

**CFCC Veterinary Medical Technology
Confirmation of Observation Form**

The Veterinary Technology Program requires at least 10 hours of working, observation or volunteering in a veterinary facility under the supervision of a veterinarian or veterinary technician. Shelter environments only count if direct care is provided to the animals as described above, i.e. spay/neuter clinics. Activities such as cleaning, runs or walking dogs in a shelter does not count.

An individual form must be used for **each** of the facilities from which you acquire your hours and is to be completed by one of the following individuals at the facility: **DVM, RVT, LVT, CVT**. The form is to be submitted in a sealed envelope and signed across back of the seal by the **DVM, RVT, LVT, CVT** who completed this form.

Please return this form to the follow address: **CFCC
Attention: Counseling
411 North Front Street
Wilmington, NC 28401**

Printed Name of Applicant: _____

CFCC Student ID Number (if currently enrolled): _____

Name of Facility: _____

Address of Facility: _____

Facility/Supervisor contact phone number(s): _____

Facility/Supervisor contact email: _____

Observation Information

Length of Observation in Hours: _____

General Description of Observation:

Dates at the Practice: (A general range): _____

Printed Name of **DVM, RVT, LVT, CVT**: _____

Signature of **DVM, RVT, LVT, CVT**: _____

Title : **DVM, RVT, LVT, CVT**: _____

Questions may be directed to Dr. Christy Redfearn Director of Veterinary Medical Technology

Office: 910-362-7421 or **email:** credfearn@cfcc.edu