



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

**Application fee - \$10.00
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.

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		Email Address		Home Phone	Cell Phone
XXX-XX-					
Home Street Address			City	State or Province	Zip Code
					County

RECORD OF BIRTH – 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)

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

BUSINESS INFORMATION – If applicable

Facility Name		Business Email Address		Business Phone	
Street Address		City	State or Province	County	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.

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

PUBLIC INFORMATION PREFERENCE			
Facility Name (if applicable)		Street Address:	
City	State or Province	County	Zip
Phone:	Email:		

PREFERRED BOARD OFFICE COMMUNICATION – This information will only be available to the Board office		
Mailing Address <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Public	Email <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Public	Phone <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Public

EDUCATION – Please submit a certified copy of your transcripts of record from the school/college of veterinary technology or veterinary nursing school attended which shows total number of hours attended, subjects studied, grades given and date of graduation.		
Veterinary Technology or Veterinary Nurse School		
Location	Is your veterinary technology school accredited by the AVMA? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Graduation (MM/YR) /
A veterinary technician may represent themselves as a specialist only if they are Board certified in that specialty. If applicable, please list specialties:		

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 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.

MILITARY WAIVER/LOW- INCOME INDIVIDUALS FOR INITITAL REGISTRATION	
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, or reserve component?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a surviving spouse, who has not remarried, of a deceased service member who served as a member of the armed forces of the US, the National Guard, or reserve component?	<input type="checkbox"/> Yes <input type="checkbox"/> No

LICENSURE INFORMATION- <i>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.</i>	
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

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.

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 criminal offense? 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.

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