



# Classroom/Curriculum Hours

TEXAS A&M AGRILIFE

VETERINARY ASSISTANT EXAM APPLICATION

**SUPPLEMENTAL DOCUMENTATION**

UPDATED 1.28.25

SUPPLEMENTAL CLASSROOM/CURRICULUM DOCUMENT IS TO BE USED FOR EACH ADDITIONAL EDUCATOR OR EVENT

## EDUCATOR INFORMATION

**Full Name** : \_\_\_\_\_  
*(USE ALL CAPITAL LETTERS)*

**School Address** : \_\_\_\_\_

**City** : \_\_\_\_\_ **State** : \_\_\_\_\_ **Zip Code** : \_\_\_\_\_

**Phone Number** : \_\_\_\_\_ **E-Mail** : \_\_\_\_\_

**Program** :  Public School  Private School  4-H  VSCP Independent Study  Virtual Veterinary Academy

**School Name** : \_\_\_\_\_  
*IF 4H LIST COUNTY*

**Signature** : \_\_\_\_\_

TOTAL HOURS OBTAINED

EDUCATOR SIGNATURE VERIFIES THAT STUDENT HAS COMPLETED COURSEWORK HOURS UNDER THEIR SUPERVISION

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