

West Virginia Board of Veterinary Medicine

Phone (304)776-8032

Fax (304) 776-8256

E-mail: wgoodwin@wvnet.edu

Certified Animal Euthanasia Technician (CAET) Renewal Form Year 2010

You Must Check Remittance Amount
(Please submit a separate check for each individual renewal)

CAET Renewal (Complete & Received In Board's Office By Dec. 31, 2009).....\$25.00

CAET Renewal (Complete & Received In Board's Office After Dec. 31, 2009)....\$35.00

TYPE or PRINT LEGIBLY

1. CAET's Name: _____ 2. CAET #: _____

3. Home Address: _____
street

city state zip code

4. Home Phone Number: (____) _____

5. Social Security Number: _____

6. Name of Humane Society, Animal Shelter or Animal Control Facility Which Employs CAET: _____

7. Phone # of Facility: (____) _____ 8. Directors Name: _____

9. Facility DEA Registration #: _____ 10. DEA Reg. Expiration Date: _____

11. WV Bd. Of Pharmacy Controlled Substance Permit #: _____ 12. Exp. Date: _____

13. CAET's Business Mailing Address: _____
Street

city state zip code

14. Physical Location Address of the Primary Facility Where CAET Provides Euthanasia Services:

All CAET's (except those who acquired their certification in 2009) must certify that they have successfully completed the continuing education requirement of six (6) approved

classroom hours of c.e. during the year ending 12/31/2009. The West Virginia Board of Veterinary Medicine must issue such approval.

I, _____, do hereby certify that I have completed a minimum of six classroom (6) hours of continuing education in 2009, in courses approved by the West Virginia Board of Veterinary Medicine, as required for 2010CAET renewal.

Signature: _____ Date: _____

**List approved continuing education classes that you completed in 2009.
(Type or print legibly). Failure to complete any portion of this renewal form will be cause for process rejection.**

Approved Class Name	When Taken (mm/dd/yy)	Where	# of Hours	Approved Class Presenter Org.
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

Total HRS: _____

PURSUANT TO WV CODE 48-15-303, EACH APPLICANT FOR CERTIFICATION RENEWAL MUST ANSWER THE FOLLOWING QUESTIONS AND CERTIFY, UNDER PENALTY OF FALSE

- | | YES | NO |
|---|--------------------------|--------------------------|
| 15. Do you have a child support or medical support obligation? | <input type="checkbox"/> | <input type="checkbox"/> |
| If NO , skip to Question 18. | | |
| 16. If the answer to the above is YES , are you in arrears? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. If in arrears, do your arrears equal or exceed the amount of child support or medical support payable for six (6) months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Are you the subject of a child support or paternity related subpoena or warrant? | <input type="checkbox"/> | <input type="checkbox"/> |

If you make a false statement concerning any question on this form, you may be subject to disciplinary action including but not limited to revocation or suspension of your certification.



BEFORE MAILING.....

- ✓ Are all questions answered completely?
- ✓ Is the check enclosed for the proper amount, payable to the West Virginia Board of Veterinary Medicine?
- ✓ Remember, if the Board does not receive the properly completed renewal by December 31, payment must be for delinquent renewal.
- ✓ Have you specified the dates, course names and hours of approved c.e., as required?

I affirm by my signature below, that I have completely and truthfully answered all questions on this renewal form, and that as required in §30-10A-4.(a), I do now and shall continue to practice animal euthanasia under the authority of a licensed veterinarian or a county humane officer.

CAET's Signature: _____ **Date:** _____

Remit completed form and payment to

**West Virginia Board of Veterinary Medicine
5509 Big Tyler Road, Suite 3
Cross Lanes, WV 25313**

Do Not Write Below This Line Board Use Only

Posted By Board _____