



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: _____

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 a CRI course, veterinary technicians/nurses must be supervised by a veterinarian or physical therapist who:

- is certified in canine rehabilitation (CCRT or CCRP only)
- or
- has successfully completed CRI's *Introduction to Canine Rehabilitation*, or has a seat confirmed in an upcoming course.

Before a veterinary technician/nurse can be certified as a CCRVN/CCRA, the supervising veterinarian/physical therapist must have become certified.



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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 successfully 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 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



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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 be certified as a CCRVN/CCRA unless my supervising veterinarian/physical therapist is certified in canine rehabilitation. 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 or fax to 888-651-0760. **PLEASE DO NOT MAIL.**