



Evidence Based | Experience Driven

## Employment Agreement Letter

Date: \_\_\_\_\_

Practice name: \_\_\_\_\_

Practice address: \_\_\_\_\_

Practice owner/manager: \_\_\_\_\_

Email/phone: \_\_\_\_\_

Name/title of veterinary technician/nurse: \_\_\_\_\_

Email/phone: \_\_\_\_\_

Name/title of supervising veterinarian/physical therapist: \_\_\_\_\_

Email/phone: \_\_\_\_\_

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### Guidelines:

- Veterinary technicians/nurses are required to submit an *Employment Agreement Letter* (EAL) when they register for any CRI course and before they can start an internship. Note that CRI can ask for an up-to-date EAL at any time.
- To enroll in **Introduction to Canine Rehabilitation**, **Canine Rehabilitation Veterinary Nurse**, or **Canine Sports Medicine**, veterinary technicians/nurses must be under the supervision of a veterinarian or physical therapist who: is certified in canine rehabilitation (CCRT or CCRP only) or is pursuing CCRT certification, and has completed **Introduction to Canine Rehabilitation** or has a seat confirmed in that course.
- Before veterinary technicians/nurses can attend **Canine Rehabilitation Veterinary Nurse**, their supervising veterinarian or physical therapist **must be certified in canine rehabilitation**.



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### **For the Employer:**

1. Is the applicant 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 credentialed, a letter of recommendation will be required following the guidelines specified in the course application.
  
2. Is there a licensed veterinarian or physical therapist currently working at the practice that is certified in canine rehabilitation?  YES  NO
 

If you answered yes, please provide the following information:

Name: \_\_\_\_\_

Title(s): \_\_\_\_\_

License #: \_\_\_\_\_

Certifying Program: \_\_\_\_\_

Date Certified: \_\_\_\_\_
  
3. Is there a veterinarian or physical therapist at the practice that has completed CRI's **Introduction to Canine Rehabilitation** or has a seat confirmed in an upcoming course?  YES  NO
 

If you answered yes, please provide the following information:

Name: \_\_\_\_\_

Title(s): \_\_\_\_\_

License #: \_\_\_\_\_
  
4. I understand that this veterinary technician/nurse cannot attend **Canine Rehabilitation Veterinary Nurse** or be certified as a CCRVN/CCRA until his/her supervising veterinarian/physical therapist is 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



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6. I will notify CRI right away if this technician/nurse is no longer employed by the practice.  
 YES    NO
7. We will follow all applicable national, state or provincial veterinary and physical therapy practice acts in our practice of canine rehabilitation.    YES    NO

**Practice Owner/Manager (please print):** \_\_\_\_\_

**Signature/Date:** \_\_\_\_\_

**Supervising Veterinarian or Physical Therapist (please print):** \_\_\_\_\_

**Signature/Date:** \_\_\_\_\_

**For the Veterinary Technician/Nurse:**

1. I understand that I cannot attend **Canine Rehabilitation Veterinary Nurse** or be certified as a CCRVN/CCRA unless my supervising veterinarian/physical therapist is certified in canine rehabilitation (CCRT or CCRP).    YES    NO
2. I agree to notify CRI right away if my supervising veterinarian or physical therapist leaves the practice or if I am no longer employed by this practice.    YES    NO
3. I understand that if I am registered for a course and my supervising veterinarian or physical therapist leaves the practice or I leave the practice and am no longer under proper supervision, that I will not be eligible to attend the course and that the CRI cancellation policy will apply.    YES    NO

**Veterinary Technician/Nurse (please print):** \_\_\_\_\_

**Signature/Date:** \_\_\_\_\_

Email form to [info@caninerehabinstitute.com](mailto:info@caninerehabinstitute.com) or fax to 888-651-0760. **PLEASE DO NOT MAIL.**