



**The Academy of Veterinary Technicians in Diagnostic Imaging**

# Final Application Checklist

**2024 Examination**

## Application Requirements:

***Please note:** Submission of the AVTDI Final Application is only applicable to those applicants who have been accepted through the AVTDI Pre-Application process.*

- Scanned copy of completed Diagnostic Imaging Veterinary Technician Skill List.
- Scanned copy of Mastery of Skills Sign-Off Form **and** Skills Percentage (%) Form.
- Completed case log record (minimum of forty-five (45) cases, maximum of sixty (60) cases).
- Completed case reports, six (6)
- Submit five (5) examination questions and corresponding answers for potential future use (to be completed within the final application packet).
- A non-refundable Final Application fee of \$50.00 to be paid via PayPal on the AVTDI website or within the Final Application Packet. Include a copy of the PayPal receipt in your final application submission.

**Upload all requirements via the AVTDI Final Application Packet  
by February 1, 2024 at 12:00 A.M (E.S.T)**

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

**Applicants will receive notification for receipt of their Final Application within 48-hours of submission.  
Applicants will be notified by April 15, 2024, no less than six (6) months prior to the scheduled examination date whether admission is granted to take the examination for VTS-DI status.**



# VTS-DI Final 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



# VTS-DI Final Application

2024 Examination

Examination Questions for Potential Future Use

Applicant Name: \_\_\_\_\_

Applicant Email: \_\_\_\_\_ Applicant Phone: \_\_\_\_\_

**Instructions:** Submit five (5) original examination questions and answers for potential use on future examinations.

Examination Question #1:

Examination Question #2:

Examination Question #3:

Examination Question #4:

Examination Question #5:

Additional Comments/Questions: *(optional)*

## 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: \_\_\_\_\_

## Final Application Fee and Application Submission:

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

The application fee will not be refunded if the applicant does not pass the final-application phase, if application is submitted incomplete after the final-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. Applicants will be notified of eligibility results no less than six (6) months preceding the scheduled examination date, by April 15, 2024. Applicants will have the ability to appeal a decline decision.



**SUBMIT FINAL APPLICATION  
&  
SUPPLEMENT DOCUMENTS**

**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](mailto:vtsdiagnosticimaging@gmail.com)

### Instructions prior to submitting your application & supplemental documents:

1. Save this final application packet in .PDF format in the following file name format: **LASTNAME\_FIRSTINITIAL\_FINALAPPLICATION2024**
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 .PDF format in the following file name format: **LASTNAME\_FIRST INITIAL\_PAYPAL\_FINALAPPLICATION2024**
4. Go to the location of your files on your computer and place all files in a folder. Name folder: **LASTNAME\_FIRSTINITIAL\_FINALAPPLICATION2024**. Click to highlight this folder > "right click" on the folder to bring up a small menu > "click" Compress"LASTNAME\_FIRST INITIAL\_FINALAPPLICATION2024".
5. You have now created a Compressed .Zip file contains all the documents for your application. This compressed folder is what you will upload as an attachment in the email when submitting your application.
6. Email application to [vtsdiagnosticimaging@gmail.com](mailto:vtsdiagnosticimaging@gmail.com)

**Thank you for your submission!**

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