



**NEW HAMPSHIRE VETERINARY TECHNICIAN ASSOCIATION**

**Committee on Veterinary Technician Certificate  
Annual Amnesty Form for Certified Veterinary Technicians**

Amnesty expiration: An NH certification will go into expired status if not renewed for 4 consecutive years. Expired certifications must appeal to the board for reinstatement and will be required to reapply for NH registration and meet all of the standard requirements. Please email us at info@nhvta.org

**Amnesty Application for Year \_\_\_\_\_** (use separate form for each year lapsed)

\*Name: \_\_\_\_\_  
(Print clearly) Last First Middle

Maiden Name (only needed if married in the since last certification year): \_\_\_\_\_

\*Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City, state, zip)

Phone #: \_\_\_\_\_ \*E-mail: \_\_\_\_\_

\*Current Employer: \_\_\_\_\_

\*CVT Certification #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Twelve (12) Continuing Education Units are required **per year lapsed**. Complete the information below and include a copy of each CEU certificate. If no formal CEU certificate was awarded, include a completed and signed **Verification of Continuing Education Program** form for each program.

<u>Program Title</u>	<u>Program Date</u>	<u>CEUs Earned</u>

All information submitted for documentation required for the renewal of my CVT is true to the best of my knowledge.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mail this completed CVT renewal form, required CEU documentation & a check in the amount of **\$75.00 per year missed** payable to the NHVTA or your PAYPAL receipt to:  
**New Hampshire Veterinary Technician Association - P.O. Box 3342, Concord, NH 03302**  
Please allow 4 - 6 weeks to process your application.

<b>NHVTA Use Only</b>	
Date Received: _____	Check #: _____
Accept/Reject: _____	CVT Expiration Date: _____