



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

**Veterinary Technician Registration Renewal received prior to December 31 - \$5.00
Veterinary Technician Registration Renewal received after to December 31 - \$6.25 (Must also submit proof of CE's)
Veterinary Technician Registration Renewal Inactive Status - \$2.00**

Additional Certificates _____ x \$25.00 = \$ _____

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 check here to place your license in Inactive Status: <input type="checkbox"/>					
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		

EDUCATION
Type of Veterinary Technology Degree? <input type="checkbox"/> 4-Year <input type="checkbox"/> 2-Year
A veterinary technician may represent themselves as a specialist only if they are Board certified in that specialty. If applicable, please list specialties:

MILITARY WAIVER FOR RENEWAL OF REGISTRATION
If you wish to submit a waiver request for your renewal of registration fees, please complete and submit to the Board the “Military Family Waiver” 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.

**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.

- For your public information preference, if you do not wish to disclose your personal contact information, you should use your business information.
- 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

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.

- 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___
- 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.

- Do you have a child support or medical obligation? Yes ___ No___
- If the answer to question 1, above, is yes, are you in arrears? Yes ___ No___
- 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___
- Are you the subject of a child support related subpoena or warrant? Yes ___ No___

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. Yes 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.

Yes No

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 and I have an active license (even if placing “inactive”), 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 West Virginia Board of Veterinary Medicine (WVBVM) approved classroom or webinar scientific education relative to the practice of veterinary technology to include scientific, laboratory, regulatory, and medical record keeping. Inactive renewals do not have to complete CE until the license is reactivated to “active” status.

I fully understand the requirements for approved CE as stated in the code of State Rules §26-3-7.5.2. I understand that I am responsible for maintaining records documenting successful completion of required annual CE for two (2) years after completion and I understand that I am responsible for providing these records to the WVBVM upon request. Random CE audits will be conducted annually by the WVBVM. If a registrant is non-compliant to the continuing education audit, the WVBVM will initiate a complaint against the registrant and the registration will be audited again the following year.

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