

EXPERIENCE REPORT FOR PURDUE UNIVERSITY VETERINARY TECHNOLOGY APPLICANT

This form should be completed & returned within 2 weeks of receipt but no later than NOVEMBER 30, 2009

Mail to: Office of Admissions, Schleman Hall
475 Stadium Mall Drive
Purdue University, West Lafayette, IN 47907

Completed forms *may* be FAXed to (765) 494-0544 if completed close to the submission deadline; however, the FAX *must* be followed with the original mailed copy.

This information will be reviewed by the Veterinary Technology Admissions Committee, Purdue University for consideration of admission to the Veterinary Technology Program in 2010. If necessary, typed page(s) may be included to list all answers.

NAME _____

HOME ADDRESS Street _____ City _____
State _____ Zip Code _____ Phone () _____ E-mail _____

SCHOOL NAME & ADDRESS (if different from Home Address) NAME _____
Street _____ City _____
State _____ Zip Code _____ Phone () _____ E-mail _____

I AM: (check all that apply)

- currently a high school senior high school name _____
- a high school graduate high school name _____ Date Graduated _____
- currently attending Purdue which campus _____ Major _____
- currently attending another college which college _____ Major _____
- not attending school or college

I HAVE: (check all that apply)

- previously attended Purdue which campus _____ Major _____
Dates (years) of attendance _____
Date of graduation _____ Degree _____
- previously attended another college which college _____ Major _____
Dates (years) of attendance _____
Date of graduation _____ Degree _____
- previously applied to this program Dates (years) _____
Dates (years) that you received an interview _____

How did you find out about this Veterinary Technology Program? _____

Who has encouraged or influenced your decision to apply to this Program the most? _____

Area of animal interests (check all that apply) Small animal practice Large animal practice (livestock) Equine
 Mixed animal practice Exotics/Zoo Laboratory animal/research Other _____

CLUB, SCHOOL, COMMUNITY ACTIVITIES (last 5 years)

Activity or Membership	Position of Leadership or Responsibilities	High School	Community	College
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VETERINARY RELATED WORK EXPERIENCE

Working as a volunteer or paid employee in an animal or veterinary facility. Do not include observation experiences.

Veterinarian or Veterinary Facility	Type of Facility (Small Animal, Zoo, etc.)	Volunteer	Paid Employee	Full Time	Part Time	Total Number of Hours Worked	Dates Worked
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

List the duties and responsibilities you had in these facilities. _____

ORGANIZED ANIMAL-RELATED ACTIVITIES (FFA, 4-H, animal clubs, projects, welfare groups, etc.)

Please describe with what organized activities involving animals you have participated, species involved, when participated and what (if any) specific leadership roles you had.

OTHER RELATED ANIMAL EXPERIENCES (Caring for pets, livestock, humane society work, vet observation, etc.)

Please describe what other animal experiences you have had. List the species, what you did, and approximately how long you did each activity.

EXPOSURE TO THE VETERINARY TECHNICIAN PROFESSION

Please list any REGISTERED, CERTIFIED, or LICENSED veterinary technicians with which you have worked, job shadowed, interviewed, or encountered. Technician's Name _____

Interacted with the technician in what capacity? _____ How recently? _____

PREVIOUS WORK EXPERIENCE

Please list all paid employment in the past five years. List the most recently held job first.

Employer	City, State, Zip	Months Worked	Dates Employed	Duties
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Answer the following questions in a paragraph format

BESIDES A LOVE OF ANIMALS, WHY DO YOU WANT TO BECOME A VETERINARY TECHNICIAN or VETERINARY TECHNOLOGIST? WHAT DO YOU ENVISION AS YOUR ROLE AS A VET TECH?

WHY DO YOU WANT TO BE A VETERINARY TECHNICIAN/TECHNOLOGIST INSTEAD OF A VETERINARIAN?

WHAT DO YOU SEE AS CHALLENGES TO YOU BECOMING A VETERINARY TECHNICIAN AND HOW WILL YOU DEAL WITH THESE CHALLENGES?

PLANS BETWEEN NOW AND BEGINNING THE VET TECH PROGRAM

What experiences with VETERINARY FACILITIES or ANIMALS will you have between now and then?

What schooling or classes will you be completing this spring? (list specific courses)

Please note: Failure to successfully complete courses in which you are currently enrolled prior to beginning the Veterinary Technology Program, or failing to maintain a comparable academic record (e.g., going on academic probation), may result in your offer of admission being rescinded.

INDICATE WHETHER YOU INTEND TO SEEK A BACHELOR OF SCIENCE DEGREE
or an
ASSOCIATE OF SCIENCE DEGREE

INDICATE WHETHER YOU INTEND TO SEEK A BACHELOR OF SCIENCE DEGREE or an ASSOCIATE OF SCIENCE DEGREE

The Bachelor of Science Degree is a 4 year degree composed of 1 year of general education courses, 2 years of clinical VT courses (the Associate Degree core), and an additional year of senior level courses. Students wanting the BS Degree with little or no prior college credits will compete for a position that begins with the 1st year of general education courses in August 2010. Students with prior college credits who want a BS degree will compete for a position that begins with the 2 years of clinical VT courses (the Associate Degree core) June 2010.

The Associate of Science Degree is a 2 year degree. AS Degree candidates will compete for available positions in the class that begins June 2010. AS Degree candidates who have little or no prior college credits may also be considered to for a position in the first year of the BS Degree program that begins August 2010 if they are unable to compete successfully for the June 2010 entry point. These candidates would complete the first year general education courses in the BS Degree program, and then continue into the AS Degree program in June 2010.

_____ My career objective is the Bachelor of Science Degree

_____ My career objective is the Associate of Science Degree

Review curriculum information at www.vet.purdue.edu/vettech or consult with program's academic advisor for more information.

WAIVER: The Family Education Rights and Privacy Act (FERPA) of 1974, as amended, (P.L. 93-380), allows a candidate for admission, employment, or receipt of honors to waive his or her right to access to confidential letters or statements written in his or her behalf if the recommendation is used solely for purposes of admission, employment, or receipt of honors and if the candidate, upon request, is notified of the names of all persons making such recommendations on his or her behalf. The University does not require that you make such a waiver as a condition for admission or award of fellowship. However, under the legislation you have the option of signing such a waiver as follows:

I hereby waive my right of access to this questionnaire and any appropriate attachments which have been written by the selection committee or interview team during the application process for this program.

SIGNATURE OF APPLICANT _____ **DATE** _____

PLEASE READ CAREFULLY AND SIGN: In regards to the matter of my application to the Veterinary Technology Program, School of Veterinary Medicine, Purdue University, I certify that the information provided in this questionnaire is correct and is of *my own composition*. I agree to perform ethically and professionally in the Veterinary Technology Program, and to abide with and uphold the professional standards as defined in the program course syllabi and as required for eligibility to take the examination by the Indiana Board of Veterinary Medical Examiners to become a Registered Veterinary Technician. I understand that failure to do this, or the discovery that the information provided in this form is untrue or not of my own composition, may be grounds for dismissal from the program.

SIGNATURE OF APPLICANT: _____

DATE: _____

**IF OFFERED AN INTERVIEW, PLEASE BRING A COPY OF
FALL COURSE GRADES TO THE INTERVIEW.**