

AEVNT

CONFIDENTIAL LETTER OF RECOMMENDATION

Dear _____,

The individual whose name appears below is applying for their specialty in equine veterinary nursing through the Academy of Equine Veterinary Nursing Technicians. He/she has listed you for one of their letters of recommendations. In order to facilitate their application process and make it less of a task for you, we ask you to please answer the following questions in detail. Specifics regarding the applicant are appreciated as we make our decision on many factors. Feel free to elaborate with any additional information pertaining to the applicant's qualifications in the appropriate spot. Please know your comments will be held in complete confidence and never released to the applicant. Once finished, please seal and mail directly to:

Dee Ann Wilfong, CVT – AEVNT Letter of Recommendation
% Littleton Equine Medical Center
8025 South Santa Fe Drive
Littleton, CO 80120

Letters of recommendation are due on or before April 1, 2011. This candidate's application cannot be reviewed unless your letter of recommendation is received by the due date listed above. We appreciate your assistance in helping complete this applicant's request for entry into the AEVNT.

Name of Applicant _____

Applicant Address _____

Applicant Phone Number _____

Applicant Email _____

How long have you known the applicant? _____

What is your professional relationship to the applicant? _____

How would you describe this applicant's technical abilities in equine veterinary nursing? _____

How would you describe this applicant's professionalism, ethics and commitment to the equine veterinary profession? _____

In your opinion, how well does this applicant exhibit the vision outlined in the AEVNT mission statement and why?

“To advance the education and professional recognition of credentialed equine veterinary technicians who display excellence in and dedication to providing superior nursing care to the equine patient.”

Any other information you feel helps qualify this applicant for the designation of veterinary technician specialist – equine veterinary nursing? _____

Reference Information

Name of Reference _____

Reference Credentials _____

Reference Address _____

Reference Phone Number _____

Reference Email _____

Reference Signature _____

On behalf of the applicant and the AEVNT, we would like to thank you for your prompt attention to this request. If you have any questions or concerns regarding this request, please email the Academy Application Review Committee at aevnt2010@gmail.com.

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*****Please note letters of recommendation must be completed by a Veterinarian who is a member of AAEP, a Veterinary diplomat employed in an equine practice, or a VTS – EVN. *****