



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

**Veterinary Technician Registration Renewal received prior to December 31 - \$80.00
Veterinary Technician Registration Renewal received after to December 31 - \$100.00**

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

Please Enter Renewal Year if Renewing for Multiple Years:				
Full Legal Name First		Middle Initial	Last	Maiden/Former
Social Security xxx-xx-	RVT #	Email Address	Home Phone	Cell Phone
Home Street Address		City	State or Province	Zip Code
				County

BUSINESS INFORMATION – If applicable				
Facility Name		Mailing Address		
City	State or Province	Zip Code	County	
Business Email Address		Business Phone		
Are you currently employed as an RVT in WV? <input type="checkbox"/> Yes <input type="checkbox"/> No		List other states/jurisdictions in which you currently hold a registration		

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
Type of Veterinary Technology Degree? <input type="checkbox"/> 4-Year <input type="checkbox"/> 2-Year

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. Has your registration in any state/jurisdiction or your authority as a veterinary technician been disciplined or restricted by any authority since your last annual registration renewal was submitted to this board? Yes No
2. Have you ever been convicted of a felony in any jurisdiction? Yes No

Pursuant to West Virginia Code §48-15-303, each applicant for renewal 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

CONTINUING EDUCATION

List below Board approved classroom or webinar continuing education classes and hours that you completed this year. **Incomplete information will be cause for rejection.** The classes must be approved by the WV Board of Veterinary Medicine, RACE approved, provided by an approved school of veterinary technology or an office state or national veterinary association. *If you are a new graduate, you are exempt from the continuing education requirements in the year you graduated.*

You must specify actual class names, CE organization (not speakers), location, the number of hours and dates. All dates entered must be in a valid format with a month, a day, and a year. If the course was one day long, please use the same date for Start Date and End Date.

State Date	End Date	Class Name	Organization (no Acronyms)	Location (City and State)	Hours

EXTENSION – Please provide documentation (such as doctor's statement or military order) to support your request for hardship extension.
I am requesting a continuing education hardship extension due to verified medical or military emergencies beyond my control or in situations where I am on active duty or just returning from active duty. <input type="checkbox"/> Yes <input type="checkbox"/> No
My reason(s) for failing to complete mandatory continuing education is:
I understand that if the extension for completion of continuing education hours is approved, it shall not be applied toward satisfaction of continuing education in the year completed and shall be separate from continuing education required and completed for the current renewal year. <input type="checkbox"/> Yes <input type="checkbox"/> No

**PUBLIC RECORD NOTICE
REGARDING YOUR PROVIDED INFORMATION
ON YOUR 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 this renewal 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.

Date of birth and social security numbers are only collected for board use and only shared with the American Association of Veterinary State Boards (AAVSB). Mother’s maiden name is only collected for board use for website login.

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 renewal.
- Any document, correspondence, or records submitted in connection with your renewal may be open to public inspection.

CERTIFICATION

I certify that if I am a new graduate, I am exempt from the continuing education requirements in the year I graduated. If I am not a new graduate, I certify that I have completed a minimum of eight (8) hours of continuing education in Board approved classroom or webinar programs, with at least four (4) hours being in the field of veterinary science.

I have personally completed this renewal form, and that I have read and understand all questions and statements on this renewal form. I further declare under penalty of perjury that the foregoing submissions and answers are true and correct.

I further acknowledge and accept that any false statement may subject my registration to disciplinary action including, but not limited to, immediate revocation or suspension of my registration.

Signature

Date

Mail renewal 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 Website: www.wvbvm.org