



Evidence Based | Experience Driven

## Employer Agreement Letter

All veterinary technicians/nurses must have a current (less than one year old) *Employer Agreement Letter* on file at the time they register for any CRI course. Employers will be routinely asked to submit an up-to-date agreement at the time a student applies for an internship.

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Date:

Applicant:

Veterinarian or physical therapist who will supervise the applicant:

Practice name:

Practice owner/manager:

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1. The applicant is a credentialed veterinary technician/nurse. YES NO

- Veterinary technicians/nurses with credentials including CVT, LVT, RVT, AHT or those who have completed a two-year veterinary technology program will be certified as Canine Rehabilitation Veterinary Nurses (CCRVN).
  - Veterinary technicians/nurses without formal credentials will be certified as Canine Rehabilitation Assistants (CCRA). If the applicant is not a credentialed veterinary technician, a letter of recommendation will be required following the guidelines specified in the course application.
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2. Is there a licensed veterinarian or physical therapist at the practice that is certified in canine rehabilitation? YES NO

Name:

Title(s):

License #:

Certifying Program:

Date Certified:



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3. Is there a veterinarian or physical therapist at the practice that is currently enrolled in the CRI certification program or registered for *Introduction to Canine Rehabilitation*?

YES NO

Name:

Title(s):

License #:

4. I understand that this veterinary technician/nurse cannot be certified as a CCRVN/CCRA until his/her supervising veterinarian/physical therapist has been certified. YES NO
5. I agree to notify CRI right away if circumstances change and there is no longer a veterinarian or physical therapist certified in canine rehabilitation working at this practice. YES NO
6. We will follow all applicable national, state or provincial veterinary and physical therapy practice acts in our practice of canine rehabilitation. YES NO

Supervising Veterinarian or Physical Therapist (print):

Signature/Date:

Practice Owner/Manager (print):

Signature/Date:

Please email completed form to [info@caninerehabinstitute.com](mailto:info@caninerehabinstitute.com) or fax to 888-651-0760.

**DO NOT MAIL.**