



TEXAS A&M AGRILIFE
EXPERIENCE DOCUMENTATION

UPDATED 1.29.25

STUDENT INFORMATION

Full Name : _____
(USE ALL CAPITAL LETTERS)

PROFESSIONAL INFORMATION

Full Name : _____
(USE ALL CAPITAL LETTERS)

Professional Credentials : Teacher Adult Leader or County Extension Agent DVM Credentialed Technician Other _____

Name of Event, Activity or Clinic : _____

Location Address : _____

City : _____ **State** : _____ **Zip** : _____

Phone Number : _____ **Code**

E-Mail : _____

Signature of Professional : _____
SIGNATURE VERIFIES THAT PROFESSIONAL AGREES THESE HOURS ARE GRANTED ACCORDING TO CURRENT VSCP POLICIES AND/OR PROCEDURES

Date(s) of event : _____ to _____ **Total Hands-on Clinical Hours Granted** : _____

Total Curriculum Hours Granted : _____

THIS DOCUMENT IS TO BE USED AS DOCUMENTATION THAT YOU HAVE COMPLETED OR OBTAINED HANDS-ON CLINICAL SKILLS HOURS WITH A DVM OR CREDENTIALLED TECHNICIAN. THIS MAY SERVE AS CLASSROOM HOURS AND/OR CURRICULUM HOURS THAT CAN INCLUDE VISITS, OBSERVATIONS, FIELD TRIPS, DEMONSTRATIONS AND LEARNING VIA ELECTRONIC OR IN PERSON SESSIONS WITH ANY PROFESSIONAL IN THE VETERINARY PROFESSION OR ANIMAL SCIENCE INDUSTRY THAT IS NOT A DVM OR CREDENTIALLED TECHNICIAN. IF YOU HAVE QUESTIONS ABOUT GRANTING HOURS FOR STUDENTS PLEASE CONTACT VSCPEXAM@AG.TAMU.EDU FOR CLARIFICATION.