

**PARKLAND COLLEGE
VETERINARY TECHNOLOGY
VETERINARY WORK EXPERIENCE FORM**

Applicant's Name (Last) _____ (First) _____ (Date) _____

The applicant whose name appears above intends to apply for admission to the Veterinary Technology Program at Parkland College. This applicant has indicated that he/she worked or volunteered with you in some capacity at your veterinary facility. Please complete the form as accurately as possible to help increase the applicant's chances for acceptance into the program. If you feel this applicant has not worked or volunteered with you enough to complete this form, please indicate that.

Please return the completed form to the Office of Admissions and Records at Parkland College, 2400 West Bradley Avenue, Champaign, IL 61821. Should you have any questions regarding this form please contact the Director of Veterinary Technology Program, Laurie Lobdell CVT at 217-351-2382 or email: llobdell@parkland.edu.

TO BE COMPLETED BY STUDENT:

Name of person you are asking to complete this form (print): _____

I request that you complete the attached form and send it to the Office of Admissions and Records at Parkland College. Your thorough account of my experience with you will assist Parkland in determining my eligibility for admission to the Veterinary Technology program. The Office of Admissions and Records will forward the completed form to the Veterinary Technology Director for his/her evaluation.

RELEASE OF ACCESS TO THIS FORM:

The applicant must complete and sign the following statement before submitting this form to the veterinary professional. This request is in compliance with Federal Law P.L. 93-380 (Family Educational Rights and Privacy Act of 1974) as amended. The completed submitted form will be kept on file in the office of admissions.

By signing below I agree to allow full access to this form by the Parkland College Office of Admissions and the Director of the Parkland College Veterinary Technology Program.

Applicant Name _____ Applicant Signature _____

Veterinary Facility Name: _____

Address: _____

Phone Number: _____ email: _____

***NOTE:** ALL work experience forms will be evaluated and scored by the Veterinary Technology Program Director. Approval and scoring of all work experience is at the discretion of the program director. The following is a sample of the scoring process used:*

0.4 pts = 120 hours or more of work or volunteer experience

0.3 pts = 80-119 hours

0.2 pts = 40-79 hours

0.0 pts = 39 hours or less

TO BE COMPLETED BY THE VETERINARY PROFESSIONAL WHO DIRECTLY SUPERVISED THE APPLICANT:

Name and position of person who directly supervised the applicant:

Name (print): _____ Position: _____

1. How long have you known this applicant? _____

2. In what capacity are you associated with the applicant? (please check one or more)

- a. as an employer
- b. as the family veterinarian
- c. as a supervising veterinarian/veterinary technician
- d. as an instructor
- e. not acquainted
- f. other: _____

3. Please enter the number of hours and dates the applicant worked or volunteered with you:

Total hours: _____ Dates: _____

4. Please list all duties the applicant performed or assisted with to give us an idea of the type of experience they gained while at your facility:

5. Anything else you would like to add? _____

Thank you for taking your time to complete this form! Please sign and date below, before submitting.

Signature

Date