**Pierce College Veterinary Technology Program Application Packet**

**Checklist Form**

**Due: April 15, 2020**

**All Deadlines, Prerequisites, Document Submissions, etc. are the Sole Responsibility of the Applicant**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LAST NAME FIRST MIDDLE PREVIOUS NAME**

**SID NUMBER BIRTHDATE EMAIL ADDRESS (Required)**

**ADDRESS CITY STATE ZIP**

**CELL PHONE HOME PHONE**

**CHECKLIST: The following items must be included/completed as part of your Application Packet - Missing Items will invalidate your application**

**[ ]  Pierce College Admissions online for Fall 2020 unless currently enrolled. If you are not currently taking classes at Pierce College, you are required to submit an admissions form online. This must be done prior to submitting the Veterinary Technology Program Application Packet**

 **[ ]  Copy of receipt for the Veterinary Technology Application Fee of $30.00. This fee must be paid in advance to the Cashiers Office, include a copy of this receipt as part of your Application Packet.**

**[ ]  Veterinary Technology Checklist Form** Approval to use previous year’s application forms **MUST** be

granted by the Veterinary Technology’s Program Director.

**[ ]  Activate Student Email**

**[ ]  OFFICIAL TEAS V Test Scores**

**[ ]  Task Observation Form**

**[ ]  Recommendation/Reference Form**

**[ ]  Course Completion Form**

**[ ]  Discussion Topics Essay Answers**

**[ ]  Approved Course Exception Form, if applicable**

**[ ]  Sealed official transcripts from ALL SCHOOLS where prerequisite course work completed through Winter Quarter 2020. Pierce College students must submit a Transcript Request Form with your application packet, you can get this form at:** [www.pierce.ctc.edu/site/default/files/transcript.pdf](http://www.pierce.ctc.edu/site/default/files/transcript.pdf)

**[ ]  I am applying as a Tier I Applicant – I have completed all prerequisites courses and I am submitting copies of the, Vet Tech Application Fee Receipt, Checklist Form, Course Completion Form, official TEAS Test Scores, Task Observation Form, Recommendation/Reference Form, and the Discussion Topics essay answers, Course Exception Form (if applicable), and official transcripts or Transcript Request Form in this application packet.**

**[ ]  I am applying as a Tier II Applicant - I have completed/am currently taking at least two of the prerequisite courses and I am submitting copies of the Vet Tech Application Fee Receipt, Checklist Form, Course Completion Form, official TEAS Test Scores, Task Observation Form, Recommendation/Reference Form, the Discussion Topics essay answers, approved Course Exception Form (if applicable), official transcripts and/or paid registration receipt or Transcript Request Form if currently taking course(s) in this application packet.**

**[ ]  REAPPLICANT to Veterinary Technology Program. 🞏 YES 🞏 NO**

**By signing below, I verify that the information contained in my application materials has been provided honestly and to the best of my ability. I understand that the materials I have provided are considered to be my full and complete application upon which admission to the Pierce College Veterinary Technology Program will be determined. NOTE: *Program Application submission does not guarantee acceptance into our Program, nor do we have a wait-list for acceptance. Applicants must complete a full application each year they apply.***

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**SIGNED DATE**

**\*\*NOTE\*\* Completed Application Packets Must be received no later than 3pm, Wednesday, April 15, 2020.**

**NO POSTMARKS ACCEPTED**

**Pierce College Fort Steilacoom**

**Attn: Admissions**

**9401 Farwest Dr. S.W.**

**Lakewood, WA 98498**



**PIERCE COLLEGE VETERINARY TECHNOLOGY PROGRAM**

 **Application Fee $30.00**

**Non-Refundable**

**Complete this form and send it with your $30.00 to:**

**Pierce College Fort Steilacoom**

**Attn: Cashiers Office**

**9401 Farwest Drive SW**

**Lakewood, WA 98498-1999**

**\*\*Note\*\***

**Please be sure to enclose a copy of this form with the top portion filled out along with your receipt when you submit your Veterinary Technology Application Packet**

**Due: April 15, 2020**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT ID: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ - \_\_\_\_\_/\_\_\_\_\_ - \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

street apt #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City state zip

DAY PHONE: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CELL PHONE (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Payment type (circle one): None Check Money Order Cash

For Payment with a credit card, please call Cashiering at 253-964-6700

CASHIER CODE – FC/FH



Dear Doctor/Veterinary Technician,

The purpose of this letter is to introduce \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who is applying for admission into the Veterinary Technology Program at Pierce College.

As an introduction into the veterinary medical profession, the applicant is required to spend a minimum of 20 hours observing how veterinary medicine is conducted in a private practice setting. The intent of this exposure is to allow the applicant to “job shadow” you, your associate(s) and/or your licensed veterinary technician(s). The applicant has been provided with a list of tasks to observe and will be asking you or your staff to check off those tasks after they have been observed. Be aware that neither the applicant nor the school carries any insurance coverage during this observation time. The applicant is not required to “perform” any of the tasks but only to observe them. Additionally, the applicant is asked to discuss some topics with you and/or your staff about veterinary medicine in general and about veterinary technology specifically.

Thank you for your cooperation in this academic endeavor. With the proper exposure to the profession, many of these applicants may go on to pursue veterinary medicine or veterinary technology as their intended profession. Your help is appreciated in identifying those individuals who appear eager to follow this career path.

Sincerely,

Pierce College Ft Steilacoom

Veterinary Technology Program

**TASK OBSERVATION FORM**

Due Date April 15, 2020

Students Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATES OF OBSERVATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Doctor or technician**: Please **place your initials** next to the tasks once they have been observed. **At least 18** of these tasks must be observed. A total of twenty hours is required at a veterinary hospital/clinic.

**NURSING**

\_\_\_\_\_\_ Observe daily animal care (i.e., cage/run/stall cleaning, exercising, feeding)

\_\_\_\_\_\_ Observe daily treatments of hospitalized patients (i.e., rounds, patient orders)

\_\_\_\_\_\_ Observe administration of medication via oral and injectable routes

\_\_\_\_\_\_ Observe physical examination

\_\_\_\_\_\_ Observe client interaction (i.e., history taking, behavior or nutrition counseling)

\_\_\_\_\_\_ Observe emergency triage

\_\_\_\_\_\_ Observe/Discuss euthanasia

\_\_\_\_\_\_ Discuss the diagnostic points of a radiograph and/or observe ultrasonography

 **(NOTE: DO NOT expose applicant to radiation under any circumstances!)**

**SURGERY**

\_\_\_\_\_\_ Observe major surgery (i.e., open abdominal surgery, orthopedic surgery)

\_\_\_\_\_\_ Observe minor surgery (i.e., draining abscess, debriding traumatic wound)

\_\_\_\_\_\_ Observe dental prophylaxis

\_\_\_\_\_\_ Discuss operation of a gas anesthesia machine

\_\_\_\_\_\_ Discuss equipment sterilization and aseptic technique

**LABORATORY**

\_\_\_\_\_\_ Observe external/internal parasites or their ova on an animal or under the microscope

\_\_\_\_\_\_ Observe blood cells and/or urine sediment under a microscope

\_\_\_\_\_\_ Observe in-house blood testing (i.e., FeLV, FIV, heartworm, serum chemistry)

\_\_\_\_\_\_ Observe intravenous blood draw

**FRONT OFFICE**

\_\_\_\_\_\_ Observe telephone procedures

\_\_\_\_\_\_ Observe making appointments

\_\_\_\_\_\_ Observe record keeping

\_\_\_\_\_\_ Observe dispensing prescriptions and/or over-the-counter medications

By initialing the above tasks, I attest that a minimum of 20 hours was logged by this applicant while observing these tasks at this hospital/clinic.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Veterinarian’s/Licensed Technician’s Name (Print) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Veterinarian’s/Licensed Technician’s Signature

Hospital/Clinic name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RECOMMENDATION / REFERENCE FORM**

**Pierce College Veterinary Technology Program**

**Due date April 15, 2020**

**PLEASE PRINT:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Veterinary Technology Program applicant, give

 Applicant’s name

my permission to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to complete this reference

 Recommending person’s name

form and place it in a sealed envelope to be submitted with the completed application packet.

*Per provisions of Part 99 of Title 45 of the Code of Federal Regulations on the confidentiality of the completed statement, the applicant has selected one of the following two options (a) or (b) by initialing in one of the appropriate spaces*.

\_\_\_\_\_\_ (a) I understand the completed statement will be held in confidence from me by the Veterinary Technology Program.

\_\_\_\_\_\_ (b) I understand that I have the right to inspect and review the completed statement in the office of the Program Director.

Applicant’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TO THE PERSON MAKING THE RECOMMENDATION:**

Please rate how strongly you agree with the below statements as they relate to the applicant. Use **5 to indicate “strongly agree”**, use **1 to indicate “strongly disagree”**, use **UNK if that characteristic is unknown to you or does not apply to this applicant.**

 **This person… (strongly agree) (strongly disagree)**

1. has high moral character 5 4 3 2 1 UNK

2. is a responsible person 5 4 3 2 1 UNK

3. enjoys dealing with animals 5 4 3 2 1 UNK

4. handles animals well 5 4 3 2 1 UNK

5. shows genuine concern for animals 5 4 3 2 1 UNK

6. is compassionate 5 4 3 2 1 UNK

**(Continued)**

7. treats people with respect 5 4 3 2 1 UNK

8. has a strong work ethic 5 4 3 2 1 UNK

9. works well as a team member 5 4 3 2 1 UNK

10. works well independently 5 4 3 2 1 UNK

11. efficiently performs assignments 5 4 3 2 1 UNK

12. works to capacity 5 4 3 2 1 UNK

13. follows directions well 5 4 3 2 1 UNK

14. communicates well 5 4 3 2 1 UNK

15. is open to new ideas and methods 5 4 3 2 1 UNK

16. enjoys learning 5 4 3 2 1 UNK

17. accepts constructive criticism well 5 4 3 2 1 UNK

18. handles herself /himself well 5 4 3 2 1 UNK

 in difficult / stressful situations

What would you identify as the applicant’s:

Strengths \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Weaknesses \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have known the applicant for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (months/years) in the capacity as a/an

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student, employee, co-worker, etc.) from

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of school, business, etc.).

\_\_\_\_\_ I **highly recommend** this applicant \_\_\_\_\_ I **recommend** this applicant

\_\_\_\_\_ I **do not recommend** this applicant

 Signature Phone number Date

Use an additional sheet of paper to express any further comments about this applicant.

**Note to evaluator:**

Applicant will enclose this recommendation in the sealed envelope with his/her completed Application Packet. This Application Packet is due on/or before **April 15, 2020** to Pierce College Veterinary Technology Program.

 **COURSE COMPLETION FORM**

The following form **MUST** be filled out completely and submitted with your application packet. Please indicate when your pre-requisite courses were, or will be, completed by listing the school where the courses were, or will be, taken at in the appropriate box below next to each course. (Please see examples)

PLEASE SELECT ONE BOX NEXT TO EACH PRE-REQUISITE COURSE

|  |  |  |  |
| --- | --- | --- | --- |
| COURSE NAME & NUMBER | Already Completed | Spring Qtr Completion | Summer Qtr Completion |
| **EXAMPLE& 101** | Green River CC |  |  |
| **EXAMPLE 102** |  | Pierce College |  |
| **MATH 96 or MATH 98** |  |  |  |
| **Chemistry** |  |  |  |
| **Biology** |  |  |  |
| **ENGL& 101** |  |  |  |
| **BTECM 150** |  |  |  |

Applicant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Due date April 15, 2020**

**DISCUSSION TOPICS**

Write short essay answers for all of the following questions after discussing these topics with the veterinarian(s) and/or veterinary technician(s) at your observation site. The answers will be evaluated for their content and for your writing ability (grammar, vocabulary, punctuation, etc.). **Be sure to write your name on each of the pages you submit. We cannot be responsible for unidentified documents.**

1. What amount of pay can I expect as a licensed veterinary technician?
2. What are considered to be normal working hours for a veterinary technician?
3. What employment benefits usually accompany a job in private practice?
4. List other potential employment situations for technicians, in addition to private practice.
5. List some positive aspects of being a licensed veterinary technician.
6. List some negative aspects of being a licensed veterinary technician.
7. Describe your past animal-related experiences and discuss what you have done to prepare yourself for a career as a veterinary technician.

20