



HIGH SCHOOL/4-H/HOMESCHOOL CVA LEVEL I EXAM APPLICATION

HS 1

Updated November 25, 2025

PLEASE PRINT IN BLUE OR BLACK INK

APPLICANT'S INFORMATION

First Name: _____ Last Name: _____

Personal Email Address: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Phone: (_____) _____

Date of Birth (applicants must be 16 years old to take CVA Exam) _____

APPLICANT AGREEMENTS

Please initial each agreement:

_____ I agree that I have completed the required classroom and clinical hours as required by the Vermont Veterinary Medical Association (VVMA) for the Certified Veterinary Assistant (CVA) Level I certification **OR** if I have not completed my required clinical hours, I will receive a Pending Practical Experience (PPE) certification, and that it is my responsibility to complete my hours within one (1) year of passing the CVA I exam in order to earn a CVA Level I certification.

_____ I understand that my certification is valid for two (2) years after passing the CVA Level I exam and that it is my responsibility to renew my certification, and if I do not, my certification will be terminated.

_____ I understand that if a school email is provided on this application, I will have to update my VVMA account with a personal email address in order to access my certification after graduating and no longer having access to that email account.

_____ I understand that if I mark "Do not Mail" or "Do not Email" on my VVMA account, I will not get renewal reminders and that it is my responsibility to keep track of my renewal date.

Applicant's Signature: _____

Applicant's Name: _____



APPLICANT'S NAME

Name: _____

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HIGH SCHOOL/4-H/HOMESCHOOL CVA LEVEL I CLASSROOM & CLINICAL HOURS VALIDATION

VETERINARY SCIENCE INSTRUCTOR'S INFORMATION

I certify that the student named above has met the **200 hour** classroom requirements.

Supervisor Title: (Check One): Teacher ☐ Home School/Co-op Teacher ☐ 4-H Leader ☐ County Extension Agent

First Name: _____ Last Name: _____

School/Org Name: _____

School/Org 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 in a classroom setting for at least 200 hours and has demonstrated competency in the behaviors and skills herein, and I recommend that this applicant be considered for certification as a Veterinary Assistant Level I.

CLINICAL HOURS VALIDATION - SUPERVISOR'S INFORMATION

Supervisor Title: (Check One): ☐ DVM ☐ CVPM ☐ Credentialed Technician* (*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 needed for CVA certification or 225 with an approved recommendation letter from the DVM/Credentialed Technician worked under)

Supervisor's Signature: _____

By affixing my signature above, I certify that the individual named above has demonstrated competency in the behaviors and skills checked herein, and I recommend that this individual be considered for certification as a Veterinary Assistant Level I.

Please note that only DVMs or Credentialed Technicians can sign off on skills. CVPMs can sign off on hours, but not skills.



APPLICANT'S NAME

Name: _____

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HIGH SCHOOL/4-H/HOMESCHOOL CVA LEVEL I SKILLS VALIDATION CHECKLIST VERIFICATION

(MUST BE SUPERVISED AND CHECKED OFF BY DVM OR CREDENTIALLED VETERINARY TECHNICIAN ONLY)

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

SKILLS VALIDATION CHECKLIST SUPERVISOR'S INFORMATION

Supervisor Title: (Check One): ☐ DVM ☐ Credentialed Technician*

(*CVT, RVT or LVT supervision allowed out of state)

Supervisor's 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 individual named above has demonstrated competency in the behaviors and skills checked herein, and I recommend that this individual be considered for certification as a Veterinary Assistant Level I.

Please contact Katherine Gray, DVM, for additional information
at katherineg@vtvets.org, or 802/878-6888



APPLICANT'S NAME

Name: _____

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LEVEL I SKILLS VALIDATION CHECKLIST

(MUST BE SUPERVISED AND CHECKED OFF BY DVM OR CREDENTIALLED VETERINARY TECHNICIAN ONLY)

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

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

Client Relations and Medical Records

Date	Supervisor's Initials	Skill
		Demonstrates appropriate understanding and respect for the human-animal bond in dealing with clients and their animals
		Obtains information relative to patient admission
		Gives appropriate information to clients upon patient discharge
		Processes payments to client accounts as directed
		Interacts cheerfully with clients and handles complaints professionally
		Prepares deceased animals and uses proper decorum when presenting deceased animals to owners
		Can explain and discuss client options for disposal and cremation options for euthanized or deceased animals with owners
		Accurately records necessary information in patient medical records

General Clinical

		Recognizes and avoids potential safety hazards in the examination room or area
		Uses the proper procedure for placing animals in a cage
		Uses the proper procedure for lifting and positioning animals
		Properly restrains animals when assisting with blood collection
		Understands how to use restraint devices for fractious animals, including muzzles, to avoid bites to handlers

General Clinical

Date	Supervisor's Initials	Skill
		Provides an additional set of eyes and hands for the attending veterinarian
		Aids the veterinarian and handles animals in the exam room and other areas of the veterinary facility to prevent harm to themselves and others
		Uses common terminology (spoken and written) required in your veterinary practice
		Keeps assigned work areas clean and orderly
		Demonstrates a basic knowledge of sanitary procedures
		Properly disposes of syringes, needles and other sharp objects commonly used in the veterinary clinic
		Handles and disposes of "sharps" and sharps containers safely and in compliance with practice standards
		Handles animals in a safe, humane manner
		Recognizes the symptoms commonly associated with animals affected by rabies
		Uses procedures to ensure personal safety when handling animals suspected of having infections and zoonotic diseases
		Recognizes and avoids safety hazards in the areas where patients are housed
		Safely handles and restrains exotic animals for examination and treatment
		Recognizes common breeds and varieties of exotic animals that visit the clinic and calls them by the correct common name
		Properly uses common devices and equipment to restrain horses, cattle, goats and swine for treatment



APPLICANT'S NAME

Name: _____

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LEVEL I SKILLS VALIDATION CHECKLIST

General Clinical

Date	Supervisor's Initials	Skill
		Understands the proper method of moving cattle and horses through chutes and into or out of stalls
		Practices the proper personal safety precautions when releasing a large animal
		Uses the proper method of haltering a large animal
		Uses the proper method for placing large animals in a stall
		Demonstrates an understanding of the importance of cleanliness to both patient and facility
		Demonstrates an understanding of applicable OSHA regulations to veterinary assistant tasks
		Uses appropriate personal protective equipment (PPE) for veterinary assistant tasks
		Recognizes common breeds of cats and dogs

Pharmacy and Administration

		Selects the correct needle for a procedure or on request
		Selects the correct syringe for a procedure or on request
		Correctly fills syringes with medication as directed
		Understand the proper method for administration of tablets, capsules, liquid and topical drugs to canine and feline patients
		Demonstrates a basic understanding of the most commonly used veterinary drugs
		Properly identifies and reports expires substances
		Recognizes intravenous, intramuscular, and subcutaneous injections

Pharmacy and Administration

		Understands the proper method for administration of bolus, paste, or topical drug to a large animal patient
Animal Care and Nursing		
		Uses proper sanitary procedure in changing bedding materials
		Properly disposes of used bedding materials as needed
		Changes bedding materials in a timely and efficient manner
		Uses the bedding types indicated for specific breeds/species of housed animals
		Safely cares for animals in runs, cages, stalls and paddocks
		Reads and correctly follows written instructions for animal feeding
		Reports animal's food and water consumption rates correctly and on schedule
		Measures food correctly according to written instructions
		Stores and measures food according to the food label
		Recognizes hazards and follows recommended procedures when performing medicated baths and/or dips
		Can name and select the equipment and supplies most commonly used in your veterinary practice
		Performs hydrotherapy according to instructions
		Carefully observes patients and surroundings and reports observations to the attending veterinarian
		Correctly determines temperature, pulse and respiration (TPR)
		Recognizes types of foods commonly fed to dogs, cats, large animals, and exotic pets



APPLICANT'S NAME

Name: _____

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LEVEL I SKILLS VALIDATION CHECKLIST

Lab X-Ray & Current Skills

Date	Supervisor's Initials	Skill
		Properly handles, uses and stores radiographic image-capturing equipment
		Implements and observes recommended radiation safety measures
		Correctly uses shielded gowns, gloves and other protective wear for radiographic image acquisition
		Understands how to collect a sterile urine sample appropriate for culture
		Collects a voided urine sample
		Understands the proper method for collecting the correct quantities of fresh fecal material for fecal flotation
		Follow OSHA guideline in collecting and disposing of biohazardous materials
		Ensures that all sharps and cutting blades are removed and disposed of properly following surgical procedures
		Recognizes and understands types of anesthetic scavenger systems and how an anesthetic scavenger system operates
		Maintains all dental equipment in clean and usable condition for performing dental procedures
		Follows a prescribed procedure for cleaning all stainless-steel instruments
		Follows correct procedures for ultrasonic cleaning of instruments
		Properly lubricates instruments during the cleaning process
		Autoclaves veterinary instruments using a steam pressure autoclave
		Understands common uses of and risks associates with chemical sterilization

Lab X-Ray & Current Skills

Date	Supervisor's Initials	Skill
		Correctly labels laboratory samples with all necessary information.
		Performs heartworm tests according to instructions
		Cleans ultrasound probes according to instructions
		Prepares patients for ultrasound exams according to instructions
		Wraps surgical packs according to instructions
		Cleans and prepares the surgical suite before and after surgical procedures