

Veterinary Health Technology Admission Packet



The University of Tennessee at Martin

Department of Agriculture, Geosciences, and Natural Resources
Veterinary Technology Program
256 Brehm Hall
Martin, TN 38238



The University of Tennessee at Martin

Veterinary Health Technology Program

Admission Procedures

To qualify for admission:

- Completion of a minimum of 45 hours of undergraduate coursework
- A minimum GPA of 2.8
- 12 hours of the following courses: Chemistry 111 or 121, Chemistry 112 or 122, Biology 130 & 140 and Microbiology 251
- All Animal Science and Veterinary Technology courses and courses which transfer or substitute for Animal Science and Veterinary Technology courses must be completed with a grade of C or better for successful completion of program.
- Minimum of 40 hours career experience with a veterinarian or veterinary technician.

Meeting these requirements does not guarantee acceptance into the veterinary technology program.

Admission to the program will be a competitive process based on the following criteria with a maximum of 40 students allowed in the program each academic year.

Phase 1- Academic Evaluation

- Overall GPA will count 75%

Phase 2 - Non-academic evaluation and interview (If needed based on a maximum program numbers)

- Veterinary career experience 10%
- Interview by program faculty 15%

New classes will be admitted to the program each fall and spring semester. Deadline for fall applications will be May 1 of the year student plans to enter the program and applicants will be notified by July 1 of acceptance or denial. Deadline for spring applications will be December 1 and applicants will be notified by January 4 of acceptance or denial.



The University of Tennessee is an EEO/AA/Title VI/Title IX/Section 504/ADA/ADEA institution in the provision of its education and employment programs and services. All qualified applicants will receive equal consideration for employment without regard to race, color, national origin, religion, sex, pregnancy, marital status, sexual orientation, gender identity, age, physical or mental disability, or covered veteran status. In compliance with the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act (The Clery Act), UTM's annual security report includes statistics for the previous three years concerning reported crimes that occurred on or around the campus and UTM's emergency response and evacuation procedures. You can view the report at <http://www.utm.edu/departments/finadmin/publicsafety/annualreport.php> or you may obtain a paper copy of the report by contacting the Office of Public Safety, 215 Hurt Street, Martin, TN 38238 or calling (731) 881-7777. Data on intercollegiate athletics program participation rates and financial support may be found at http://www.utm.edu/webshare/consumer_docs/09-10%20DOE-EADA%20Report.pdf and printed copies may be obtained through the Office of Intercollegiate Athletics, 1022 Elam Center, Martin, TN 38238 or by calling (731) 881-7660. E05-4005-00-005-12

The University of Tennessee at Martin

Veterinary Health Technology Program

Please submit the following application materials directly to the Department of Agriculture, Geosciences, and Natural Resources.

- ___ 1. Completed Veterinary Technology Admission Application
- ___ 2. Completed Health, Physical Capability, and Risk Assessment
- ___ 3. Applicant Evaluation/Recommendation Form
- ___ 4. Proof of Rabies and Tetanus vaccination

PLEASE NOTE that the items listed above **MUST** be forwarded to the Department of Agriculture, Geosciences, and Natural Resources (AGN).

Prospective students must apply with **BOTH** the Department of AGN and Admissions.

Currently enrolled students only need to submit this packet to the Department of AGN.

Submit all application materials to:

Department of Agriculture, Geosciences, and Natural Resources
The University of Tennessee at Martin
Attn: Vet Tech Admissions
256 Brehm Hall
Martin, TN 38238

Admission Application

**The University of Tennessee at Martin
Veterinary Health Technology Program
Bachelor of Science in Agriculture
Veterinary Health Technology Option - 1129**

When do you plan on entering the Veterinary Technology Program? _____
Semester/Year

Full Legal Name: _____
Last First Middle

Address: _____
Street/Route City State Zip

UTM I.D. #: _____ Phone Number: _____

UTM Email Address: _____

Name and phone of person to contact in case of emergency:

Name: _____ Work Phone: _____

Home Phone: _____

Date of high school graduation: _____
Month/Year

Name of high school and town: _____

Are you now or have you previously attended college/university (including the University of Tennessee at Martin)?

Y _____ N _____

If yes, give the name, years attended, and number of credit hours attempted:

a. _____ Currently Attending? Y _____ N _____

b. _____ Currently Attending? Y _____ N _____

The University of Tennessee at Martin
Veterinary Health Technology Program
Health, Physical Capability, and Risk Assessment (HPCR)

Applicant's Full Name: _____

Date of Birth: _____ SSN: _____

The following must be completed by a Licensed Medical Practitioner:

Physical Capabilities

Circle One

Vision Capabilities:

Applicant has normal or corrected refraction within ranges of 20/20 to 20/190? Yes No

Applicant is able to distinguish color shade changes? Yes No

Auditory Capabilities:

Applicant possesses normal or corrected hearing ability within 0 to 45 decibel range? Yes No

Tactile Capabilities:

Applicant possesses in at least one hand the ability to perceive temperature change and pulsation and to differentiate between various textures and structures? Yes No

Language Capabilities:

Applicant possesses the ability to verbally communicate? Yes No

Motor Capabilities:

Applicant possesses four functional limbs (normal or artificial)? Yes No

Applicant can grasp securely with at least one hand? Yes No

Applicant can stand for long periods of time? Yes No

Applicant can walk unassisted? Yes No

Statement of Licensed Medical Practitioner:

Name: _____

Office Address: _____

I hereby certify that the above named applicant has been examined by me on this date and meets or exceeds the physical capabilities required above. I have also reviewed the VHT Occupational hazards with them and feel that they understand the associated risks.

Signature: _____ Date: _____

Statement of Applicant:

I have reviewed the VHT occupational hazards with my medical practitioner and understand the associated risks. If I become aware that I have increased risk of injury from an occupational hazard, I will seek the advice of my medical practitioner immediately and institute appropriate precautionary measures under their guidance.

Signature: _____ Date: _____

ATTACH DOCUMENTATION OF TETANUS AND RABIES IMMUNIZATIONS

The University of Tennessee at Martin
Veterinary Health Technology Program
Applicant Evaluation/Recommendation Form

To be completed by applicant's veterinary experience provider

1. Applicant's Name: _____
2. How long have you known the applicant? _____
3. Was the applicant a paid employee or volunteer? _____
4. In what capacity did the applicant serve you? (kennels, vet assist, front desk, observer) _____

5. How long did the applicant serve you? _____

Comments:

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

Name: _____ Title: _____

Address: _____

Clinic Name: _____

Signature: _____ Date: _____