

VETERINARY TECHNICIAN APPLICATION INSTRUCTIONS

OKLAHOMA STATE BOARD OF VETERINARY MEDICAL EXAMINERS

201 N.E. 38th Terr, Suite 1 Okla. City, OK 73105

PH# (405) 524-9006 FAX# (405) 524-9012

E-MAIL: staff@okvetboard.com

<u>Exam Dates</u>	<u>Board Application Due</u>	<u>AAVSB Registration Due</u>
July 15 – Aug 15, 2010	May 2010*	June 1, 2010
Nov 15 – Dec 15, 2010	Nov 2010*	October 1, 2010
Feb 15 – Mar 15, 2010	Jan 2011*	January 1, 2011

*Please call the Board office for exact Board application due dates.

Applicants must submit the following documents to the Board office:

- **Registered Veterinary Technician Application:** (2 pages)
 - The application must contain all necessary information to account for all time in education and work history since graduation from High School to the present. It's not necessary to list "summer" time in between education listed if three months or less.
 - Any "Yes" answer in the yes/no question portion of the application MUST be explained by a sworn affidavit.
 - The application MUST show the notary seal impressed partially on the photograph and partially on the application to insure that the photo on the application is the same photo notarized. The photo must be firmly affixed to the application and must not exceed the space provided, nor obscure other information on the application.
 - The Applicant Affirmation on page 2 must be signed. All natural persons applying for a license from the Oklahoma State Board of Veterinary Medical Examiners ("Board") are required, by the provisions of 56 O.S. Supp 2007 § 71, to provide the Board with verification of lawful presence in the United States by executing the Affidavit before a notary public or other officer authorized to notarize affidavits under State law. The Board's licensing office is staffed with notaries who are available to provide notary service at no cost to applicants.
- **Verification of Education:** It must show the applicant is a graduate of an approved program in veterinary technology.
- **Diploma:** Submit a certified or notarized copy of your diploma, after one has been issued. A notarized copy of the diploma may be obtained by submitting the original and a copy to a notary, the notary must affix their signature under the following statement "I have seen the original and this is an exact duplicate of same". This document must be submitted in addition to the "Verification of Education".
- **Recommendations:** If you are a current member of your state professional association, an officer of the association may complete Section 1. If you are not a current member of your state professional association, you must submit two (2) recommendations authored by Registered Veterinary Technicians (RVT) or licensed veterinarians.
- **Verification of Registration:** Online verifications are acceptable, if available. A verification must be submitted for each current or previously issued technician registrations from other states, if applicable. Those states may use their own forms PROVIDED all the information requested on the form issued by the OSBVME is on the replacement form. It is recommended that you call those boards; they may have a fee for this service.
- **Fee:** Submit, along with the above documents, the fee of \$130.00 in the form of a personal check, cashier's check or money order made out to the Oklahoma State Board of Veterinary Medical Examiners (OSBVME) for the State Veterinary Technician Examination (SVTE).

Applicants must also register with AAVSB:

In addition to submitting an application with the Oklahoma Veterinary Board, you must register with the American Association of Veterinary State Boards (AAVSB) for the Veterinary Technician National Examination (VTNE) online at aavsb.org by the due date listed above. AAVSB's registration fee is \$300.00. If you have previously taken the VTNE through another state, request that all test scores, both failing and passing, be submitted to the OSBVME. National test score transfers can be made online at aavsb.org or call 1-877-698-8482.

Additional Information

- Applicants for registration must be of good moral character, and must be a graduate of a school of Veterinary Technology approved by the OSBVME.
- The VTNE is given three times a year. The SVTE can be taken with the VTNE or taken at the Board office at a scheduled time set by you and the Board Director. You must receive a passing score of 70 or above on both exams before registrations can be issued.
- All documents must be complete and accurate to the best of your knowledge. For those items which do not apply to you, mark N/A (not applicable) in the space provided.
- All forms must have original signatures. Stamped or initialed signatures are **NOT** acceptable.
- **ALL FEES ARE NON-REFUNDABLE.** The fee schedule is subject to change without notice; contact the Board office for current fee schedule.
- The Board office may contact other sources for verification of information contained in your application.
- All applications are submitted to the Board for approval 60 days prior to examination. This Board meeting, as well as all other Board meetings, is open to the public. You may appear in person before the Board in support of your application, have an attorney or representative appear for you or allow the Board to make the final determination of qualification by reviewing your written application and scores received on the examinations. If you wish to appear in person, have an attorney or other representative appear before the Board, notify the office staff at least ten (10) days prior to the meeting to permit scheduling. Contact the Board office for the exact date and time of the scheduled meetings.
- Even though your application is complete and all requirements are satisfied, there is no guarantee that the Board will approve your application for registration. The Board may find exceptions or make discoveries which will cause them not to approve an application for registration. In such event, the Board will clearly state the basis upon which such exceptions have been made and you will be notified by mail. The Board may, at its discretion, require further proof of competency. You will be notified if this applies to you.
- Applicants will receive only one notification if there are deficiencies in the application, if further information is needed, or if there is a negative Board decision. After the first notification, it is the applicant's responsibility to contact the Board office as to the status of his or her application.

Renewal Information

- Veterinary Technician registrations are renewed annually by submitting a renewal form and fee of \$45.00. The renewal is due by June 30th of each year.
- Ten (10) hours of continuing education must be reported on the renewal form, including two hours encompassing Oklahoma state or federal Controlled Dangerous Substance laws or review of the Oklahoma Practice Act. You are exempt from reporting CE on your first renewal.
- Registrations not renewed after August 29th will be automatically suspended for failure to renew.

*****KEEP THIS OFFICE INFORMED OF YOUR CURRENT MAILING ADDRESS AT ALL TIMES. THIS OFFICE CAN NOT BE RESPONSIBLE FOR UNDELIVERABLE OR MISDIRECTED MAIL. THE OSBVME WILL AT ALL TIME USE THE ADDRESS ON THE APPLICATION UNLESS A WRITTEN CHANGE OF ADDRESS IS RECEIVED BY THIS OFFICE. THE OSBVME CONTINUOUSLY UPDATES ITS FORMS AND INSTRUCTIONS. IT SHALL BE THE APPLICANT'S RESPONSIBILITY TO CONTACT THE BOARD OFFICE FOR CURRENT REVISIONS AND UPDATED FORMS.*****



OKLAHOMA STATE BOARD OF
 VETERINARY MEDICAL EXAMINERS
 201 N.E. 38th Terr, Suite 1 Oklahoma City, OK 73105
 (405) 524-9006 Fax (405) 524-9012

Applying For:
 VTNE (National)
 SVTE (State)

REGISTERED VETERINARY TECHNICIAN APPLICATION

PRINT OR TYPE ANSWERS TO ALL QUESTIONS ON THIS FORM IN FULL

Name: _____ - _____

FIRST	MIDDLE	LAST	MAIDEN	SS#
_____	_____	_____	_____	_____

Address: _____

NUMBER AND STREET	CITY	STATE	ZIP	EMAIL
_____	_____	_____	_____	_____

() - () - () - / /
 HOME PHONE CELL PHONE DAY PHONE DATE OF BIRTH BIRTH CITY STATE COUNTRY

Military Service: _____ / / / /

BRANCH	RANK	FROM	TO
_____	_____	_____	_____

EACH "YES" ANSWER TO QUESTIONS 1-10 MUST BE EXPLAINED IN DETAIL ON A SEPARATE PAGE.	YES	NO
1. Has your application for examination ever been rejected in any state, territory, province, or foreign country?		
2. Have you ever failed an examination for registration?		
3. Have you ever been the subject of any disciplinary action by any government, jurisdictional or licensing authority; federal, state or municipal?		
4. Have you ever been arrested for, charged with, or convicted of a felony or misdemeanor? (Do not include traffic offenses unless the original charge was DUI, DWI or APC)		
5. Are you now or have you in the past been addicted to or used in excess any drug or chemical substance, including alcohol, the excessive use of which has the potential to affect, or actually affected your abilities?		
6. Are you now being or have you in the past been treated through a drug or alcohol rehabilitation/recovery program?		
7. Are you now being or have you in the past been treated for emotional or mental disorder which affects or affected your abilities?		
8. Have you ever been charged with or convicted of a crime?		
9. Have you ever been denied membership or had your membership revoked in a state or other veterinary association?		
10. Have you ever been named as a defendant in a civil lawsuit?		
11. Are you a US Citizen? If no, list your I-94 number _____ and Alien Registration Number _____		

LIST ALL EDUCATION BEGINNING WITH HIGH SCHOOL: Attach a separate page if necessary.

NAME OF INSTITUTION	CITY, STATE	FROM	TO	DEGREE RECEIVED
_____	_____	____/____	____/____	_____
_____	_____	____/____	____/____	_____
_____	_____	____/____	____/____	_____
_____	_____	____/____	____/____	_____
_____	_____	____/____	____/____	_____
_____	_____	____/____	____/____	_____
_____	_____	____/____	____/____	_____

PHOTO
 taken within
 the past 12 months
 (Tape - do not staple)

This is to certify that the photograph is a correct likeness of the applicant.
 Sworn before me on this _____ day of _____, _____. My
 commission number is _____ and expires on ____/____/____.

Notary Public _____

Note: Notary seal must be impressed partially on the picture and partially on the form.

EMPLOYMENT: Account for ALL gaps of time in employment and/or education. Attach a separate page if necessary.				
FROM	TO	EMPLOYER	CITY, STATE	JOB TITLE/ACTIVITY
/ /	/ /			
/ /	/ /			
/ /	/ /			
/ /	/ /			
/ /	/ /			
/ /	/ /			
/ /	/ /			
/ /	/ /			
/ /	/ /			

Place of Employment:	() -
NAME	PHONE
ADDRESS	CITY STATE ZIP

Please write exactly how you would like your name to read on your wall certificate when it is issued:

NAME	ADDRESS IF DIFFERENT FROM PAGE
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VETERINARY RELATED REGISTRATIONS OR CERTIFICATIONS IN OTHER STATES: Attach a separate page if necessary.				
PROFESSION	STATE OR COUNTRY	NUMBER	DATE ISSUED	CURRENT STATUS
			/ /	
			/ /	
			/ /	
			/ /	

APPLICANT'S AFFIRMATION

(including verification of lawful presence in the United States)

“The undersigned, of lawful age, being first duly sworn, upon oath state, under penalty of perjury, as follows: I am a United States Citizen, or I am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States. I further swear/affirm that I have fully read and understand the instructions for application. I hereby certify under oath or by affirmation that I am the person named in the application; that all statements I have made herein are true; that the photograph is a true resemblance of me and was made within the last twelve (12) months; that in consideration of this issuance to me of a registration in the State of Oklahoma I hereby pledge that I shall abstain from deceptive or fraudulent methods, from immoral, unprofessional and unethical conduct and hereby agree that violation of this pledge shall constitute cause for the revocation of my registration. I further state that I am not omitting any information which might be of value to the Board to determine my qualification or eligibility. I agree that any falsification, omission or withholding of pertinent information or facts, concerning my qualifications as an applicant for examination and/or registration shall be sufficient to bar me from further consideration for registration by the Oklahoma State Board of Veterinary Medical Examiners. Any such falsification, omission or withholding of pertinent information shall serve as sufficient grounds for fines, revocation, cancellation or suspension of my registration should it be discovered after my registration is granted. I hereby authorize all hospitals, clinics, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present), and all government agencies (local, state, federal or foreign) to release to the Oklahoma State Board of Veterinary Medical Examiners or its successors any information, files, or records requested by the Board in connection with this application. **By submitting this application, I am requesting the release of any and all disciplinary actions from any organizations, institutions, clinics or hospitals to the Oklahoma State Board of Veterinary Medical Examiners.** I further authorized the Oklahoma State Board of Veterinary Medical Examiners or its successors to release to the organizations, individuals or groups listed herein, information which is material to this application or any subsequent registration.”

_____/_____/_____
 Signature of Applicant Date

Notary Seal

State of _____ County of _____. Sworn to before me on ____/____/____. My commission expires ____/____/____. Notary Public _____ Comm# _____

Oklahoma State Board of Veterinary Medical Examiners

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VERIFICATION OF EDUCATION

- This form must be completed by an educator of the institution from which you are obtaining or have obtained your professional academic degree.
- If a copy of the diploma is available, please have it accompany this form.
- The seal of the institution must be impressed on this form or the statement at the bottom of this form must be signed by the author of this form and signature notarized.
- **ALL SIGNATURES MUST BE ORIGINAL.**

I, _____, do hereby certify that the applicant,
Name of Educator
_____, is attending or has attended
Name of Applicant
_____ located in
Name of Institute
_____, _____ beginning ____/____/____ until the
City State
graduation date or anticipated graduation date of ____/____/____.

Was the applicant the subject of disciplinary action while enrolled at this institution? **Yes No**

Institution Seal _____
Date Signature

Printed name of Signature Title Phone Number

.....
If the Institution seal is not available, the above signature must be notarized here:

Notary Seal Sworn to before me on ____ day of _____, _____. My
commission expires ____/____/____.
Notary Public _____ Comm# _____

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RECOMMENDATION (Veterinary Technician)

SECTION 1:

If you are a current member of your state professional association, an officer of the association may complete section one (1) in lieu of two (2) recommendations. If you are not a current member of your state professional association, two (2) recommendations must be submitted. (This form may be copied as necessary).

_____ is a member in good standing of the _____
Name of Applicant Name of Association
located in _____, _____.
City State
_____/_____/_____
Date Signature of Association Officer

Printed Name of Signature Title

SECTION 2:

This form is to be completed by a veterinarian who is personally acquainted with you. The certifying veterinarian must hold a current, unmodified license to practice veterinary medicine or a current veterinary technician registration. This form serves as one (1) of your required two (2) letters of recommendations. (This form may be copied as necessary).

I, _____ do hereby certify that I am personally and
Name of Certifying DVM or RVT - Please type or print
well-acquainted with the applicant, _____. The following
Name of Applicant
is my recommendation to the Oklahoma State Board of Veterinary Medical Examiners in support of his/her application for certification. (Give a brief narrative recommendation).

I further certify that I hold a current, unmodified veterinary license or veterinary technician's registration in the state of _____, license/registration number _____.

_____/_____/_____
Date Signature

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_____/_____/_____
Date Signature

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VERIFICATION OF REGISTRATION

- This form must be completed by the state regulatory agency in each state in which you hold or have ever held a veterinary technician registration.
- The signature of the authorizing official must be original.
- This form may be copied as necessary.
- A substitute form is acceptable provided it contains ALL the information described below and comes from that Board office or the official Board's website.

Name of applicant _____ Certificate # _____

Profession in which registration was issued _____

State issuing registration _____ Date Issued ____/____/____

Registration issued on the basis of _____

Is registration current? Yes No If no, briefly explain _____

Dates of disciplinary action (if applicable) _____

Reason for disciplinary action _____

If there has been disciplinary action, please attach a certified copy of the Final Order or charges of a pending case.

I hereby certify that this information is correct to the best of my knowledge and that based on records available to me the applicant was competent as a veterinary technician while registered in this state.

Agency
Seal

_____/_____/_____
Date

Signature of Agency Official

Title

Printed name of signature

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