

ANIMAL HEALTH TECHNOLOGY

Work Experience Verification Form 2012-2013



APPLICANT INFORMATION:

You are required to have a Work Experience Verification form completed to verify your 40 hour work experience. The 40 hours of volunteer and/or paid work experience must be completed at one single Canadian veterinary clinic (not an SPCA or animal shelter) and completed within two years prior to your program start date (**July 1, 2010 to July 1, 2012 for the online program and September 1, 2010 to September 1, 2012 for the on campus program**).

The Veterinarian, AHT, or person who most closely supervised you should complete and sign the verification form. This form may not be completed until the 40 hours of required volunteer and/or paid work experience have been completed.

Note: Verification Forms signed by family or friends are NOT acceptable.

APPLICANT TO COMPLETE

Name: _____

Phone Number: _____

Email: _____

Student ID# _____

On-Campus program

On-Line program

WORK EXPERIENCE SUPERVISOR INFORMATION:

The candidate above has applied for admission to the Olds College Animal Health Technology program. The applicant is required to complete 40 hours of volunteer and/or paid work experience that must be completed at one single Canadian veterinary clinic (not an SPCA or animal shelter) and completed within two years prior to their program start date (**July 1, 2010 to July 1, 2012 for the online program and September 1, 2010 to September 1, 2012 for the on campus program**).

This Verification Form is essential to our selection process. This form may only be signed upon the completion of the 40 hours of work experience.

You may be contacted to verify this information. Thank you for your assistance.

WORK EXPERIENCE SUPERVISOR TO COMPLETE

Name: _____

Occupation: _____

Veterinary Clinic/Business: _____

Phone Number (W): _____

Address: _____

Fax Number (W): _____

Phone Number (H): _____

Work Experience Dates: _____

I verify that _____ has achieved a minimum of 40 hours of work experience at the above named veterinary clinic.
(Name of applicant)

Signature of Supervisor

Date

UPON COMPLETION, PLEASE SUBMIT TO OLDS COLLEGE

Student Recruitment

4500 50 Street Olds, AB T4H 1R6

Fax 403 556-4711

OR

Scan and Email to oknight@oldscollege.ca

This information is collected under the authority of the Freedom of Information and Protection of Privacy Act and, as such is used for the purposes of determining eligibility for admission only.