



The Academy of Veterinary Technicians in Diagnostic Imaging

Pre-Application Checklist

2024 Examination

Application Requirements:

- Scanned copy of current credentials to practice as a veterinary technician.
- Scanned copy of diploma from AVMA or ACVMA accredited education program (if applicant did not graduate from an accredited Veterinary Technology program the VTNE passing score would also be accepted).
- Proof of completion and attendance of a minimum of forty (40) RACE-approved CE hours related to veterinary diagnostic imaging and advanced imaging modalities.
- Completed applicant information form and work experience form.
- Two (2) letters of recommendation to be submitted separately and confidentially by the referring individual to the AVTDI email: vtstdiagnosticimaging@gmail.com.
- Scanned signed copy of the Waiver, Release and Indemnity Agreement.
- A non-refundable Pre-Application fee of \$50.00 to be paid via PayPal on the AVTDI website or via the pre-application packet. Include a copy of the PayPal receipt in your pre-application submission.

**Upload all requirements via the AVTDI Pre-Application Packet
by October 1, 2023 at 12:00 A.M (E.S.T)**

Applicants will receive notification for receipt of their Pre-Application within 48-hours of submission.

Applicants will be notified by the credentialing committee within 30-days of their Pre-Application submission whether or not they have been approved to submit their Final Application.

For more information, the AVTDI constitution and bylaws are available on our website:



VTS-DI Pre-Application

2024 Examination

Applicant Information:

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State/Province: _____ Zip Code: _____

Personal Phone: _____ Work Phone: _____

Email Address: _____ Date Submitted: _____

Currently credentialed in the state/province of: _____

Credential No. _____ Credential Type: LVT RVT CVT OTHER

From which AVMA/CVMA Accredited Program did you graduate? _____

Date of Graduation: _____ Date of VTNE Passing Score: _____

Please provide proof (scanned copy) of current credentials to practice as a veterinary technician.

Work Experience:

Provide 5 years (minimum 10,000 hours) work experience or it's equivalent in the field of veterinary medicine with 75% of that work experience (7,500 hours) in the field of Diagnostic Imaging, clinical or research based.

Work Experience #1

From:

To:

Name of Practice/Institution:

Type of Practice: _____

Description of primary responsibilities related to specialty:

Primary Species: _____

List roles, duties

Supervisor Name: _____ Supervisor Email: _____

Average No. hours worked/week: _____

Average No. hours devoted to diagnostic imaging: _____ Total diagnostic imaging hours: _____

Work Experience #2

From:

To:

Name of Practice/Institution:

Type of Practice: _____

Description of primary responsibilities related to specialty:

Primary Species: _____

List roles, duties

Supervisor Name: _____ Supervisor Email: _____

Average No. hours worked/week: _____

Average No. hours devoted to diagnostic imaging: _____ Total diagnostic imaging hours: _____

Work Experience #3

From:

To:

Name of Practice/Institution:

Type of Practice: _____

Description of primary responsibilities related to specialty:

Primary Species: _____

List roles, duties

Supervisor Name: _____ Supervisor Email: _____

Average No. hours worked/week: _____

Average No. hours devoted to diagnostic imaging: _____ Total diagnostic imaging hours: _____

Work Experience: *(continued)*

Work Experience #4	From:	To:
Name of Practice/Institution: _____	Type of Practice: _____	
Description of primary responsibilities related to specialty: <i>List roles, duties</i>	Primary Species: _____	
Supervisor Name: _____	Supervisor Email: _____	
Average No. hours worked/week: _____		
Average No. hours devoted to diagnostic imaging: _____	Total diagnostic imaging hours: _____	

Work Experience #5	From:	To:
Name of Practice/Institution: _____	Type of Practice: _____	
Description of primary responsibilities related to specialty: <i>List roles, duties</i>	Primary Species: _____	
Supervisor Name: _____	Supervisor Email: _____	
Average No. hours worked/week: _____		
Average No. hours devoted to diagnostic imaging: _____	Total diagnostic imaging hours: _____	

Letters of Recommendation:

Applicant Instructions for Confidential Letters of Recommendation

Two letters of recommendation can be from an AVTDI member, a Diplomate of the ACVR and/or a Diplomate of the ECVDI, senior third-year ACVR/ECVD Residents, a Diplomate of an ACMA-recognized veterinary specialty college, or a member of another NAVTA-approved VTS academy.

Notice will be given after October 1st if the AVTDI Credentialing Committee has NOT yet received any of the two required letters of recommendation.

Final submission of all application materials, including letters of recommendation, is due by October 1st, 2023 at 12:00 A.M (E.S.T)



VTS-DI Pre-Application 2024

Confidential Letter of Recommendation

Submission of all letters of recommendation to the AVTDI Credentialing Committee is due by October 1st, 2023 at 12:00 A.M (E.S.T)

Candidate Name: _____

Candidate Email: _____ Candidate Phone: _____

Instructions: The individual whose name appears above has applied for candidacy as a Veterinary Technician Specialist in Diagnostic Imaging, and this confidential letter of recommendation is required before the candidate's application can be accepted.

Please complete and submit this letter of recommendation by email to: vtsdiagnosticimaging@gmail.com

Reference Name: _____

Credentials: _____

Address: _____

Relationship to candidate: _____

How long have you known the candidate? _____ Phone Number: _____

Email Address: _____

Under what circumstances have you known the applicant?

Describe the candidate's moral character, integrity and commitment to the veterinary profession:

In a professional setting, describe the candidate's professional ethics and trustworthiness:

Describe the candidate's technical experience and ability as a veterinary technician, specifically in the field of diagnostic imaging:

Additional Comments:

Thank you for your participation on behalf of the candidate and AVTDI.

Waiver, Release and Indemnity:

I hereby apply to the Academy of Veterinary Technicians in Diagnostic Imaging for examination in accordance with the guidelines set forth by the Academy for credentials evaluation and appeal; herewith, I enclose the application fee. I also hereby agree that prior to or after my examination; the Academy may investigate my standing as a veterinary technician, including my reputation for complying with the standards of ethics of the profession and work history duties. I understand that, upon submission, all parts of this application become the property of the academy. All applications will remain confidential within the parties of the Academy and its committees.

Applicant Name (printed): _____

Applicant Signature: _____ Date: _____

License No. _____ State in which credential is held: _____

Pre-Application Fee and Application Submission:

A non-refundable pre-application fee of \$50.00 to be paid via PayPal within this packet. Include a copy of the PayPal receipt in your pre-application submission.

The application fee will not be refunded if the applicant does not pass the pre-application phase, if application is submitted incomplete after the pre-application deadline or is not approved to take the examination. Eligibility rulings are made by the Council of Regents based on recommendation of the Credentials Approval Committee. You will be notified by the credentialing committee within 30-days whether or not you have been approved to submit your Final Application.



**SUBMIT PRE-APPLICATION
&
SUPPLEMENT INFORMATION**

Note: The submission button will open your online email browser or your computer's email application (depends on the computer's default settings). The email address to submit your application to AVTDI should already appear in the email window in the To Field: vtsdiagnosticimaging@gmail.com

Instructions prior to submitting your application:

1. Save your pre-application packet in .PDF format in the following file name format: **LASTNAME_FIRST INITIAL_PREAPPLICATION2024**
2. Ensure that all of your supplement information is saved in .PDF format in the following file name format: **LASTNAME_FIRSTINITIAL_2024_NAME OF SUPPLEMENTAL DOCUMENT**
3. Save a copy of your PayPal application fee receipt in the following format: **LASTNAME_FIRST INITIAL_PAYPAL_PREAPPLICATION2024**
4. Go to the location of your files on your computer and place all files in a folder. Name folder: **LASTNAME_FIRSTINITIAL_PREAPPLICATION2024**. Click to highlight this folder > "right click" on the folder to bring up a small menu > "click" Compress"LASTNAME_FIRST INITIAL_PREAPPLICATION2024".
5. You have now created a Compressed .Zip file contains all the documents for your application. This compressed file is what you will upload as an attachment in the email when submitting your application.
6. Upload any additional supplemental documents and your PayPal receipt.

Thank you for your submission!

Applicants will receive notification for receipt of their Pre-Application within 48-hours of submission.