



**APPLICATION FORM
AHT CLINICAL SKILLS EVALUATION**

Please check all that you are applying for:

- General Skills Evaluation
(prerequisite to SA or LA)
- Small Animal Skills
- Large Animal Skills

Submit to:

AHT Equivalency Assessment Services
Attn: Melissa Elliott
The Northern Alberta Institute of Technology
11762 - 106 Street, Room W111
Edmonton AB T5G 2R1
Phone: 780/378-5062
E-Mail: melissae@nait.ca

PAYMENT MUST ACCOMPANY THIS COMPLETED FORM. REFER TO ACCOMPANYING LETTER FOR DETAILED INFORMATION.

The personal information on this form is being collected under the mandate of the Technical Institutes Act. Upon admission, this information will form part of your student record and will be used for operational activities of the Institution and for statistical purposes. It may be disclosed to Statistics Canada to comply with the Statistics Act (Canada) and to Alberta Advanced Education and Career Development for statistical, funding, policy development, planning and research purposes. Certain personal information will also be disclosed, by agreement to the NAIT Student Association (NAITSA) and the Alumni Relations Office for the purposes of membership services; to Campus Sport & Wellness to monitor your eligibility to participate in NAIT Intercollegiate Athletics and to the Financial Aid Officer for the nomination of awards and scholarships. The provision of the Alberta Freedom of Information and Protection of Privacy Act protect this personal information. If you have any questions about the collection or use of this information, contact the Office of the Registrar, Suite 1000, 11761 - 106 Street NW, Edmonton, AB T5G 3H1, (780) 471-6248.

*NOTE: DATE OF BIRTH is required on the student record system to assist our office in the retrieval of your academic grades. Without this, we cannot be responsible for locating and producing copies of your student academic transcripts in the future.

PROVIDE FULL NAME AND ADDRESS BELOW (please print)

Surname	First Name	Middle Name
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Apt. No. Street or Box No.	City/Province	Postal Code
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Telephone (Residence) ()	Telephone (Business) ()	Cell Number ()
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Birth Date	Fax Number	Email (Compulsory)
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PAYMENT INFORMATION

- Cheque Money Order VISA MasterCard American Express

Cardholder Name: _____

Card Number: _____ Expiry Date: _____

Signature: _____ Date: _____

EXAM LOCATION: Please specify your desired location for your clinical evaluations. The Program Coordinator will be in contact with you following receipt of your application form and confirmed payment. We will do our best to accommodate your requests within the bounds of delivering an objective fair assessment.

NAIT AHT Clinic and/or Farm (Edmonton and Edmonton area)

Local Veterinary Clinic/Hospital with NAIT Evaluator

Clinic Name: _____ Clinic Manager Name and Phone Number: _____

Local Farm with NAIT Evaluator

Other: _____

REFUND AND TRANSFER POLICY

Refunds will be issued for cancellations received no later than 7 full calendar days prior to scheduled evaluation date, less \$250 administrative fee. There will be a processing fee of \$30 on NSF cheques. We reserve the right to cancel, postpone or otherwise modify announced assessments due to inadequate registration or other causes beyond our control. Fees will then be refunded in full.

PASSING POLICY

Candidates are required to pass all components of each evaluation to be successful in completing their clinical evaluations. There is no appeal process for unsuccessful evaluations. If candidates are unsuccessful, they may reapply to repeat any area of the assessments in its entirety.

FATAL ERROR POLICY

If at any point of any clinical skills evaluation, the candidate has an error that threatens the life of either patient or staff, the assessment will end immediately; the candidate will receive a zero for that section of testing, with no refund of monies paid. The section may be retaken at a later date.

TASK LIST and EVALUATION FORMS

A list of all possible tasks you may be evaluated on is available on the website at www.nait.ca/ahtea. During each evaluation you will be assigned random tasks to complete to evaluate your overall skill level. You may or may not be required to perform all tasks within the allotted evaluation time.

CHECKLIST

To prevent delays in processing your application, please ensure that you have provided proof of the following documentation where applicable:

- Application Form, signed
- Appropriate fees
 - o General Skills \$780.00 + GST
 - o Small Animal Skills \$1210.00 + GST
 - o Large Animal Skills \$660.00 + GST

****Note:** An additional fee may be applied depending on the location of your clinical evaluations.

****Note:** Candidates wishing to become registered to practice as an AHT in Alberta may choose to complete only the General Skills and the Small Animal evaluation for a Limited License. It is recommended to complete all 3 Clinical Evaluations if you plan to become registered in a province other than Alberta or may relocate in the future.

The AHT EA skills/Task list is based on the CVMA Accreditation Task List as the minimum standard of acceptable technical skill set for a new AHT/VT graduate.

Skills will be assigned a rating of 0 through 5, as outlined below:

- ✓ **5** *Completes the assigned task in an exceptionally timely, effective, efficient manner, while demonstrating consideration for the safety of patient, personnel and public.*
- ✓ **4** *Completes the assigned task in a timely, effective and efficient manner while demonstrating consideration for the safety of patient, personnel and public.*
- ✓ **3** *Completes the assigned task, could improve timeliness, effectiveness and/or efficiency, and demonstrates consideration for the safety of patient, personnel and/or public. May have minor errors of technique that are not life threatening.*
- ✓ **2** *Completes the assigned task with coaching. May have several minor errors of technique or significant non-life threatening errors that had to be corrected by evaluator to ensure safety of patient, personnel and/or public.*
- ✓ **1** *Unable to complete task, even with coaching. Or did not demonstrate any consideration for safety of patient, personnel and/or public. Or demonstrated unacceptable negative behaviour towards patient, personnel or evaluator.*
- ✓ **0** *Refused to attempt task completion, or did not understand directions for task completion, even after attempts to clarify request **or** evaluator unable to understand evaluatee. **Or** had life threatening error.*

ADMINISTRATIVE USE

Edu. Ass. Passed _____	Fee _____	PS Registered _____	Receipt _____
Supervisor _____	Reviewed by _____	Program Manual Sent _____	
Date Accepted/Refused _____		Student Number _____	

DECLARATION

I hereby certify that all statements on this application are true and complete in all respects and no relevant information has been withheld. I understand that any misrepresentation on my part may result in cancellation of my admission or registered status. If admitted, I understand that I am responsible for all applicable academic regulations, tuition and fees, whether or not I successfully complete the course(s) in which I am enrolling.

Applicant's Signature _____ Date _____

Successful completion of all 4 stages of assessment results in a certificate of completion that may be submitted to your provincial registration body for Animal Health Technologists or Veterinary Technicians. This certificate may qualify you to apply to write the Veterinary Technician's National Exam.