



CuraCore® Veterinary Technician/Nurse Employment Compliance Form

Requirements:

To enroll in MOVE Integrative Rehabilitation and Physical Medicine, technicians/nurses must be under the supervision of a veterinarian who has been certified in canine rehabilitation by one of the following programs:

- CuraCore® VET - CRPM
- UT/VAHL - CCRP
- Canine Rehabilitation Institute - CCRT
- Chi Institute - CCRV
- Healing Oasis - VMRT

or who is currently enrolled in CuraCore® VET's MOVE Integrative Rehabilitation and Physical Medicine course, or a veterinarian who has earned his/her DACVSMR and is actively practicing canine rehabilitation.

Veterinary technicians/nurses are required to submit an Employment Compliance Form when they register for the MOVE program.

CuraCore® can ask for an updated Employment Compliance Form at any time.

A veterinary technician/nurse may attend CuraCore's course while his/her supervising veterinarian is pursuing certification, but a technician/nurse cannot be certified as a CRPM-T/CRPM-A until his/her supervising veterinarian has completed their certification.

For technicians that are not registered/licensed, an additional letter of recommendation from their supervising veterinarian is required. The letter should outline their knowledge in animal anatomy, physiology, pathology, and regulatory guidelines regarding the student's ability to participate in veterinary rehabilitation.

Please complete this form and mail to info@curacore.org or scan and upload in the appropriate area in the registration form on the CuraCore.org website.

Please contact us at info@curacore.org if you have any questions.

CuraCore® Veterinary Technician/Nurse Employment Compliance Form

Date: _____

Practice Name: _____

Practice Address: _____

Practice Owner/Manager: _____

Email: _____ Phone: _____

Name/title of technician/nurse: _____

Email: _____ Phone: _____

Name/title of supervising veterinarian: _____

Email: _____ Phone: _____

Employer:

Is the applicant a credentialed veterinary technician/nurse? Yes _____ No _____

Technicians/nurses with credentials including CVT, LVT, RVT, AHT, or those who have completed a two-year technology program will be certified as Certified Rehabilitation and Physical Medicine Technician (CRPM-T).

Technicians/nurses without formal credentials will need a separate letter of recommendation from their supervising veterinarian/physical therapist, and will be certified as Certified Rehabilitation and Physical Medicine Assistant (CRPM-A). (See requirements)

Is there a licensed veterinarian currently working at the practice that is certified in canine rehabilitation or a veterinarian who has earned his/her DACVSMR and is actively practicing canine rehabilitation? Yes _____ No _____

If yes:

Name: _____

Titles: _____

State/Province/License #: _____

Certifying Program: _____

Date Certified: _____

Is there a veterinarian at the practice that is currently taking CuraCore's MOVE Integrative Rehabilitation and Integrative Medicine course? Yes _____ No _____

If yes:

Name: _____

Titles: _____

State/License #: _____

I understand that this technician/nurse cannot be certified as a CRPM-T/CRPM-A until his/her supervising veterinarian is certified. Yes _____ No _____

I agree to notify CuraCore® VET immediately if circumstances change and there is no longer a veterinarian certified in canine rehabilitation working at this practice.
Yes _____ No _____

I agree to notify CuraCore® VET immediately if this technician/nurse is no longer employed by the practice. Yes _____ No _____

We will follow all applicable national, state, or provincial veterinary practice acts in our practice of canine rehabilitation. Yes _____ No _____

Practice Owner/Manger (please print): _____

Signature/Date: _____

Supervising Veterinarian (please print): _____

Signature/Date: _____

Veterinary Technician/Nurse:

I understand that I cannot attend CuraCore's MOVE Integrative Rehabilitation and Integrative Medicine course or be certified as a CRPM-T/CRPM-A unless my supervising veterinarian is certified in canine rehabilitation by one of the following programs: CuraCore® VET - CRPM; UT/VAHL - CCRP; Canine Rehabilitation Institute - CCRT; Chi Institute - CCRV; Healing Oasis - VMRT, or is a veterinarian who has earned his/her DACVSMR and is practicing canine rehabilitation.
Yes _____ No _____

I agree to notify CuraCore® VET immediately if my supervising veterinarian leaves the practice or if I am no longer employed by this practice. Yes _____ No _____

I understand that if I am registered for a course and my supervising veterinarian 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 CuraCore's cancellation policy will apply.
Yes _____ No _____

Veterinary Technician/Nurse (please print): _____

Signature/Date: _____