

# WEST VIRGINIA BOARD OF VETERINARY MEDICINE REGISTRATION APPLICATION FOR VETERINARY TECHNICIANS

## Application fee - \$10.00 Copy of the Practice Act - \$35.00

Do '	vou want to	purchase a c	opy of the	veterinary	practice act	and rules &	regulations?
	,		-   -				-0

## **ATTACH PHOTO HERE**

Approximately 2" x 2" color photo such as a passport photo.

C Yes C No

No group photos.

No photocopies.

APPLICANT								
Full Legal Name First	Mid	ddle Initial	Last				Maiden/F	former
Social Security	ess		Home Pho	one			Cell Phone	
XXX-XX-								
Home Street Address		City	State or Province Zip		Zip C	ode	County	
RECORD OF BIRTH – Please sub appropriate proof of name char	nge such as a c		y of marr	iage license (			ill not be a	ccepted)
Birthdate (MM/DD/YR) City of Birth			State of Birth			Country of Birth		
CITIZENSHIP								
Are you a citizen of the Yes No USA?	Have you applied for US citizenship?	<u> </u>		you have a ork permit?		C No	Country	of Birth
IMMIGRATION			NA	TURALIZATI	ON - Pro	vide pr	oof of Nat	turalization
Date of Immigration (MM/DD/YR) / /	igration	Date of Naturalization (MM/DD/YR) / /			Place of Naturalization			
BUSINESS INFORMATION – If a	· ·							
Facility Name	Busir	ness Email A	ddress				Business F	Phone
Street Address	City			State or	Province	Cou	unty	Zip Code

## PUBLIC RECORD NOTICE REGARDING YOUR PROVIDED INFORMATION

The WV Board of Veterinary Medicine is a public government agency and, as such, the records of the board are considered to be public records. Some or all of the information in these applications may be disclosed to any person under the WV Freedom of Information Act (FOIA). The board's records may also be subject to review by other government authorities or subject to disclosure in court or administrative proceedings by subpoena. In addition, the board is required by law to publish an annual roster of all licensees.

For these reasons, the board cannot and does not guarantee confidentiality of this information.

**PUBLIC INFORMATION PREFERENCE** 

Facility Name (if applicable)

- If you do not wish to disclose your home address or phone number, you should choose to enter your business information for "public information preference"
- Any document, correspondence, or records submitted in connection with your application may be open to public inspection.

Street Address:

Criminal background records are not subject to the WV Freedom of Information Act (FOIA).

City	State or Province		County			Zip	
Phone:	Email:						_
PREFERRED BOARD OFFICE COM	MUNICATION - Thi	s inform	ation will only be avail	able t	o the Bo	ard office	
Mailing Address	Email			Pho	ne		
□ Home		lome			Ноте		
C <sub>Business</sub>		Business			Busines	s	
Public		Public			Public		
<b>EDUCATION</b> – Please submit a ce	rtified copy of your	transcrip	ts of record from the sc	hool/	college o	f veterinary technology o	r
veterinary nursing school attende	ed which shows tota	l number	of hours attended, sub	jects	studied, g	grades given and date of	
graduation.							
Veterinary Technology or Veterin	ary Nurse School						
Location		•	eterinary technology so ed by the AVMA? No	chool		Date of Graduation (MM/YR) /	
<b>DIPLOMA</b> – A diploma is only req diploma, the diploma must be a r	•		•	•	-	,	ıt

If approved for NAVLE through WV, your NAVLE scores are on file with WV and you are not required to have them submitted from the reporting service.

Boards at www.aavsb.org. A passing score on this examination is a requirement for registration in West Virginia.

**EXAM SCORES** – New exam applicants must apply to take the VTNE through the American Association of Veterinary State

If you have taken the VTNE in another jurisdiction, you must have your scores forwarded through the AAVSB's to the WV

Board of Veterinary Medicine.

the copy submitted is an exact copy of the original document.

MILITARY WAIVER/LOW- INCOME INDIVIDUALS FOR INITITAL REGIS	TRATION						
If you wish to submit a waiver request for your registration fees, please complete and submit to the Board the "Waiver of							
Initial License" along with the required documents. This waiver application can be found on the Board's website.							
Please contact the Board with any questions regarding this waiver.							
Are you or your spouse an active member of the armed forces of the	US, the National Guard,	G G					
or reserve component?		C Yes No					
Are you a surviving spouse, who has not remarried, of a deceased ser	vice member who served	C <sub>Yes</sub> C <sub>No</sub>					
as a member of the armed forces of the US, the National Guard, or re		Yes No					
	,						
LICENSURE INFORMATION- Please submit directly to our board under	r seal a confirmation of vo	ur standina while reaistered					
and your current status from all states/jurisdictions where you now h	•						
registration.	ord or mare ever mera a vec	ermany ceemmeran					
registration.							
Are you now or have you ever been registered in any state or	F7 F7						
jurisdiction other than WV?	C Yes No						
Jurisdiction other than www.							
List all state/jurisdictions							
PERSONAL INFORM	ATION						
Criminal Background Check - Online criminal background check instruc	ctions are available. Printa	ble instructions can be found					
under "Forms & Links" from "Quick Links" on the Home page.							
Please submit details and/or documentation to explain each question	n below that you responde	ed to with a "yes" answer. If					
further information is required, you will be notified.							
1. Have very every been convicted of a principal efferman	Vaa	Nie					
1. Have you ever been convicted of a criminal offense?	Yes	No					
2. Has your registration in any state/jurisdiction ever been disciplined	12 Vos	No					
2. Has your registration in any state/jurisdiction ever been disciplined	d? Yes	No					
Pursuant to West Virginia Code §48-15-303, each applicant for license	must answer the following	gauestions and certify under					
penalty of false swearing, that these answers are true and correct.	mast answer the ronowing	s questions and eer my, ander					
penalty of faise swearing, that these answers are true and correct.							
Do you have a child support or medical obligation?	Yes No_						
1. Do you have a child support of medical obligation:	163 110_	<del></del>					
2. If the answer to question 1, above, is yes, are you in arrears?	Yes No						
2. If the diswer to question 1, above, is yes, are you in unreals.	163 110_	<del></del>					
3. If the answer to question 2, above, is yes, do your arrears equal or	exceed						
the amount of child or medical support payment for six (6) months'							
the amount of simular medical support payment for six (o) months		<del></del>					
4. Are you the subject of a child support related subpoena or warrant	? Yes No						
- ,							
If you make a false statement concerning any question on this applicat	ion, you may be subject to	disciplinary action including					
but not limited to, immediate revocation or suspension of your license	•						

#### **CERTIFICATION**

I, do hereby certify, under penalties of perjury and false swearing, that I have personally completed this application and the above answers are true and correct to the best of my knowledge. Furthermore, I being of full age and being duly sworn according to law, state that I am the person referred to in the foregoing statement, that I have carefully read the instructions given and questions asked in the application form, and that all statements made therein are true and correct.

I further understand and acknowledge that I have 30 days from being notified by the Board of my eligibility to take the jurisprudence exam or my file will be closed, and all fees are non-refundable.

Signature of Applicant	Date		

## Mail application and fees to:

West Virginia Board of Veterinary Medicine 5509 Big Tyler Road, Suite 3 Cross Lanes, WV 25313 Phone (304) 776-8032 Fax (304) 776-8256

E-mail: patricia.a.holstein@wv.gov

Web: www.wvbvm.org