



**TYLER JUNIOR COLLEGE
VETERINARY TECHNOLOGY PROGRAM
APPLICATION FOR FALL 2024**

VETERINARY TECHNOLOGY PROGRAM APPLICATION FOR FALL 2024

Step-By-Step Application Process

Step 1: View the veterinary technology website (www.TJC.edu/VetTech) for a program overview.

Step 2: Apply and be accepted for general admission to Tyler Junior College (TJC).

Step 3: See TJC advisors to establish program eligibility and, if needed, financial aid information.

Step 4: Complete and submit appropriate scores for HESI A2 (70% or greater composite score).

Step 5: Contact the Vet Tech department at VetTech@TJC.edu, to register as an applicant and, if necessary, discuss the application process. The application packet is available online and on the following pages.

Step 6: Complete and submit the application packet to the veterinary technology program office at TJC North, or electronically to the vet tech department at VetTech@TJC.edu, by July 31. Late or incomplete applications will exclude the applicant from the selection process for the current year.

Packets should include:

- Student Application
- Documentation of supervised and journaled veterinary clinical experience (minimum 40 hours) required
- Documentation of general animal experience
- Risk Acknowledgment form
- Letters of Recommendation (3)

Step 7: Receive letter with interviews occurring the last week of June.

Step 8: Receive notification of acceptance (email), wait-listed or declined status the second week of July.

Step 9: Receive fall class schedule.

Step 10: Attend program orientation the fourth week of July.

Student is responsible for getting the rabies vaccinations done by orientation using their own insurance. If not completed, student will have to pay through student fees and go to Eagle Pharmacy to have the series completed by the first week of school.



TJC

VETERINARY TECHNOLOGY PROGRAM

Application Checklist

Initial Application

- ☐ Student Application
- ☐ Acknowledgment of Risks
- ☐ Documentation of Veterinary Experience
- ☐ Documentation of General Animal Experience
- ☐ Official Transcripts
- ☐ Letters of Recommendation (list names below)

1. _____
2. _____
3. _____

Forms to be completed once accepted into the program:

- ☐ Non-Academic Requirements
- ☐ Student Statement of Understanding and Release
- ☐ Background check
- ☐ Drug screening

VETERINARY TECHNOLOGY PROGRAM

Student Application

Please print information if submitting a hard copy

Applicant Name _____
Last First Middle

Maiden _____ Previous _____

Mailing Address _____
Street City State Zip Code

E-Mail _____ A# _____

Telephone _____ Cell Phone _____

Permanent address, if different from mailing address:

Street City State Zip Code

Have you previously applied to a TJC program?

☐ No ☐ Yes If yes, which one? _____ When? _____

How did you find out about TJC's Veterinary Technology Program? _____

Have you taken the HESI or HESI A2 test in the past five years?

☐ No ☐ Yes If yes, tests and scores: _____

Vaccinations

Have you had a tetanus vaccination within the last 10 years?

☐ No

☐ Yes

If yes, what year? _____

Have you had the meningitis vaccine required by TJC?

☐ No

☐ Yes

Previous Education

Please provide official transcripts from each

Type of School	Name of School	Address	Years/Hours Completed	Major/Degree Granted

Professional Certification (CPR, CVA, EMT, etc.)

Attach a copy of the current certificate(s) for documentation

Certification	Granting Institution	Date Originally Granted	Date of Renewal

Employment

Start with the most recent position

Name of Employer	Phone	Address	Employment Dates	Reason for Leaving

May we contact your current employer?

☐ No ☐ Yes

.....

Emergency Contacts

Please list two emergency contacts

Name _____

Relationship _____

Primary Phone _____

Secondary Phone _____

Name _____

Relationship _____

Primary Phone _____

Secondary Phone _____

Have you ever served in the military?

☐ No ☐ Yes If yes, branch and dates of service: _____

.....

I certify that the information provided in this application is correct and complete. I understand that omission or falsification of information is grounds for exclusion and dismissal from the program.

Signature _____ Date _____

VETERINARY TECHNOLOGY PROGRAM

Acknowledgment of Risks Associated with the Veterinary Technology Program

Work with large and small animals exposes the student to a variety of inherent risks such as:

1. Trauma originating from the animal itself (bites, kicks, scratches, etc.) or from the equipment involved in animal care (squeeze chutes, syringes/needles, glass slides, etc.)
2. Potential exposure to zoonotic diseases such as rabies, giardiasis, ringworm, etc.
3. Potential exposure to anesthetic gas
4. Exposure to radiation during radiographic procedures
5. Exposure to chemicals used in sanitizing, cleaning and/or disinfecting equipment and premises
6. Potential for fetal exposure in pregnant students to the risks listed above

Education in and use of safe procedures is paramount throughout the training process, but the possibility for injury does exist.

There is also an age limitation for training in radiographic procedures. The student should be 18 by the fall semester of the second year of the program.

Both accident and liability insurance through TJC are included in the program cost. This covers both on-site activities at TJC and off-site clinical assignments. Coverage lasts from Aug. 1 through July 1 while in the program. Fees are collected at registration.

Signing this form indicates the applicant and, if needed, the parent/guardian are aware of these risks and the requirement for insurance.

Printed Name of Applicant

Date

Applicant Signature

Printed Name of Parent/Guardian

Date

Parent/Guardian Signature

VETERINARY TECHNOLOGY PROGRAM

Documentation of Veterinary Experience

A minimum of 40 hours of experience in a veterinary practice is required for admission to the veterinary technology program at TJC. Please be as clear as possible in completing this form.

Applicant Name: _____

Dates of experience:

Approximate total hours:

Brief description of the experience:

Contact (name, position, address, phone, email):

Dates of experience:
Approximate total hours:
Brief description of the experience:
Contact (name, position, address, phone, email):

Dates of experience:
Approximate total hours:
Brief description of the experience:
Contact (name, position, address, phone, email):

VETERINARY TECHNOLOGY PROGRAM

Documentation of General Animal Experience

Individual Pet Ownership

Applicant Name: _____

Have you ever owned a pet or livestock? _____

If yes, approximately how many years? _____

If yes, what type(s) of pet(s)/livestock have you owned? _____

Other General Animal Experience

This area of the form gives you the opportunity to document animal experience that was not veterinary supervised, but provided unique animal care and handling experience. Do not consider your individual pet unless you did some type of nontraditional pet activities such as pet agility competition or pet-assisted therapy. Listed activities should have a current contact individual who verifies this experience.

Dates of experience:

Approximate total hours:

Brief description of the experience:

Contact (name, position, address, phone, email):

Dates of experience:
Approximate total hours:
Brief description of the experience:
Contact (name, position, address, phone, email):



Letter of Recommendation | Applicant

Please complete this section. Make certain the person making this recommendation is aware of the application deadline you are required to meet.

Applicant Name: _____

Release of Access to Letter of Recommendation

To be in compliance with federal law, complete and sign this statement before submitting the letter of recommendation for completion.

Signature _____

Date _____

Letter of Recommendation | Recommender

Your recommendation will be very helpful in identifying those applicants who can complete both the didactic and technical skills required by this intensive program. Your candid evaluation of the applicant's qualifications is greatly appreciated. A separate letter of recommendation will strengthen the applicant's packet. Please complete this form and place in the envelope provided. Sign your name on the envelope and seal. Return it to the applicant for inclusion in their packet. If the applicant has not waived their right of access, please provide a separate copy to the applicant. Both our program and the applicant are most appreciative of your efforts to identify strong candidates for this program.

How long and in what capacity do you know the applicant? _____

Personal Appraisal

Please select the appropriate column for the following characteristics.

Characteristic	Excellent	Above Average	Average	Poor	Not Observed
Self Presentation					
Reliability/Honesty					
Responsibility					
Adaptability					
Independence					
Accepts Feedback					
Leadership/ Organization					
Work in a Team					
Academic Potential					
Oral Communication					
Written Communication					
Problem-Solving					

Overall Recommendation

☐ Strongly Recommend

☐ Recommend

☐ Recommend with Reservations

☐ No Recommendation

Please explain your choice, if you think it is warranted: _____

Name _____

Title _____

Organization _____

Address _____

City _____

State _____

Zip _____

Phone _____

E-mail _____

Signature _____

Date _____