**Mountwest Community and Technical College**

**Veterinary Technology Application Packet**

**2025**

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Top of Form



One Mountwest Way

Huntington, WV 25701

**2025**

**VETERINARY TECHNICIAN\***

**APPLICATION FOR ADMISSION**

**PERSONAL INFORMATION**

Applicant’s Name\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: State: Zip: \_\_\_\_\_\_\_\_\_\_\_

Phone \_(Home) (Work) \_(Cell)

MCTC ID Number\_ E-Mail

(Used to notify of acceptance)

Colleges/Universities Attended

Number of College Hours Completed\_

Overall GPA

First Application

Reapplying to the Program

Degree(s) earned

**Contact Information:**

Amanda Coffman, RVTG

Vet Tech Program Director

Phone: (304)0710-3492

Fax: (304) 710-3188

Email: [clagga@mctc.edu](mailto:clagga@mctc.edu)

Applicants must complete all general education and prerequisite courses with a grade of “C” or better,

and must have a cumulative GPA of 2.5 or higher.

***\*\*\*Note: Official college transcripts must be on file in the MCTC Admissions Office for all transfer classes you would like applied. A copy of your high school/college transcripts MUST accompany this application as well.***

**Admission requirements: Please include as much of the following at application as possible (Additional Information in following pages!)**

* Accepted to Mountwest Community and Technical College prior to program admission.
* Application Fee submitted - $ 45.00
* Must provide copy of unofficial transcripts from previous institution or high school with application

 2.5 GPA from institution currently or previously enrolled

* Must provide copy of ACT scores or other comparable testing

 A minimum ACT math score of 19, SAT score 510, or Accuplacer score of 250+.

 A minimum ACT English score of 18, SAT score 480, or Accuplacer score of 250+.

 Must have 120 hours of documented voluntary/work experience in a veterinary hospital or animal clinic with a minimum of 100 hours in clinic or hospital and 20 hours in an animal shelter/rescue. Completed by deadline. Completed within 2 years of applying. ***These do not have to be completed to apply for the program in May, they will be due before classes start on Aug.***

* Consent to a background check and drug testing upon admission to the program
  + Must pass drug test and background check for admittance into program.
  + Must pass random drug testing and background check for continuation of program study.
    - \*Conviction of crimes such as felonies and misdemeanors may affect the ability of an applicant’s admittance and a graduate’s ability to obtain state licensure.
* Must submit proof of health insurance
* Receive or be willing to receive the Rabies pre-exposure vaccinations and Tetanus vaccination. If not completed prior to admission the student must receive the series upon admissions to the program (student is responsible for associated costs). MUST SUBMIT PROOF OF VACCINCATIONS.
  + Record of Tetanus vaccination
  + Record of pre – exposure Rabies vaccination
* Read and understand the characteristics of a successful veterinary technician.

**ACTIVITIES AND ACHIEVEMENTS**

Please provide a list of awards, achievements, and certifications you have earned including approximate dates.

Please provide a list of community service activities in which you have participated including approximate dates.

**ADDITIONAL DOCUMENTS REQUIRED TO BE SUBMITTED WITH APPLICATION**

1. You must submit a short essay of between 250 and 500 words explaining why you have chosen to pursue a career in the Veterinary Technology field. You are encouraged to include your reasons for a career change, your perceptions of the responsibilities of a Veterinary Technician and the goals you hope to achieve with this career track.

***(Please submit as a typed document with your name and 942# at the top.)***

2. Completion of the Interview Process---- this will be scheduled for you here

on campus. Notification will be sent via email of the date and time of the exam, if your application meets

admissions requirements.

**\*You must participate in this event as scheduled in order to fulfill application requirements.**

**SIGNIFICANT DATES FOR ADMISSION PROCESS Deadline for Application**

Completed applications and required documents must be turned in **NO LATER THAN May 2nd , 2025** for

consideration for enrollment into the fall 2025 Veterinary Technology Program. Please submit all documents in a sealed envelope to the Allied Health Office in Rm 427 or Rm 443.

**Notification of Acceptance**

**All students may complete an interview prior to admissions. Students will be notified via email if an interview process is indicated.**

Acceptance letters will be mailed out after the interview process. This should be by **June 30th**. PLEASE TAKE NOTE THAT THE EMAIL PROVIDED ON THE APPLICATION WILL BE USED TO NOTIFIY THE APPLICANT OF ADMISSIONS, ALONG WITH A MAILED LETTER.

Students may be admitted to the program after **May, 2025** if seats are available. Must have permission of Program Coordinator to enroll.

**By signing below, I certify that I have read and understand the requirements of the veterinary technician program.**

**Initial Acknowledgment-** Please initial that you are aware of the following!

\_\_\_\_\_\_\_ Applied and Accepted to MCTC before applying to the VT program

\_\_\_\_\_\_ Read/Understand all Admission Requirements

\_\_\_\_\_\_ Essay Submitted with application

\_\_\_\_\_\_ Application Fee submitted to MCTC—receipt submitted with app.

\_\_\_\_\_\_ Transcripts/Test scores submitted with application

\_\_\_\_\_\_ Medical information submitted with app--- Health Ins./Tetanus

\_\_\_\_\_\_ Aware of Interview Process---- We will notify you of this

\_\_\_\_\_\_ Agree to drug screen and background check--- We will notify you

\_\_\_\_\_\_ Read/Understand Characteristics of a Vet Tech

\_\_\_\_\_\_ Observation hrs and Proof of Rabies vaccination due Aug 2nd

\_\_\_\_\_\_ Submit COMPLETE application (pgs 1-4) and documentation by Due date MAY 3rd

Student Signature/ Date

\*Application must be complete to be considered for admissions. All pages after this are for your knowledge and documentation! Complete and return pages 1-4 along with requested documentation by due dates.

\*This is a competitive enrollment program. There are no guarantees of admission based on application submission.

**CHARACTERISTICS OF A SUCCESSFUL VETERINARY TECHNICIAN**

* + The following information is intended solely to provide the potential student with a summary of abilities that are characteristic of a successful veterinary technician
    - Ability to tolerate walking and standing for sustained periods of time.
    - Capable of lifting and/or carrying up to forty (40) pounds from floor level to waist level frequently and up to fifty (50) pounds or more with assistance occasionally.
    - Ability to bend over at the waist, twist the trunk, squat, kneel and reach above the head. Have the body size, conformation and fitness to do the physical work required of a technician.
    - Amendable to learning to safely handle, restrain and work with any species of domestic and exotic animals that may be sick, injured, fractious or aggressive without fear.
    - Open to performing routine cleaning duties including using brooms, brushes, hoses and various cleaning products (detergents/disinfectants).
    - Understanding of the requirement to work around dangerous animals, hazardous chemicals, compressed gasses, pharmaceuticals, sharp objects, radiation and other biohazards.
    - Operate and maintain a variety of medical diagnostic and therapeutic equipment.
    - Tolerate exposure to animal hair, dander and other potential allergens.
    - Able to appropriately respond to stressors of the job and profession.
    - Ability to communicate effectively with a team to accomplish tasks.
    - Ability to appropriately respond to and resolve interpersonal conflicts that may arise.
    - Ability to effectively manage multiple tasks and responsibilities simultaneously and professionally

\*Please note that this program can be very demanding and students will be asked to perform duties that are outside the classroom hours. We will do the best to work with the student’s schedules, but in order to complete the requirements of the program additional coursework is a must. \*

**Additional Application Information- PLEASE REVIEW ALL ASPECTS**

* Applications and all documentation due: **May 2nd 2025.** EXCEPT: Rabies Vaccine Record and Observation hours are due no later than **August 8th 2025**
* Application Fee Submitted-$45.00
* Copy of transcripts MUST accompany your application! (High School or College)
* Observation hours and Rabies Vaccine Record for accepted applicants are due no later than **August 8th 2025**, please see section on completion of observation hours for details.
* All necessary vaccinations and medical information must be provided prior to the start of classes and may be turned in with your application. Incomplete applications may result in removal from the program.
  + The Cabell-Huntington Health Dept. is a site that offers the rabies vaccinations. Please call ahead to check availability. Ask them for an insurance reimbursement form to send in to your insurance; sometimes your insurance will cover the cost of the vaccinations. If not the costs associated are the responsibility of the student. Cost range for the series of two-three vaccinations ($900.00-$1200.00). This is a school related expense and can be used as a tax deduction.
* Drug Testing and Background Checks will be performed on students prior to admissions (cost of admissions testing is applicants responsibility $100-$125), as well as, during the course of the program at random. This will be arranged for you and you will be notified when you need to take this.

Application check list

|  |  |  |
| --- | --- | --- |
| Due by May 2nd 2025 | Due by Aug 8th 2025 | Will be scheduled- Notified Via email |
| Acceptance to MCTC | Proof of Rabies Vaccinations | Interview |
| Completed VT Application- pages 1-4 | 100 clinical observation hrs | Drug screen/Background check |
| Application Fee paid-$45--- Provide a copy of the receipt | 20 shelter/rescue observation hrs |  |
| Essay 250-500 words |  |  |
| Proof of Health Insurance |  |  |
| Proof of current tetanus vaccine- within last 10 yrs |  |  |
| Unofficial transcripts with application – not to MCTC only—must be with app |  |  |
| ACT/Accuplacer scores |  |  |

**Two Site Supervisor Surveys and Two Observation Sheets have been provided.**

**You may wish to make copies of these if you plan to go to more than two observation sites.**

**(One for the clinic/hospital and one for the rescue/shelter).**

* **Each site used for observation hours MUST complete the provided information and site supervisor evaluation sheet for each applicant. This is the applicant’s responsibility to ensure that the site supervisor completes the information and signs the document.**
  + **This should be returned in a signed sealed envelope with the observation hours.**
  + **If the site supervisor wishes to include a reference letter, please provide with the evaluation and observation sheet.**
* **Observation hours for accepted applicants are due no later than August 8th 2025, if applicant has not completed the required hours they will not be eligible to start classes in the fall.**
  + **Observation hours must be completed with the provided applicant sheet; you may wish to make copies of this sheet for more hours.**
  + **Observation sheet must be completed in ink (blue or black).**
  + **It must be signed by the supervisors at both the veterinary clinic or hospital and the rescue or shelter. Suggest using separate sheets for the clinic hours and the shelter hours.**
  + **Hours must be returned in a sealed envelope signed by the site supervisor.**

**Applicant Observation Sheet**

To be completed in INK (blue or black).

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

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| --- | --- | --- | --- | --- |
| Date: | Observation: | Hours: | Clinic/Shelter: | Supervisor: |
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**Total Hours Completed (per sheet):** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_**

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**Applicant Observation Sheet**

To be completed in INK (blue or black).

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date: | Observation: | Hours: | Clinic/Shelter: | Supervisor: |
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**Total Hours Completed (per sheet):** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_**

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**Veterinary Technology Program**

**Site Supervisor Evaluation**

**To be completed by the applicant’s veterinary experience provider.**

**If the supervisor wishes to provide a letter of recommendation they may include it in the envelope with this evaluation.**

**Applicants Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- |
| **Facilities:** | **How long have you known the applicant?** | **Was the applicant a paid employee or volunteer?** | **In what capacity did the applicant serve you? (kennels, vet assistant, front desk, observer)** | **Completed a min of 100 observation hours in a clinic or hospital.** | **Completed a min of 20 shelter or rescue hours.** |
| **Veterinary Hospital or Clinic:** |  |  |  |  |  |
| **Shelter or Rescue:** |  |  |  |  |  |

**Please evaluate the applicant’s aptitude in each category**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Area** | **Excellent** | **Above Average** | **Average** | **Below**  **Average** | **Poor** | **N/A** |
| **Attendance** |  |  |  |  |  |  |
| **Punctuality** |  |  |  |  |  |  |
| **Personality** |  |  |  |  |  |  |
| **Professional**  **Skills** |  |  |  |  |  |  |
| **Productivity** |  |  |  |  |  |  |
| **Personal Appearance** |  |  |  |  |  |  |
| **Dependability** |  |  |  |  |  |  |
| **Cooperation** |  |  |  |  |  |  |
| **Professional**  **Attitude** |  |  |  |  |  |  |
| **Teamwork** |  |  |  |  |  |  |

**Please indicate all species in which the applicant was exposed to during their observation hours in the hospital or clinic and rescue or shelter.**

|  |  |
| --- | --- |
| **Canine** |  |
| **Feline** |  |
| **Equine** |  |
| **Bovine** |  |
| **Ovine/Caprine** |  |
| **Porcine** |  |
| **Exotics** |  |

**I hereby verify that the applicant has assisted or observed within my organization as indicated above.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Title:** |  |
| **Address:** |  | **Clinic Name:** |  |
| **Signature:** |  | **Date:** |  |

**Veterinary Technology Program**

**Site Supervisor Evaluation**

**To be completed by the applicant’s veterinary experience provider.**

**If the supervisor wishes to provide a letter of recommendation they may include it in the envelope with this evaluation.**

**Applicants Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Facilities:** | **How long have you known the applicant?** | **Was the applicant a paid employee or volunteer?** | **In what capacity did the applicant serve you? (kennels, vet assistant, front desk, observer)** | **Completed a min of 100 observation hours in a clinic or hospital.** | **Completed a min of 20 shelter or rescue hours.** |
| **Veterinary Hospital or Clinic:** |  |  |  |  |  |
| **Shelter or Rescue:** |  |  |  |  |  |

**Please evaluate the applicant’s aptitude in each category**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Area** | **Excellent** | **Above Average** | **Average** | **Below**  **Average** | **Poor** | **N/A** |
| **Attendance** |  |  |  |  |  |  |
| **Punctuality** |  |  |  |  |  |  |
| **Personality** |  |  |  |  |  |  |
| **Professional**  **Skills** |  |  |  |  |  |  |
| **Productivity** |  |  |  |  |  |  |
| **Personal Appearance** |  |  |  |  |  |  |
| **Dependability** |  |  |  |  |  |  |
| **Cooperation** |  |  |  |  |  |  |
| **Professional**  **Attitude** |  |  |  |  |  |  |
| **Teamwork** |  |  |  |  |  |  |

**Please indicate all species in which the applicant was exposed to during their observation hours in the hospital or clinic and rescue or shelter.**

|  |  |
| --- | --- |
| **Canine** |  |
| **Feline** |  |
| **Equine** |  |
| **Bovine** |  |
| **Ovine/Caprine** |  |
| **Porcine** |  |
| **Exotics** |  |

**I hereby verify that the applicant has assisted or observed within my organization as indicated above.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Title:** |  |
| **Address:** |  | **Clinic Name:** |  |
| **Signature:** |  | **Date:** |  |