

MyCAA Education & Training Plan (ETP)

The University of Texas at El Paso
Professional and Public Programs
101 W. Robinson Ave, Memorial Gym; Rm. 111 El Paso, TX 79968
915-747-7578
<http://www.ppp.utep.edu/>

Student Information:

Student Name: _____

School Issued Student ID: N/A

Program Name: Veterinary Assistant Specialist Certificate Program with Externship C.14.83

Program Type: Certificate

Program Duration: 6 Months

Scheduled Start Date: _____

Estimated Completion Date: _____

Course Delivery Format Online

Program Overview:

The Veterinary Assistant course prepares students for a new career in the field of veterinary medicine. Students will learn about the care of animals as well as how to recognize signs of illness and disease in a variety of animals from common pets to exotic species. This course also covers interpersonal communication, interaction with clients and their animals, as well as how to assist the veterinarian during examinations. Administrative duties, such as fee collection, banking, and accounts payable are also emphasized to provide the student with the skills necessary to maintain an efficient front office. This veterinary assisting course is a vital asset to the student who wishes to work in this exciting and rewarding career field.

Certification/Licensure Eligibility upon Program Completion:

Students should have or be pursuing a high school diploma or GED.
There are no state approval and/or state requirements associated with this program.
There is a National Certification exam available to students who successfully complete this program:

- Medical Career Assessments (MedCA) Veterinary Assistant (VA1)
- National Career Certification Board (NCCB) Certified Animal Care Worker (CACW) Exam
- Microsoft Office Specialist (MOS) Certification Exam

Tuition Cost:

\$3,850

Course Breakdown:

Course/Program Code	Course/Program Title	Course Credits (if applicable)
UTEP-VET	Veterinary Assistant Specialist Certificate Program with Externship	480 Contact Hours/ 48 CEU's

School Official Certification:

By my signature below, I certify the above information is true, accurate, complete, and being submitted on behalf of the institution named in this document.

Signature/Title of Authorized School Official

Date

School Official Printed First and Last Name

School Official E-mail and Phone Number