VETERINARY MEDICAL TECHNOLOGY PROGRAM
STUDENT EXPERIENCE AND OBSERVATION VERIFICATION FORM

STUDENT EXPERIENCE AND OBSERVATION TIPS

As part of the Veterinary Medical Technology program admissions process, applicants must complete at least 40 observation hours with a licensed Registered Veterinary Technician (RVT), Veterinarian (DVM), or Shelter Manager (SM). The observation experience helps applicants better understand the profession by observing patient care, workplace interactions, and the day-to-day responsibilities of Vet Techs. This experience will help you determine whether the Veterinary Technician profession fits your interests, skills, and career goals. The following guidelines will help you prepare for a successful observation experience.

Arranging your observation hours

Applicants are responsible for contacting a veterinary facility to arrange at least 40 hours of observation. Most clinics will accommodate prospective students when contacted professionally and given advance notice. When contacting a clinic, please:

- Introduce yourself and share that you are applying to the Veterinary Medical Technology program at Central Carolina Community College.
- Explain that observing a licensed RVT, DVM, or SM for a minimum of 40 hours is a required part of the admission process.
- Ask if you may complete the required observation hours at their facility.
- Confirm your observation appointment the day before.

Attire to wear while completing the observation

Dress appropriately for the office you are visiting. Remember, you are a guest in their practice and during client appointments

- Clothing must be clean, and hair must be clean and neat
- Any jewelry should be kept simple, and perfume should be used in moderation (If in doubt, don't)
- No hats, no shorts, and no chewing gum
- Business casual slacks, closed-toed shoes, and a nice collared shirt or blouse would be appropriate (Jeans, t-shirts, sleeveless tops, and sandals are NOT appropriate)
- Some offices may request that you wear a scrub top and pants

Arriving at the office

- Arrive for your appointment a few minutes early (do not be late)
- Be courteous and friendly
- Have paper and pencil to take notes, and make sure to have good eye contact
- Comply with all worksite safety rules
- Ask questions to learn more about the career and work environment

A few simple questions might include

- What is a typical day in practice like?
- What do you find most enjoyable? Most challenging?
- How did you happen to choose this career?
- What skills are needed to do this job?

Follow-Up

- After you leave the observation, make sure the RVT/DVM/SM completes the observation form.
- Send a "Thank You" email to them that mentions something of specific value that the person said during the observation or that you learned about the job.

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Student Name: _____

Facility Name: _____

Facility Address: _____

Facility Phone: _____

Name of RVT/DVM/SM:_____

RVT/DVM License # _____

RVT/DVM/Shelter Manager Email Address: _____

Please indicate the facility type:

- ☐ Animal Shelter
- ☐ Aquarium
- ☐ Emergency Veterinary Hospital
- ☐ Large Animal Veterinary Practice
- ☐ Small Animal Veterinary Clinic
- ☐ Specialty Veterinary Hospital
- ☐ Spay/Neuter Clinic
- ☐ Wildlife Rehabilitation Center
- ☐ Zoo
- ☐ Other _____

LOG OF OBSERVATION HOURS

Date	Hours	Initials of Supervising RVT/DVM

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Please rate the applicant based on your observations during the shadowing experience. Consider only behaviors you directly observed. If you were unable to assess a characteristic during the observation period, please select N/A.

Characteristic	Above Average	Average	Below Average	Not Observed
Arrived on time	☐	☐	☐	☐
Dressed appropriately for the clinical setting	☐	☐	☐	☐
Demonstrated professional behavior	☐	☐	☐	☐
Showed an interest in learning	☐	☐	☐	☐
Asked appropriate questions	☐	☐	☐	☐
Communicated respectfully with staff and clients	☐	☐	☐	☐
Demonstrated maturity and responsibility	☐	☐	☐	☐
Demonstrated compassion for animals	☐	☐	☐	☐

Comments: _____

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I confirm that the applicant completed the observation hours documented on this form and that the evaluation reflects my observations during the shadowing experience. I understand that Central Carolina Community College may contact me to verify the observation hours or discuss the information provided.

RVT/DVM/SM Signature:_____ Date: _____