

Veterinary Nursing Program

Observation Verification

Thank you for allowing our prospective student the opportunity to observe you! Please complete the information listed below including any notes you feel may be beneficial when the Enrollment and Veterinary Nursing departments are evaluating this candidate for acceptance.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_verify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Veterinary Personnel Johnson College Applicant

observed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_for \_\_\_\_\_\_\_\_ hours.

Animal Practice name number

Veterinary Personnel Notes:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Veterinary Personnel Signature Date

Once completed please fax to 570-348-2181 ATTN: Enrollment or email [enroll@johnson.edu](mailto:enroll@johnson.edu) as an attachment.