position, address, phone #, email)

Dates of the Experience:
Approximate Total Hours of the Experience:
Type of Experience (Briefly Describe)
Facility Name/Contact Person/Supervisor Information (position, address, phone #, email)

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Type of Experience (Briefly Describe)
Facility Name/Contact Person/Supervisor Information (position, address, phone #, email)

Dates of the Experience:
Approximate Total Hours of the Experience:
Type of Experience (Briefly Describe)
Facility Name/Contact Person/Supervisor Information (position, address, phone #, email)

I attest that the information contained on this form is true and correct to the best of my knowledge.

(Signature)

(Date)

DOCUMENTATION OF MILITARY AND/OR COMMUNITY SERVICE

Applicant's Name: _____

MILITARY SERVICE:

Dates of Service: _____ Branch of Military: _____

Date of Discharge: _____ Was Discharge "Honorable"? _____yes _____no

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

COMMUNITY SERVICE

Community service must have been **completed from June 1, 2017 – May 31, 2018**. Community service is volunteer service for which you received no compensation. Use back of form if needed. **Please sign the bottom of the back page.** Contact the Veterinary Technology Program (979-209-7202) if you need additional forms.

Dates of the Activity:	Total Hours Volunteered:
Experience (Briefly Describe Activity)	
Supervisor Information (position, address, phone #, email)	

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Experience (Briefly Describe Activity)	
Supervisor Information (position, address, phone #, email)	

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Experience (Briefly Describe Activity)	
Supervisor Information (position, address, phone #, email)	

Dates of the Activity:	Total Hours Volunteered:
Experience (Briefly Describe Activity)	
Supervisor Information (position, address, phone #, email)	

I attest that the information contained on this form is true and correct to the best of my knowledge.

(Signature)

(Date)

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", please explain: _____

Name: _____

Title: _____ Organization: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

VETERINARY TECHNOLOGY PROGRAM - ADMISSION DOCUMENTS CHECKLIST

Please place a check mark by all those 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, date this form, and include it in the application packet.**

- Student Application Form, completed and signed
- Veterinary Technology Program Questionnaire and Supplemental Information Form – all parts completed
- 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.
- Documentation of Animal Experience – Applicant completes and signs the form, and provides supervisory contact information.
- Documentation of Military and/or Community service –Applicant completes and signs the form, and provides supervisory contact information and requested documentation if applicable.
- Letters of Recommendation Forms (3) - Names of References:
 1. _____
 2. _____
 3. _____

Applicant completes the top portion of each form. Have your 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.**

- 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. Names of institutions:
 1. _____
 2. _____
 3. _____
 4. _____

- Copy of ATI TEAS – Allied Health test scores.

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.

_____(signature) _____(date)
_____(printed name)

Please mail or deliver completed packet by May 31st, 2018 to:
Blinn College Veterinary Technology Program
301 Post Office Street / P.O. Box 6030
Bryan, TX 77801-2446.

**Blinn College – Veterinary Technology Degree (AAS)
Common Course Sequence**

PREREQUISITES

Course	Title	Credit Hours	Contact Hours/Week	Total Contact Hrs/Sem.
BIOL 1406	Biology I	4 Hours (3 / 1)	6 Hours (3 / 3)	96 hours
MATH 1314	College Algebra	3 Hours (3 / 0)	3 Hours	48 hours
MATH 1324	or Math Analysis I	3 Hours (3 / 0)	3 Hours	48 hours
ENGL 1301	Composition and Rhetoric	3 Hours (3 / 0)	3 Hours	48 hours
		Total Prereqs: 10 hours	12 hr/wk = 192hrs/sem	192 Total contact hrs/sem

FALL – YEAR 1

Course	Title	Credit Hours	Contact Hours/Week	Total Contact Hrs/Sem.
VTHT 1301	Introduction to Veterinary Technology	3 Hours (2 / 4)	6 Hours (3 / 3)	96 hours
VTHT 1105	Veterinary Medical Terminology	1 Hour (1 / 1)	2 Hours	32 hours
VTHT 1109	Veterinary Nutrition	1 Hour (1 / 1)	2 Hours	32 hours
BIOL 2420	Microbiology	4 Hours (3 / 1)	6 Hours (3 / 3)	96 hours
SPCH 1318	Interpersonal Communication	3 Hours (3 / 0)	3 Hours	48 hours
		SemesterTotal = 12 hours	19hr/wk = 304hrs/sem	304 Total contact hrs/sem

SPRING – YEAR 1

Course	Title	Credit Hours	Contact Hours/Week	Total Contact Hrs/Sem.
VTHT 1413	Veterinary Anatomy & Physiology	4 Hours (3 / 1)	6 Hours (3 / 3)	96 hours
VTHT 1125	Pharmacological Calculations	1 Hour (1 / 1)	2 Hours	32 hours
VTHT 2217	Exotic Animal Clinical Management	2 Hours (1 / 1)	4 Hours (1 / 3)	64 hours
PHIL 2306	Introduction to Ethics	3 Hours (3 / 0)	3 Hours	48 hours
		SemesterTotal = 10 hours	15hr/wk = 240hrs/sem	240 Total contact hrs/sem

SUMMER – YEAR 1

Course	Title	Credit Hours	Contact Hours/Week	Total Contact Hrs/Sem.
Summer I: VTHT 2421	Veterinary Parasitology	4 Hours (3 / 1)	6 Hours (3 / 3)	96 hours
Summer II VTHT 1260	Clinical I – Veterinary Asst	2 Hour (0 / 2)	10 Hours (0 / 10)	160 hours External
		SemesterTotal = 6 hours	16 hr/wk = 256hrs/sem	256 Total contact hrs/sem

FALL – YEAR 2

Course	Title	Credit Hours	Contact Hours/Week	Total Contact Hrs/Sem.
VTHT 2223	Veterinary Clinical Pathology – I	2 Hours (1 / 4)	5 Hours (2 / 3)	80 hours
VTHT 2209	Food Animal Clinical Management	2 Hours (1 / 1)	4 Hours (1 / 3)	64 hours
VTHT 2205	Equine Clinical Management	2 Hours (1 / 1)	4 Hours (1 / 3)	64 hours
VTHT 2201	Canine/ Feline Management	2 Hours (1 / 1)	4 Hours (1 / 3)	64 hours
VTHT 1249	Veterinary Pharmacology	2 Hours (2 / 1)	3 Hours	48 hours
		SemesterTotal = 10 hours	20hr/wk = 320 hrs/sem	320 Total contact hrs/sem

SPRING – YEAR 2

Course	Title	Credit Hours	Contact Hours/Week	Total Contact Hrs/Sem.
VTHT 1441	Anesthesia & Surgical Assistance	4 Hours (2 / 2)	8 Hours (2 / 6)	128 hours
VTHT 2331	Veterinary Clinical Pathology – II	3 Hours (2 / 4)	6 Hours (3 / 3)	96 hours
VTHT1245	Veterinary Radiology	2 Hours (1 /)	4 Hours (2 / 2)	64 hours
VTHT 2260	Clinical II – Veterinary Assistant/ Animal Health Technician	2 Hours (0 / 2)	10 Hours (0 / 10)	160 hours External
VTHT 1140	Veterinary Jurisprudence/ Ethics	1 Hour (1 / 0)	1 Hour	16 hours
		SemesterTotal = 12 hours	29hr/wk = 464hrs/sem	464 Total contact hrs/sem