



Office Use Only



HIGH SCHOOL CVA LEVEL I EXAM APPLICATION

PLEASE PRINT

APPLICANT'S INFORMATION

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Phone: (_____) _____ Email: _____

Date of Application: _____

Applicant's Signature: _____

SUPERVISOR'S INFORMATION

I certify that the student named above had meet the **200 hours** classroom requirements of hands-on training.

Exam Type: (Check One): Online Paper

Supervisor Title: (Check One): Teacher DVM MI LVT RVT/CVT/LVT* Home School Co-op
(*CVT, RVT or LVT supervision allowed out of State)

Teacher
 First Name: _____ Last Name: _____

School Name: _____

School Address: _____

City: _____ State: _____ Postal Code: _____

Phone: (_____) _____ Email: _____

Period of Observation: From date: _____ To Date: _____

Supervisor's Signature: _____

By affixing my signature above, I certify that the applicant named above has worked under my supervision for at least 90 days (500 hours) and has demonstrated competency in the behaviors and skills checked herein, and I recommend that this applicant be considered for certification at Veterinary Assistant Level I.



HIGH SCHOOL CVA LEVEL I CLINICAL HANDS-ON TRAINING VALIDATION

(MUST BE SUPERVISED & CHECKED OFF BY DVM OR MI LVT ONLY)

APPLICANT'S INFORMATION

First Name: _____ Last Name: _____

SUPERVISOR'S INFORMATION

Supervisor Title: (Check One): DVM MI LVT RVT/CVT/LVT* (*CVT, RVT or LVT supervision allowed out of State)

First Name: _____ Last Name: _____

Clinic Name: _____

Clinic Address: _____

City: _____ State: _____ Postal Code: _____

Clinic Phone: (_____) _____ Email: _____

Period of Observation: From Date: _____ To Date: _____

Total Hands-On Training Hours: _____
(Minimum 300 total hours worked for CVA certification or 225 with an approved recommendation letter from the DVM/LVT/CVT/RVT worked under)

Supervisor's Signature: _____
By affixing my signature above, I certify that the applicant named above has trained or worked under my supervision for the required hours of HANDS-ON TRAINING WITH LIVE ANIMALS (shadowing hours do not count towards certification)

HIGH SCHOOL CVA LEVEL I SKILLS VALIDATION CHECKLIST VERIFICATION

(MUST BE SUPERVISED & CHECKED OFF BY DVM OR MI LVT ONLY)

Note: All competencies must either be **performed** or **described** by the applicant, even if a certain species is not seen by the practice

APPLICANT'S INFORMATION

First Name: _____ Last Name: _____

SKILLS VALIDATION CHECKLIST SUPERVISOR'S INFORMATION

Supervisor Title: (Check One): DVM MI LVT RVT/CVT/LVT* (*CVT, RVT or LVT supervision allowed out of State)

First Name: _____ Last Name: _____

Clinic Name: _____

Clinic Address: _____

City: _____ State: _____ Postal Code: _____

Clinic Phone: (_____) _____ Email: _____

Period of Observation: From date: _____ To Date: _____

Supervisor's Signature: _____

By affixing my signature above, I certify that the applicant named above has trained or worked under my supervision for the required hours of HANDS-ON TRAINING WITH LIVE ANIMALS (shadowing hours do not count towards certification)

LEVEL I SKILLS VALIDATION CHECKLIST

(MUST BE SUPERVISED & CHECKED OFF BY DVM OR MI LVT ONLY)

NOTE: All competencies must be either **performed** or **described** by the applicant, even if a certain species is not seen by the practice.

Applicant has demonstrated reasonable proficiency or competency in the following work requirements:

| Performed OR Described | | Skill or Competency | Performed OR Described | | Skill or Competency |
|--------------------------|--------------------------|---|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Uses common terminology (spoken and written) required in your veterinary practice | <input type="checkbox"/> | <input type="checkbox"/> | Uses (or can describe) the proper method of haltering a large animal |
| <input type="checkbox"/> | <input type="checkbox"/> | Keeps assigned work areas clean and orderly | <input type="checkbox"/> | <input type="checkbox"/> | Practices (or can describe) the proper personal safety precautions when releasing a large animal |
| <input type="checkbox"/> | <input type="checkbox"/> | Demonstrated a basic knowledge of sanitary procedures | <input type="checkbox"/> | <input type="checkbox"/> | Properly restrains animals when assisting the veterinarian with cephalic and saphenous venous sampling |
| <input type="checkbox"/> | <input type="checkbox"/> | Handles animals in a safe, humane manner | <input type="checkbox"/> | <input type="checkbox"/> | Properly muzzles fractious animals |
| <input type="checkbox"/> | <input type="checkbox"/> | Can name and select the equipment items most commonly used in your veterinary practice | <input type="checkbox"/> | <input type="checkbox"/> | Handles and holds animals so as to generally avoid bites to themselves and to the attending veterinarian |
| <input type="checkbox"/> | <input type="checkbox"/> | Demonstrates a basic understanding of the most commonly used veterinary drugs | <input type="checkbox"/> | <input type="checkbox"/> | Demonstrates (or describes) the proper method of moving cattle and horses through chutes and into or out of stalls |
| <input type="checkbox"/> | <input type="checkbox"/> | Recognizes the symptoms commonly associated with animals affected by rabies | <input type="checkbox"/> | <input type="checkbox"/> | Recognizes and avoids potential safety hazards in the examination room or area |
| <input type="checkbox"/> | <input type="checkbox"/> | Uses procedures that ensure personal safety when handling animals suspected of having rabies | <input type="checkbox"/> | <input type="checkbox"/> | Handles animals in the examination room or area so as to prevent harm to the patient and humans |
| <input type="checkbox"/> | <input type="checkbox"/> | Demonstrates appropriate understanding and respect of the human-animal bond in dealing with clients and their animals | <input type="checkbox"/> | <input type="checkbox"/> | Carefully observes patients and surroundings and reports observations to the attending veterinarian |
| <input type="checkbox"/> | <input type="checkbox"/> | Handles and disposes of "sharps" instruments safely and in compliance with practice standards | <input type="checkbox"/> | <input type="checkbox"/> | Aids the veterinarian in the handling and treatment of patients |
| <input type="checkbox"/> | <input type="checkbox"/> | Uses the proper procedure for lifting and positioning animals | <input type="checkbox"/> | <input type="checkbox"/> | Provides an additional set of eyes and hands for the attending veterinarian |
| <input type="checkbox"/> | <input type="checkbox"/> | Uses the proper procedure for placing animals in a cage | <input type="checkbox"/> | <input type="checkbox"/> | Handles and uses disposable "sharps" containers in a safe manner |
| <input type="checkbox"/> | <input type="checkbox"/> | Uses proper method for placing large animals in a stall | <input type="checkbox"/> | <input type="checkbox"/> | Follows OSHA guideline in collecting a disposing of bio-hazardous materials |

LEVEL I SKILLS VALIDATION CHECKLIST

Applicant has demonstrated reasonable proficiency or competency in the following work requirements:

| Performed OR Described | | Skill or Competency | Performed OR Described | | Skill or Competency |
|--------------------------|--------------------------|---|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Demonstrates (or explains) the proper method of collecting decal samples (including the palpation sleeve) in the large animal | <input type="checkbox"/> | <input type="checkbox"/> | Follows accepted procedures when bathing or dipping patients |
| <input type="checkbox"/> | <input type="checkbox"/> | Uses correct quantities of feces for fecal floatations | <input type="checkbox"/> | <input type="checkbox"/> | Safely cares for animals in runs, cages, stalls and paddocks |
| <input type="checkbox"/> | <input type="checkbox"/> | Recognizes fresh fecal samples | <input type="checkbox"/> | <input type="checkbox"/> | Uses the bedding types indicated for specific breeds/species of housed animals |
| <input type="checkbox"/> | <input type="checkbox"/> | Can explain client options for disposal of euthanized or deceased animals | <input type="checkbox"/> | <input type="checkbox"/> | Changes bedding materials in a timely and efficient manner |
| <input type="checkbox"/> | <input type="checkbox"/> | Discusses individual or communal cremation options with owners of deceased pets | <input type="checkbox"/> | <input type="checkbox"/> | Disposes of used bedding materials as needed and in a proper manner |
| <input type="checkbox"/> | <input type="checkbox"/> | Properly prepares the deceased animal for presentation to the owner | <input type="checkbox"/> | <input type="checkbox"/> | Recognizes and avoids safety hazards in the areas where patients are housed |
| <input type="checkbox"/> | <input type="checkbox"/> | Exhibits proper decorum when presenting a deceased animal to its owner | <input type="checkbox"/> | <input type="checkbox"/> | Uses proper sanitary procedures in changing bedding materials |
| <input type="checkbox"/> | <input type="checkbox"/> | Correctly collects urine through natural means | <input type="checkbox"/> | <input type="checkbox"/> | Maintains and repairs cages, kennels, and stalls as needed |
| <input type="checkbox"/> | <input type="checkbox"/> | Knows proper method for collecting urine samples that are adequate for culturing microorganisms | <input type="checkbox"/> | <input type="checkbox"/> | Properly uses (or describes the proper use of) common devices and equipment to restrain horses, cattle, goats and swine for treatment |
| <input type="checkbox"/> | <input type="checkbox"/> | Collects urine samples during the correct time of day | <input type="checkbox"/> | <input type="checkbox"/> | Recognizes common breeds and varieties of exotic animals that visit the clinic and calls them by the correct common name |
| <input type="checkbox"/> | <input type="checkbox"/> | Correctly demonstrates usage of shielded gowns, gloves, and other protective wear for radiographic image acquisition | <input type="checkbox"/> | <input type="checkbox"/> | Safely handles and restrains exotic animals for examination and treatment |
| <input type="checkbox"/> | <input type="checkbox"/> | Implement and observe recommended radiation safety measures | <input type="checkbox"/> | <input type="checkbox"/> | Autoclaves veterinary instruments using mouse pressure autoclave and chemical sterilization |
| <input type="checkbox"/> | <input type="checkbox"/> | Handle, use and store radiographic image capturing equipment | <input type="checkbox"/> | <input type="checkbox"/> | Follows a proscribed procedure for cleaning all stainless steel instruments |
| <input type="checkbox"/> | <input type="checkbox"/> | Bathes and dips patients as instructed | <input type="checkbox"/> | <input type="checkbox"/> | Follows correct procedure for ultrasonic cleaning of instruments |
| <input type="checkbox"/> | <input type="checkbox"/> | Avoids basic hazards and species susceptibilities to certain bath and dip products when preparing and giving dips and baths | <input type="checkbox"/> | <input type="checkbox"/> | Lubricates instruments properly during the cleaning process |

LEVEL I SKILLS VALIDATION CHECKLIST

Applicant has demonstrated reasonable proficiency or competency in the following work requirements:

| Performed OR Described | | Skill or Competency | Performed OR Described | | Skill or Competency |
|--------------------------|--------------------------|---|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Maintains all dental equipment in clean and usable condition for performing prophylaxis treatments | <input type="checkbox"/> | <input type="checkbox"/> | Selects the correct syringe on demand from the veterinarian |
| <input type="checkbox"/> | <input type="checkbox"/> | Determines that all active scavengers are working properly in evacuating anesthesia gases as needed | <input type="checkbox"/> | <input type="checkbox"/> | Correctly fills syringes with medication as directed |
| <input type="checkbox"/> | <input type="checkbox"/> | Ensures that all sharp and cutting blades are removed and disposed of properly following surgical procedures | <input type="checkbox"/> | <input type="checkbox"/> | Recognizes intravenous, intramuscular, subcutaneous, and intraperitoneal applications |
| <input type="checkbox"/> | <input type="checkbox"/> | Describes (or demonstrates) the proper method for administration of a paste or topical drug on an equine patient | <input type="checkbox"/> | <input type="checkbox"/> | Selects correctly the needle gauge and length requested by the veterinarian |
| <input type="checkbox"/> | <input type="checkbox"/> | Describes (or demonstrates) the proper method for administration of a bolus, paste or topical drug for a bovine patient | <input type="checkbox"/> | <input type="checkbox"/> | Properly disposes of syringes, needles and other sharp objects commonly used in the veterinary clinic |
| <input type="checkbox"/> | <input type="checkbox"/> | Stores animal feeds according to instructions | <input type="checkbox"/> | <input type="checkbox"/> | Properly identifies and disposes of expired substances |
| <input type="checkbox"/> | <input type="checkbox"/> | Measures food quantities accurately | <input type="checkbox"/> | <input type="checkbox"/> | Obtains information relative to animal being boarded and/or discharged |
| <input type="checkbox"/> | <input type="checkbox"/> | Reads and follows food label directions correctly | <input type="checkbox"/> | <input type="checkbox"/> | Discusses and explains the charge for boarding costs |
| <input type="checkbox"/> | <input type="checkbox"/> | Reads and correctly follows written instructions for animal feeding | <input type="checkbox"/> | <input type="checkbox"/> | Posts and records money collected to the appropriate records as directed |
| <input type="checkbox"/> | <input type="checkbox"/> | Reports animal food and water consumption rates correctly and on schedule | <input type="checkbox"/> | <input type="checkbox"/> | Interacts cheerfully with clients and handles complaints with a smile |
| <input type="checkbox"/> | <input type="checkbox"/> | Administers hydrotherapy according to directions | | | |