## Associate of Applied Science Veterinary Technology



## FIELD EXPERIENCE FORM Fall 2024

Complete and submit this form to the Director of Veterinary Technology of your designated campus as indicated below. Forms are to be submitted by August 15, 2024.

The purpose of the Field Experience Form is for applicants to demonstrate exposure to the field of Veterinary Technology. **Field experience is defined as employment, volunteering, shadowing, or observing at a veterinary practice or facility where a Registered Veterinary Technician is employed.** Please use one form for each experience site.

## A minimum of 15 hours of field experience is REQUIRED for all applicants applying to the program. Applicant can gain additional points for their program admission packets if they have more than 40 field experience hours.

Applicants must also complete several questions to be asked of the Veterinary Technician they are shadowing/working with. The Technician/s discussing the questions with the applicant must sign off on the answer sheet. These questions are designed to be asked by the applicant to the RVT they are shadowing in order to gain further appreciation for the career path they are choosing to pursue. Hopefully, more discussion will be sparked by these questions so the applicant can gather the most information possible prior to beginning their education. These questions are to be answered by the applicant after speaking with the technician they are working with. The questions are below:

- 1.) Can you explain your typical day in this facility? What types of tasks are required of you throughout the day?
- 2.) What is the general pay range for this area for a new technician?
- 3.) Is your schedule flexible? Is it required of you to either be on-call for emergencies or come in to work early/stay late?
- 4.) Can Veterinary Technicians specialize in certain fields (Anesthesia, Surgery, Small vs. Large Animal, Laboratories)?

## **STUDENT INFORMATION:** To be completed by Student (Please Print Legibly)

Last Name	First Name	Middle	KSU ID Number
FIELD EXPERIENCE IN (Please Print Legibly)	FORMATION:	To be completed b	by Supervisor
Person Supervising Experience		Title	
Name of Hospital, Clinic, etc.	Address	/ City / State / Zip	Phone Number
Dates of Field Experience			Total Number of Experience Hours
Supervisor Signature			Date
Return this form to:			
	Kent State 4314 Ma Warr	Veterinary Technology University Trumbull ahoning Ave NW ren, OH 44483 or nbest4@kent.edu	
	Α ΤΙΛΝ ΝΕ4	ADLINE: Aug	nugt 15, 2024