



**WEST VIRGINIA BOARD OF VETERINARY MEDICINE  
CERTIFICATION RENEWAL FOR ANIMAL EUTHANASIA TECHNICIANS**

**Animal Euthanasia Technician Certification Renewal received prior to December 31 - \$50.00**

**Animal Euthanasia Technician Certification Renewal received after to December 31 - \$62.50**

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

| <b>RENEWAL APPLICANT</b>   |        |               |                |                   |                    |
|----------------------------|--------|---------------|----------------|-------------------|--------------------|
| Full Legal Name            |        | First         | Middle Initial | Last              | Maiden/Former      |
| Social Security<br>xxx-xx- | CAET # | Email Address |                | Home Phone        | Cell Phone         |
| Home Street Address        |        | City          |                | State or Province | Zip Code<br>County |

| <b>FACILITY INFORMATION</b>                        |                                  |  |   |                   |          |
|--|----------------------------------|--|---|-------------------|----------|
| Facility Name                                      |                                  |  | Mailing Address                             |                   |          |
| City   |                                  | State or Province  | Zip Code                                    | County            |          |
| Facility Email Address                             |                                  | Facility Phone   |   | Director's Name   |          |
| Facility DEA Registration #                        | DEA Registration Expiration Date | Primary CAET at this facility listed on DEA Registration |   |                   |          |
| Facility Physical Address                          |                                  | City   |   | State or Province | Zip Code |
| WV Board of Pharmacy Controlled Substance Permit # |                                  |  | Controlled Substance Permit Expiration Date |                   |          |

| <b>MILITARY WAIVER FOR RENEWAL OF CERTIFICATION</b>   |
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| 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).

| <b>PUBLIC INFORMATION PREFERENCE</b> |                   |                 |     |
|--------------------------------------|-------------------|-----------------|-----|
| Facility Name (if applicable)        |                   | Street Address: |     |
| City                                 | State or Province | County          | Zip |
| Phone:                               | Email:            |                 |     |

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

1. 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. *If you acquired your certification this year, you are exempt from CE for this year's renewal.*

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 |
|------------|----------|------------|----------------------------|---------------------------|-------|
|            |          |            |                            |                           |       |
|            |          |            |                            |                           |       |
|            |          |            |                            |                           |       |

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| <p><b>EXTENSION – Please provide documentation (such as doctor's statement or military order) to support your request for hardship extension.</b></p> <p>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</p> <p>My reason(s) for failing to complete mandatory continuing education is:</p> <p>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.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
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**CERTIFICATION**

If I acquired my certification prior to this year, I have completed a minimum of six (6) hours of continuing education in Board approved classroom or webinar programs.

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 certification to disciplinary action including, but not limited to, immediate revocation or suspension of my certification.

\_\_\_\_\_  
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](mailto:patricia.a.holstein@wv.gov) Website: [www.wvbvm.org](http://www.wvbvm.org)