



**WEST VIRGINIA BOARD OF VETERINARY MEDICINE  
CERTIFIED ANIMAL EUTHANASIA TECHNICIAN APPLICATION**

**ATTACH PHOTO HERE**

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

No group photos.

No photocopies.

Signature on back of photo.

**Application fee including Practice Act, CAET Manual, Jurisprudence exam, and Certification \$335.00  
You will be notified by the Board once a date has been determined for the training/exams (must pass all exams)**

**All questions must be answered completely and precisely. Misstatements, fraudulent, or insufficient answers and data required will be reason for rejection of your application.**

<b>APPLICANT</b>					
Full Legal Name		First	Middle Initial	Last	Maiden/Former
Social Security	Mother's Maiden Name		Email Address	Home Phone	Cell Phone
Home Street Address			City	State or Province	Zip Code County

<b>RECORD OF BIRTH</b>			
Birthdate (MM/DD/YR) / /	City of Birth	State of Birth	Country of Birth

<b>CITIZENSHIP</b>			
Are you a citizen of the USA?	<input type="radio"/> Yes <input type="radio"/> No	Have you applied for US citizenship?	<input type="radio"/> Yes <input type="radio"/> No
Do you have a work permit?	<input type="radio"/> Yes <input type="radio"/> No	Country of Birth	

<b>IMMIGRATION</b>		<b>NATURALIZATION-Provide proof of Naturalization</b>	
Date of Immigration (MM/DD/YR) / /	Place of Immigration	Date of Naturalization (MM/DD/YR) / /	Place of Naturalization

<b>FACILITY INFORMATION</b>			
Facility Name		Business Email Address	Business Phone
Street Address		City	State or Province: Zip Code
Supervisor's Name		Choose the authority to operate the facility: <input type="radio"/> 501c(3) <input type="radio"/> Entity of County Government	

MAIL PREFERENCE	EMAIL PREFERENCE
<input type="checkbox"/> I prefer to receive mail (letters) at my business address.	<input type="checkbox"/> I prefer to have email sent to my business email address.
<input type="checkbox"/> I prefer to receive mail (letters) at my home address.	<input type="checkbox"/> I prefer to have email sent to my home email address.

<b>CERTIFICATION INFORMATION</b> - Please submit directly to our board under seal a confirmation of your standing while certified and your current status from all states/jurisdictions where you now hold or have ever held an animal euthanasia technician certification.	
Are you now or have you ever been certified in any state or jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
List all state/jurisdictions	

<b>LETTER OF RECOMMENDATION</b> – Please submit a Letter of recommendation bearing date and original signature from the director or manager of the animal control facility, approving and authorizing your application for the certification as an animal euthanasia technician for that specified facility and indicate if the facility is municipal or county operated or is classified as a 501(c)(3). If you are the director, the letter shall be from the county official or supervisor. (photocopies will not be accepted)
---

<b>EDUCATION</b> – Please submit a copy of your high school diploma or equivalency.
---

**PERSONAL INFORMATION**

Please submit details and/or documentation to explain each question below that you responded to with a “yes” answer. If further information is required, you will be notified.

**Criminal Background Check** - Online criminal background check instructions are available. Printable instructions can be found under “Forms & Links” from “Quick Links” on the Home page. Criminal Background checks must be paid by applicant.

1. Have you ever been involved in any civil or criminal proceedings as a party or witness? Yes \_\_\_ No\_\_
2. Have you ever been convicted of a criminal offense? Yes \_\_\_ No\_\_
3. Has your animal euthanasia technician certification ever been disciplined, surrendered, suspended, Dismissed or revoked? Yes \_\_\_ No\_\_

Pursuant to West Virginia Code §48-15-303, each applicant for license must answer the following questions and certify, under penalty of false swearing, that these answers are true and correct.

1. Do you have a child support or medical obligation? Yes \_\_\_ No\_\_
2. If the answer to question 1, above, is yes, are you in arrears? Yes \_\_\_ No\_\_
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? Yes \_\_\_ No\_\_
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 application, you may be subject to disciplinary action including, but not limited to, immediate revocation or suspension of your license.

**PUBLIC RECORD NOTICE  
REGARDING YOUR PROVIDED INFORMATION  
ON YOUR APPLICATION AND RENEWAL**

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.

- If you do not wish to disclose your home address or phone number, you should choose "business address" under "Mail Preference" located on the application.
- Any document, correspondence, or records submitted in connection with your application may be open to public inspection.
- Criminal background records are **not** subject to the WV Freedom of Information Act (FOIA).

**CERTIFICATION**

I, do hereby certify, under penalties of perjury and false swearing, that I have personally completed this application. 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 depose and state that I am of good moral character, not having been convicted of a felony, and that if a certification is issued in my favor, I will respectfully comply with the laws of West Virginia regarding certification as a Certified Animal Euthanasia Technician in this state.

I further understand and acknowledge that any application not completed with all required documents within 90 days of the examination date will result in this application being closed with no issuance of certification, and that it is my sole responsibility as the applicant to assure the submission of and receipt by the WV Board of Veterinary Medicine of any and all appropriate and required documents to complete this application file within the required 90 day period following the WV testing date. 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](mailto:patricia.a.holstein@wv.gov) Web: [www.wvbvm.org](http://www.wvbvm.org)