CFCC Veterinary Medical Technology
Confirmation of Observation Form

The Veterinary Technology Program requires a minimum of ten 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 (see VMT information packet), i.e. spay/neuter clinics. Activities such as cleaning runs or walking dogs in a shelter will 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 prior to filing an "Intent". Note: there is no age limit to the observation hours.

Please return this form to the following address: **CFCC**
Attention: Health Science Enrollment Center
411 North Front Street
Wilmington, NC 28401

Or email the scanned form to healthsciences@cfcc.edu

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

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

Title: **DVM, RVT, LVT, CVT**: _____
Questions may be directed to the Veterinary Medical Technology Director, Ms. April Lehmann
Office: 910-362-7161