



# DEVTP Level One Registration Form

**Phone:** Simply call AAHA's Member Service Center at 800/883-6301 or 303/986-2800 to enroll using a credit card  
**Fax:** Complete this enrollment form, including credit card payment information, and fax it to AAHA at 303/986-1700  
**Mail:** Complete this enrollment form and mail it along with payment to DEVTP, AAHA, PO Box 172108, Denver, CO 80217-2108.

**You will not be enrolled in the DEVTP program until payment is received.**

See the **DEVTP Catalog**, **DEVTP Student Handbook**, or visit the **DEVTP** (<http://ollie.dcccd.edu/vettech/default.htm>) or **AAHA** ([www.aahanet.org](http://www.aahanet.org)) websites for course start dates.

DEVTP Courses	AAHA Member Tuition	Nonmember Tuition
<input type="checkbox"/> General Hospital and Clinic Information 1 (V1001)	\$319	\$389
<input type="checkbox"/> Examination Procedures and Clinical Techniques 1 (V1002)	\$319	\$389
<input type="checkbox"/> Pharmacy and Pharmacology 1 (V1003)	\$319	\$389
<input type="checkbox"/> Surgical Preparation and Assistance 1 (V1004)	\$319	\$389
<input type="checkbox"/> Animal Nursing 1 (V1005)	\$319	\$389
<input type="checkbox"/> Radiology and Ultrasound 1 (V1006)	\$319	\$389
<input type="checkbox"/> Laboratory Procedures 1 (V1007)	\$319	\$389

To enroll in DEVTP Levels Two, Three and Four, or general education courses through the DCCC, students must contact Cedar Valley College at 877-353-3482

## Check One:

- AAHA Practice Team Member  
 AAHA Veterinary Technical Support Team Member  
 Nonmember

## Semester:

- Fall Year 20 \_\_\_\_\_  
 Spring Year 20 \_\_\_\_\_  
 Summer Year 20 \_\_\_\_\_

Name \_\_\_\_\_

Hospital Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip/PC \_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

E-mail address (required) \_\_\_\_\_

## Payment Information

Check enclosed # \_\_\_\_\_ payable to AAHA in US dollars

- |   |   |                          |
|---|---|--------------------------|
| <input type="checkbox"/> VISA             | } | Credit Card Number _____ |
| <input type="checkbox"/> Mastercard       |   | Expiration Date _____    |
| <input type="checkbox"/> American Express |   | Name on Card _____       |

Please copy this form if additional people from your practice will enroll

## Refund Policy

You must notify AAHA prior to the first day of class for 100 percent refund of enrollment fees. Notice must be received within one week after the course start date for a 70% refund. Notice must be received within three weeks after the course start date for a 25% refund. No refund will be issued for withdrawal requests received 22 or more days after the course start date. Students withdrawing prior to the third week of class will receive a grade of W.

