



Animal Health Technology Program

Verification of Work-Related Hours and Experience (40 Hours Minimum)

This form is to be completed by your supervisor. Provide all information including signatures. Return the completed form with your application.

Name of Applicant: _____

Name of Business: _____

Business Address: _____

Business Phone: _____ Business Fax: _____

E-mail Address: _____

Total hours experience obtained by applicant (40 hours minimum): _____

List the types of experience obtained (if additional space is needed, please use the back of this form):

Name of Supervisor: _____ Name of Applicant: _____

Signature: _____ Signature: _____

Date: _____ Date: _____