

Power of 10



First Name

Last Name

Preferred Mailing Address

City

State

Zip

Preferred Phone

Email

School and Year of Graduation

Employer Name

Employer Address

Employment Type:

Mixed

SA

LA

Other _____

Do you have an individual you consider a mentor who would support your participation in this program?

Yes, name: _____

No

On an attached sheet please answer the following questions:

Goals- What do you hope to achieve by participating in this program?

Outlook- Why are you interested in participating in this program? What life experiences will you be bringing to the group to create diversity?

Involvement- What clubs and organizations are you currently involved in? What were you involved in during veterinary school?

This program is intended for veterinarians who graduated within the last ten years. Other candidates will be considered based on their level of interest.

Applications accepted from April 1, 2020- April 30, 2020

Send completed application to:

Oklahoma Veterinary Medical Association

13917 Quail Pointe Dr.

OKC, OK 73134

(o) 405.478.1002

(f) 405.478.7193

admin@okvma.org