



# MVMA CVA-PPE Experience Verification Form

**\*\*Submit this form only if you have completed the required amount of hours\*\***

This form is to remove the PPE (Pending Practice Experience) status.

## CVA Experience Requirement

### Level I: 500 hours

Must meet the minimum experience hours, complete the Level I online program, and pass the Level I test.

### Level II: 1000 hours

Must be a CVA I, meet the minimum experience hours, complete the Level II online program, and pass the Level II test.

### Level III: No additional hours required.

Must be a CVA II, complete the Level III online program and pass the Level III test.

## High School and Community College Programs

If the CVA program has been taken through a participating high school or community college, a maximum of 200 hours can count towards the overall experience hours needed. The veterinarian associated with the school must approve the amount of hours acceptable, up to 200, and submit this form. Once the remaining hours have been completed, this form must be submitted again with approval from the current supervising veterinarian.

CVA Name: \_\_\_\_\_ Email Address (required) : \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
CVA Signature

\_\_\_\_\_  
Date

Veterinarian Name:	MVMA Member? Yes or No <b>(If no, this form must be notarized)</b>
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I hereby verify that (CVA-PPE name) \_\_\_\_\_ has gained experience under my supervision in the amount of \_\_\_\_\_ hours within the past year, and I would be willing and able to provide documentation of these hours of experience if requested by the MVMA.

**\*\*MVMA members do not need to get this form notarized. Please fill out the gray box, sign and date below\*\***

Signature of Veterinarian:	Date:
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NOTARY PUBLIC EMBOSSEER OR BLACK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF YEAR	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	
<b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b>		

MO 375-0264 (5-07)

Mail completed form to: **MVMA, 2500 Country Club Drive, Jefferson City, MO 65109-1190**