APPLICATION PROCEDURE – REQUIRED DOCUMENTS (Checklist)

1. If you are not already a WSU student, apply for admission to WSU.  
   [http://wayne.edu/admissions/](http://wayne.edu/admissions/)

2. We must have the following information on file to process your application:
   
   □ Personal Data Form with Student Number
   
   □ Proof of 40 hours (minimum) spent job shadowing a licensed veterinary technician in a clinical setting
   
   □ Resume that includes employment, education, and animal volunteer experiences
   
   □ Official high school transcript (sent directly from school) or proof of GED
   
   □ Official college transcript(s) of prerequisite and co-requisite courses (sent directly from school)
   
   □ Health form completed by physician (including tetanus vaccination)
   
   □ Proof of health insurance
   
   □ HESI score

Your file must be complete and in our office by 4pm on **June 1**st of the year you plan to enter. When the first falls on a Saturday or Sunday, all materials must be on file by the previous Friday.

If you have any questions regarding the application process, please call the Veterinary Technology Program office at: **(313) 577-1156**
APPLICATION PROCEDURE – STEPS

1) Complete the following prerequisite courses earning a grade of “C” or better:
   - BIO 1510 (LS) Basic Life Mechanisms. ............................................... Cr. 4 (LAB: 3; LCT: 3)
   - ENG 1020 (BC) Introductory College Writing .............................. Cr. 3
   - Allied Health Medical Math................................................................. 3 credit hours (Not COMPASS)
   - HUM or SOC Humanities or Social Science elective ....................... 3 credit hours
   - BIO 2200 (LS) Introductory Microbiology. ................................. Cr. 4 (LAB: 4; LCT: 3)

2) Transcripts:
   - Have your official high school transcript sent directly to the VTP program office.
   - Have official transcripts containing pre-requisites and/or co-requisite classes sent directly to the VTP program office.
   - If prerequisite or co-requisite classes were taken at an outside institution, information regarding transfer credits from Michigan colleges and universities can be obtained at http://transfercredit.wayne.edu. This website should be used only as a guideline. Records and Registration finalizes all decisions regarding transfer credits. You might also want to visit the Transfer Student Success Center http://educationaloutreach.wayne.edu/tssc/.

3) Complete at least 40 hours of job shadowing with a licensed veterinary technician in a clinical setting if you do not already work in the field. We would like you to observe both medical and surgical settings. A job shadowing form is provided at the end of this packet for your use. (Page 7-8).

4) Complete the personal data form. Compile a comprehensive resume.

5) Make an appointment with your health care provider and have the health profile form completed. (Page 6).

6) Mail your VTP program application packet (ensure checklist from page 1 is complete) to:

   Susan Dibbley, LVT, MS
   Wayne State University
   DLAR Veterinary Technology Program
   1200 Holden Street
   Detroit, MI 48201

   Do NOT arrive at this address expecting to hand deliver your application to the VTP program office. 1200 Holden Street is Wayne State’s central receiving department. It is NOT the physical location of the Veterinary Technology Program.

7) We will contact you to set up an interview if your information is complete. Please note – if your materials are ready prior to the deadline, please send them as soon as available. We like to begin interviews in the spring for admission to the fall semester.

8) Applicants are required to take the HESI Admission Assessment Exam. The exam will be available at Prometric Testing Centers after January 1 of each year. Further information will be provided during the application process.
APPLICATION PROCEDURE – STUDENT SELECTION PROCESS

The Veterinary Technology Program will admit 30 students once per year in the fall semester. Students are selected to fill the openings from the eligible applicant pool. Determination of eligibility is made by:

- Verifying that the Veterinary Technology application and supporting documents have been submitted by the deadline
  - Personal Data
  - Job Shadowing verification form
  - Resume
  - Proof of high school graduation or GED
  - Health Form
  - Proof of health insurance

- Verifying that official transcripts from other institutions of higher learning and Transcript Evaluation Form(s) have been submitted

- Verifying the prerequisite courses are complete, with a grade of "C" or higher in each course.

- Verifying HESI exam completed and score reported to the Veterinary Technology Program.

Student selections proceed from the eligible applicant pool by ranking students according to a 10-point system made up of GPA in prerequisite courses, additional co-requisite course completed, experience in the field of veterinary medicine, and the HESI score.

- The grade point average for prerequisite course work is calculated and is worth up to 4.0 points.

- The HESI results are worth up to 3.0 points

- Points are awarded for additional general education courses completed with a passing grade that are part of the Veterinary Technology Program curriculum.
  - One class = 0.5 point
  - Two – three classes = 1.0 point
  - Four-five classes = 2.0 points

- Points are awarded for work experience and volunteering in the veterinary field
  - Volunteering in the field (>100 hours) = 0.25 point
  - Six months to two years working in the field = 0.5 point
  - Over two years working in the field = 1.0 point

- Combined total of the GPA and additional points awarded will be used to determine which students are accepted, if the eligible applicant pool exceeds 30.

- All applications are reviewed by _______________ and initial contact regarding admission status is made directly from _______________. If you are accepted, further detailed information will be sent from the VTP program office.

It is the applicant’s responsibility to ensure that all application steps have been completed and all documentation is received by the appropriate office.
PERSONAL DATA: Please type or print legibly in ink. Fill out all forms fully.

Date ___________________________  Student Number __________________ Year applying ________

Name ___________________________________________  Birth Date ________

Last     First     MI     Maiden

Permanent Address: ________________________________________________

City: ___________________________  State: ___________________________  Zip Code _________

e-mail address ________________________________  Telephone #: (____) _____________

Name, address, and telephone number of person to be notified in an emergency: ________________________________________________

I will be at least 18 years of age by August of the year I am accepted.  ☐ No  ☐ Yes

Colleges/Universities attended

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<th>College/University</th>
<th>City</th>
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<th>Dates Attended</th>
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I have been awarded a degree prior to applying to the Veterinary Technology Program.  ☐ No  ☐ Yes

If yes, please state your degree and awarding institution. ________________________________________________
Please indicate
- The reason you wish to be considered for admission into this program
- Your career goals and time frame for achievement, and
- Any special qualities or characteristics that would be an asset in your chosen profession

**NOTE TO APPLICANT:** You may be exposed to hazardous air/blood pathogens and will be required to comply with all OSHA requirements. These requirements may include wearing tight-fitting masks, protective eye wear, latex gloves and gowns. A physician-signed examination form, TB test, Hepatitis B vaccination and other vaccinations will be required at the student's expense. Program specific OSHA requirements will be provided upon admission and possible drug testing.
HEALTH PROFILE

Name: _____________________________________________

List any major operations or serious illness (please include dates):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

PHYSICAL EXAM

1. Weight______________________   Height ______________________   Blood pressure ________________

2. List any physical condition that limits the applicant’s ability to:
   a. Walk/climb __________________________
   b. Stoop/bend __________________________
   c. Reach, handle, manipulate fingers __________________________
   d. See __________________________
   e. Hear __________________________
   f. Speak __________________________
   g. React quickly (dizzy spells, fainting, etc.) __________________________

3. Does the applicant have periodic illness or discomforts that may cause limitation of physical activities (allergies, asthma, ulcers)? If yes, please explain:

4. Essential clinical findings that are DEVIATIONS from normal:

5. Tetanus vaccine (MANDATORY) (date given) ________________

6. STATEMENT: I have on this date examined this person in order to determine physical ability and/or apparent evidence of communicable disease. In my opinion, the applicant is physically and emotionally able to participate in the veterinary technology program.

If you feel the applicant is partially able to participate, please explain.

Clinic Stamp: __________________________  Signature __________________________
Address __________________________  Date __________________________

It is the responsibility of the student to provide his or her own health insurance coverage. Neither the college nor the hospital sites are responsible for medical care for accident or illness.

Applicants must understand that they may be exposed to hazardous air/blood pathogens and will be required to comply with all OSHA requirements. These requirements may include wearing tight-fitting masks, protective eyewear, latex gloves and gowns.
APPLICATION FORM: VETERINARY TECHNICIAN JOB SHADOW FORM

Student Information:
Name _______________________________ Student ID _________________________

Veterinary Clinic Information:
Clinic Name _____________________________________________________________
Address ________________________________
Licensed Veterinary Technician Supervisor ________________________________

1. List the tasks that you observed/helped the LVT perform:

2. Would any of these tasks be difficult for you to perform? Please explain why?

3. What have you learned about communicating with the clients?

4. What have you learned during this experience that interested you the most?
List dates and hours of job shadow experience *(minimum of 40 hours required)* (use the additional space if needed):

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I certify that this student has completed the 40 hours of job shadowing experience necessary to apply to the Veterinary Technology Program as of ________________

Date

LVT Signature ___________________________ Date ________________

I certify that I have worked the listed dates and hours above and that the information I provide is true and accurate to the best of my knowledge.

Student Signature ___________________________ Date ________________