



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

**Application fee - \$100
Copy of the Practice Act - \$35.00**

ATTACH PHOTO HERE

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

No group photos.

No photocopies.

Signature on back of photo.

Do you want to purchase a copy of the veterinary practice act and rules & regulations?

Yes No

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

APPLICANT					
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

RECORD OF BIRTH – <i>Please submit a certified copy of your birth certificate. If birth name differs from current name, submit appropriate proof of name change such as a certified copy of marriage license (photocopies will not be accepted)</i>			
Birthdate (MM/DD/YR)	City of Birth	State of Birth	Country of Birth
/ /			

CITIZENSHIP			
Are you a citizen of the USA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you applied for US citizenship?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a work permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Country of Birth	
IMMIGRATION		NATURALIZATION - <i>Provide proof of Naturalization</i>	
Date of Immigration (MM/DD/YR)	Place of Immigration	Date of Naturalization (MM/DD/YR)	Place of Naturalization
/ /		/ /	

BUSINESS INFORMATION – <i>If applicable</i>			
Facility Name		Business Email Address	Business Phone
Street Address		City	State or Province
			Zip Code

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.

EDUCATION – Please submit a certified copy of your transcripts of record from the school/college of veterinary technology school attended which shows total number of hours attended, subjects studied, grades given and date of graduation.		
Veterinary Technology School		
Location	Is your veterinary technology school accredited by the AVMA? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Graduation (MM/YR) /

DIPLOMA – A diploma is only required if transcript does not show graduation date and degree received. If submitting a diploma, the diploma must be a notarized copy with notary seal along with a statement from the notary public verifying that the copy submitted is an exact copy of the original document.

EXAM SCORES – New exam applicants must apply to take the VTNE through the American Association of Veterinary State Boards at www.aavsb.org. A passing score on this examination is a requirement for registration in West Virginia.

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.

If you pass the WV jurisprudence exam, we cannot authorize your registration until we receive your written score report ascertaining your passing score on the VTNE directly from AAVSB/VIVA. All questions regarding the VTNE are to be directed to AAVSB.

LICENSURE INFORMATION - Please submit directly to our board under seal a confirmation of your standing while registered and your current status from all states/jurisdictions where you now hold or have ever held a veterinary technician registration.	
Are you now or have you ever been registered in any state or jurisdiction other than WV?	<input type="checkbox"/> Yes <input type="checkbox"/> No
List all state/jurisdictions	

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.

1. Have you ever been convicted of a felony or animal misdemeanor? Yes ___ No ___
2. Has your registration in any state/jurisdiction ever been disciplined? 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.

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 depose and state that I am of good moral character, not having been convicted of a felony within 5 years preceding this application or a misdemeanor or felony at any time if the conviction was related to the practice of veterinary technology or animal abuse or neglect, and that if a registration is issued in my favor, I will respectfully comply with the laws of West Virginia regarding the practice of veterinary technology in this state.

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