# 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: ***vtsdiagnosticimaging@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:

# The Academy of Veterinary Technicians in Diagnostic Imaging

# 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:** _____

**The Academy of Veterinary Technicians in Diagnostic Imaging** | 2024 Application | **www.AVTDI.org**

---

### Work Experience #4

| | **From:** | **To:** |

**Name of Practice/Institution:** _____

**Type of Practice:** _____

**Description of primary responsibilities related to specialty:**
*List roles, duties*

**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:**
*List roles, duties*

**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)**

# The Academy of Veterinary Technicians in Diagnostic Imaging

# VTS-DI  Pre-Application 2024

## Confidential Letter of Recommendation

**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 it 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 be 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.

**The Academy of Veterinary Technicians in Diagnostic Imaging | 2024 Application | www.AVTDI.org**