

North Carolina Veterinary Medical Board

VETERINARY TECHNICIAN STATE EXAM APPLICATION

Mailing Address: PO Box 37549, Raleigh, NC 27627

To OVERNIGHT an application using FedEx/UPS/USPS you must use:

1611 Jones Franklin Road, Suite 106, Raleigh NC 27606

Phone: (919) 854-5601

TEST DATE	APPLICATION DEADLINE
January 20, 2012	November 18, 2011
February 24, 2012	December 23, 2011
May 18, 2012	March 16, 2012
June 20, 2012	April 18, 2012
September 21, 2012	July 20, 2012
October 19, 2012	August 17, 2012

A complete application must be in the Board office by 5:00pm the day of the deadline. **Requirements of a complete application:** completely filled in and notarized, official passport photo taken within the past six (6) months, a copy of your Social Security card and the application fee.

Exam Fee \$50.00

Check or money order should be made payable to the North Carolina Veterinary Medical Board (NCVMB). The application and fee are non-refundable and non-transferable to another examination date.

NOTE: Upon the receipt of an application, a status letter will be generated and mailed to the applicant. Status letters will continue to be sent out as VTNE scores, transcripts, license/registration verifications, etc. are received by the Board office. Please read them carefully. When the file is complete, a final status letter will be sent.

An Exam Packet will be mailed to all applicants approximately 30 days prior to the exam date; however, the applicant's file must be complete no later than one (1) week prior to the examination date to be eligible to sit. **Exam Packet contains: Seating pass (states time/location), hotel accommodations and directions to exam facility.**

1. The applicant must be present on or before the check-in time noted on the seating pass.
2. Once the examination begins, applicants will be given one (1) hour to complete the 100 question examination covering the General Statutes of North Carolina.
3. If an applicant arrives late; they may be admitted but will only be given the time remaining and not a full hour to complete the exam. An applicant will be denied entry into the examination once the first person has completed the exam and exited the examination area.

Please read all application instructions carefully in addition to the following reminders:

1. Applicants must have graduated from an approved American Veterinary Medical Association (AVMA) accredited two-year program of Veterinary Technology. [G.S. 90-181(11)] This means all course work is complete and the degree has been awarded/conferred. It is the applicant's responsibility to request an official degree awarded/conferred transcript. This must be mailed directly from school/college to the Board office.

2. Applicants must have passed the Veterinary Technician National Examination (VTNE). A passing score is 425. It is the applicant's responsibility to request (VTNE) scores from AAVSB (www.aavsb.org). This must be mailed directly to the Board from AAVSB.
3. It is the applicant's responsibility to request a license verification from any/all states which the applicant holds or has held any license, registration or certification. This must be mailed directly from the state(s) to the Board office.
4. A copy of your Social Security card must be submitted with application. Disclosure is mandatory by N.C.G.S. § 93B-14 and N.C.G.S. § 110-14, *et. seq.*
5. If the name on any of the required application documents display a name other than that on your application, you must submit a copy of the legal document which allowed that change (*i.e. marriage license, divorce decree, affidavit or court order*).

Applicants with Disabilities

Those who need to request special accommodations for an exam must contact the Board office in writing at the time of application by the examination deadline. All information about the disability must be provided as well as what special accommodations are being requested.

Additional information regarding ADA accommodations required but not limited to:

1. When your disability was professionally diagnosed.
2. Did you receive any special accommodations not relating to testing in high school? In college?
If yes, please describe.
3. Did you receive any special accommodations for the college admission test? If yes, please describe.
4. What accommodations are you requesting at this time which relates to your disability, given the test is a true/false and multiple choice test?

Veterinary Technician Registrations

Registrations are renewed on-line every other year. At this time the renewal fee is \$25.00; 12 hours of continuing education credit are required each renewal cycle. **Exception:** No additional education credit is required for individuals who are registered in the same year of graduation. Please retain all original copies of proof of attendance for your future reference or if audited by the Board.

Please be Aware

The North Carolina General Statute reserves the term Veterinary Technician or Registered Veterinary Technician for an individual who has met the requirements as stated in the Veterinary Practice Act, who is registered with the North Carolina Veterinary Medical Board and maintains that registration. To directly or indirectly imply such is a misrepresentation to the public.

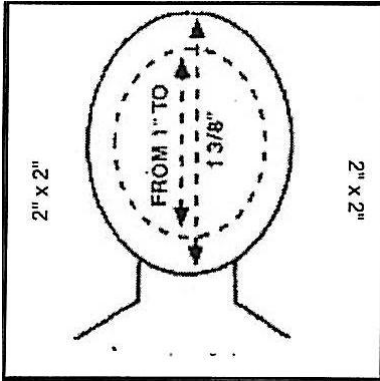
North Carolina Veterinary Medical Board

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ATTACH ONE 2"x2" PHOTO HERE



Official Passport Photo Information 2x2 inches in size and taken within the past 6 months showing current appearance - Color, full face, front view with a plain white or off-white background, between 1 inch and 1-3/8 inches from the bottom of the chin to the top of the head. Take in normal street attire; uniforms should not be worn in photographs except religious attire that is worn daily. Do not wear a hat or headgear that obscures the hair or hairline. If you normally wear prescription glasses, a hearing device, wig or similar articles, they should be worn for your picture. Dark glasses or nonprescription glasses with tinted lenses are not acceptable unless you need them for medical reasons. A medical certificate may be required. **Digital, personal, or copies of photographs are unacceptable.**

SELECT ONE (1) EXAM DATE

___ January 20, 2012

___ May 18, 2012

___ September 21, 2012

___ February 24, 2012

___ June 20, 2012

___ October 19, 2012

2013 dates will available September 1, 2012

Have you previously applied for **any** examination or certificate in or through the North Carolina Veterinary Medical Board, including national examinations? Yes No

The following must be in the Board office by 5:00pm the day of the deadline:

1. Complete/notarized application (for requirements of "complete", see page 1 of form)
2. Application fee of \$50.00 (*Check or money order made out to NCVMB*)
3. Copy of Social Security card

PLEASE NOTE:

- If the application is not complete, it may be returned. This delay may cause you to be ineligible for the examination date being requested.
- It is the **applicant's responsibility** to request transcripts, scores, license verifications, etc. They must be mailed directly from the agency to the Board office. They may **not** be mailed from the applicant or hand delivered.

Applicant Information

Any address changes after application is processed will need to be received in writing.

Legal First Name	Middle Name	Last Name	Social Security Number
			_____-_____-_____ COPY OF SS CARD REQUIRED
Name(s) under which any documents will be submitted (<i>Provide legal court documentation</i>)			
Home Mailing Address - <i>City, State, County, Zip</i>			
Work Name & Mailing Address - <i>City, State, County, Zip</i>			
Place of Birth - <i>City, County, State or Jurisdiction, Country</i>	Date of Birth (<i>mm/dd/yyyy</i>)	Gender [] Male [] Female	
Home Phone:	E-mail		
Cell Phone:			
Work Phone:			

Education Information

Applicant must be a graduate from an approved American Veterinary Medical Association (AVMA) accredited program of Veterinary Technology. [G.S. 90-181(11)] All course work must be complete and the degree awarded/conferred.

Name of AVMA Accredited School/College*		Date of Graduation: ____/____/____ (REQUIRED) Month Day Year		
Location – City & State		Degree Earned		
SPECIALIZED TRAINING (<i>Residency, Professional Training, Vocation Training, Practical or Clinical Training</i>)				
INSTITUTION NAME	LOCATION (City, State)	DATES OF ATTENDANCE		DID YOU COMPLETE TRAINING? [] YES [] NO
		FROM Month/Year	TO Month/Year	
				[] YES [] NO
				[] YES [] NO
OTHER COLLEGE OR UNIVERSITY (Undergraduate & Graduate)	LOCATION (City & State or Country)	DATES OF ATTENDANCE		DEGREE EARNED
		FROM Month/Year	TO Month/Year	

***Applicant to request an official degree conferred/awarded transcript with from the AVMA accredited program attended. This must be mailed from the registrar's office directly to NCVMB.**

Record of Registration Information

If you have been registered/licensed to practice in the veterinary profession or held any other professional license, complete the information requested below. You must identify the method by which you obtained your registration (*examination, score transfer, endorsement, reciprocity, permit, etc.*). Failure to disclose all profession licenses held may result in denial of your application or other appropriate action.

**State in which you currently hold a Registration	Profession Name <i>Certified, Licensed or Registered Tech</i>	Reg/Lic Number	Method Obtained	Date of Issuance	Registration Status <i>Active, Revoked, etc.</i>	Date <i>Revoked, etc.</i>
**						
Original state of Registration						
Other state of Registration						
Other state of Registration						
Other state of Registration						
Other state of Registration						

****Applicant to request registration/license verification from state(s) including any other professional license(s). This must be mailed from the agency/state directly to NCVMB.**

State of other professional License/Registration or Certification:	Profession Title (<i>EMT, CNA, RN, Teaching</i>)	Type of License	How Obtained	Date of Issuance	License Status <i>Active, Revoked, etc.</i>	Date <i>Revoked, etc.</i>
State of other professional License/Registration or Certification						
State of other professional License/Registration or Certification:						

Record of Examination

Applicants must have passed the Veterinary Technician National Examination. A passing score is 425. Any/all examination(s) taken anywhere for any professional license, registration or certification, must be completed below. Each examination attempt must be shown.

Name of Examination*** <i>VTNE, State Exam, etc.</i>	State	Date of Examination	Passed / Failed / Other <i>If other, please explain</i>

*****Applicant to request score transfers from AAVSB. This must be mailed from AAVSB directly to NCVMB.**

Requesting Special Accommodations

Are you requesting special accommodations for a disability under the Americans with Disabilities Act?

YES NO

If answered "YES," submit what type(s) of accommodation(s) are being requested. Submit documentation on the nature of the disability, as well as physician(s) who made the diagnosis and what accommodations have been given in the past. **All documents are required by application deadline.**

References

Please list the names and addresses of three individuals not related to you, who you have known for at least five (5) years and that can attest to your character. (*Required*)

1. Name:	Address:
2. Name:	Address:
3. Name:	Address:

Employment History

Regardless of employment type, fill in employment history for the last five (5) years.

Name of Business Institution:		Job Title:
Address/Phone Number of Business/Institution:		Description of Duties Performed:
Name of Supervisor:		
Date of Employment: FROM: ___/___/___ TO: ___/___/___	Hours Worked per Week:	
Type of Employment: Full-time Part-time		

Name of Business Institution:		Job Title:
Address/Phone Number of Business/Institution:		Description of Duties Performed:
Name of Supervisor:		
Date of Employment: FROM: ___/___/___ TO: ___/___/___	Hours Worked per Week:	
Type of Employment: Full-time Part-time		

Name of Business Institution:		Job Title:
Address/Phone Number of Business/Institution:		Description of Duties Performed:
Name of Supervisor:		
Date of Employment: FROM: ___/___/___ TO: ___/___/___	Hours Worked per Week:	
Type of Employment: Full-time Part-time		

Name of Business Institution:		Job Title:
Address/Phone Number of Business/Institution:		Description of Duties Performed:
Name of Supervisor:		
Date of Employment: FROM: ___/___/___ TO: ___/___/___	Hours Worked per Week:	
Type of Employment: Full-time Part-time		

YOU ARE AUTHORIZED TO PHOTOCOPY THIS PAGE FOR ADDITIONAL ENTRIES

Personal History Information

Please answer each of the following questions by putting a check in the appropriate box on the right. Failure to disclose any of the requested information may result in the denial of application or other appropriate action. All questions must be answered. **All "YES" answers MUST be explained in detail on a separate SIGNED and NOTARIZED affidavit.**

1.	Has any licensing authority ever denied you application for Registration?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.	Has any licensing authority ever denied you application for any professional license?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.	Have you ever been denied the privilege of taking an examination required for any professional licensure?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4.	Have you ever voluntarily surrendered your Registration, allowed it to lapse, by any licensing authority?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5.	Has your veterinary Registration ever been revoked or the subject of disciplinary action by any licensing agency?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6.	Have any complaints ever been filed against you with any licensing agency, association? If YES , detailed documentation required.	<input type="checkbox"/> YES <input type="checkbox"/> NO
7.	Have you ever voluntarily surrendered any other professional license, allowed it to lapse, by any licensing authority?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8.	Have you ever had a registration issued by a controlled substance authority revoked, suspended, surrendered, limited or restricted?	<input type="checkbox"/> YES <input type="checkbox"/> NO
9.	Have you ever voluntarily surrendered a registration issued by a controlled substance authority?	<input type="checkbox"/> YES <input type="checkbox"/> NO
10.	Is there any disciplinary action pending against you by any Licensing jurisdiction, the USDA, Drug Enforcement Agency, or any State Drug Enforcement authority? If YES , where and when?	<input type="checkbox"/> YES <input type="checkbox"/> NO
11.	Have you ever been charged with, convicted of or have a pending violation (including a nolo contendere plea) or guilty of a DWI, felony or criminal offense in any state or in federal court (other than minor traffic violations) whether or not sentence was imposed or suspended? If YES , attach a certified copy of the court records regarding your conviction, the nature of the offense, date of conclusion, if applicable, a statement from the probation or parole officer.	<input type="checkbox"/> YES <input type="checkbox"/> NO
12.	Have you ever been pardoned from a felony or criminal conviction?	<input type="checkbox"/> YES <input type="checkbox"/> NO
13.	Have you ever had a record expunged from a felony or criminal conviction?	<input type="checkbox"/> YES <input type="checkbox"/> NO
14.	Have you ever been charged with, convicted of or have a pending violation (including a nolo contendere plea) or guilty of animal abuse or animal cruelty whether or not sentence was imposed or suspended? If YES , attach a certified copy of the court records regarding your conviction, the nature.	<input type="checkbox"/> YES <input type="checkbox"/> NO
15.	Have you ever been charged with, convicted of or have a pending violation (including nolo contendere plea) or guilty of a violation of any federal or state drug law(s) or rule(s) whether or not sentence was imposed or suspended? If YES , attach a certified copy of the court records regarding your conviction.	<input type="checkbox"/> YES <input type="checkbox"/> NO
16.	Are you now or have you in the last 5 years been addicted to or used in excess, any drug or chemical substance including alcohol?	<input type="checkbox"/> YES <input type="checkbox"/> NO
17.	Are you now in treatment or have you in the last 5 years been treated for a drug or alcohol addiction or participated in a rehabilitation program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
18.	Do you currently have any disease or condition that interferes with your ability to competently and safely perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e. (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; and/or (3) physical disease or condition, that may presently interfere with your ability to competently and safely perform the essential functions involved in practice as a veterinary technician?	<input type="checkbox"/> YES <input type="checkbox"/> NO
19.	Have you ever been named as a defendant to a civil action other than a separation or divorce matter?	<input type="checkbox"/> YES <input type="checkbox"/> NO
20.	Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position?	<input type="checkbox"/> YES <input type="checkbox"/> NO
		INITIAL HERE

Child Support Information

Required to answer question: In accordance with N.C.G.S. § 93B-14 and N.C.G.S. § 110-14, *et. seq.* applications for renewal of a license or a new license shall include the applicant's Social Security number, the licensee shall certify under penalty of perjury, that he or she is not more than 90 days delinquent in complying with a child support order. Failure to certify may result in disciplinary action and making a false statement may subject the licensee to contempt of court.

You must check one of the following:

- I am not more than 90 days delinquent in complying with a child support order.
- I am more than 90 days delinquent in complying with a child support order.
- I am not currently under any child support order.

Citizenship

Are you a United States Citizen? YES NO

If you answered "NO" are you:

- A qualified alien (as defined in 8 U.S.C.A. § 1641)
- A nonimmigrant under the Immigration and Nationality Act (8 U.S.C.A. § 1 101 et seq.)
- An alien who is paroled into the United States under 8 U.S.C.A. § 1182(d)(5) for less than year
- A foreign national not physically present in the United States
- Other (*Please provide detailed explanation*)

Certifying Statement

By virtue of filing this application, I do solemnly swear or affirm that I am of good moral character. I understand the instructions and terms as set forth in this application form, that I have personally completed this form, and that the information given is true, correct, and complete to the best of my knowledge. I hereby authorize the North Carolina Veterinary Medical Board to verify any and all information contained in this application. I authorize North Carolina Veterinary Medical Board to review State files pertaining to my Registration and all law enforcement records, administrative records, and court documents to confirm the accuracy and completeness of the information provided herein. This application and signature shall act as authorization of entities in possession of applicable information to release such information to the North Carolina Veterinary Medical Board. I also understand that I cannot by law use the term "veterinary technician" until such time that I have successfully completed all of the training, testing, and registration requirements of the Board. The Board office provides status letter by mail until applicant's file is complete, each letter should be read carefully. The status letter is sent to keep applicants updated on which documents have arrived in the Board office. When the file is complete a final letter is sent. File must be completed seven days before the examination date or the applicant will not be eligible for examination. Once check in for an exam has been completed, the examination area is closed and no one will be able to enter.

NOTE: This exam application form is required to be notarized

Signature of Applicant – DO NOT PRINT

Printed Name of Applicant

Date

Applicant's emergency contact name and number: _____

SUBSCRIBED and SWORN to before me this _____ day of _____, 20_____

NOTARY PUBLIC

My Commission Expires: _____