

North Carolina Veterinary Medical Board

APPLICATION FOR VETERINARY TECHNICIAN STATE EXAMINATION

To mail an application use P. O. Box 37549, Raleigh, NC 27627

To overnight an application use 1611 Jones Franklin Road, Suite 106, Raleigh NC 27606

(919) 854-5601

www.ncvmb.org

Application must be in the Board office 60 days prior to exam date, by 5:00pm the day of the deadline. Application and/or fee are not refundable or applicable to future examinations.

February 12, 2010 Application due in Board office by December 14, 2009

April 23, 2010 Application due in Board office by February 22, 2010

June 18, 2010 Application due in Board office by April 19, 2010

August 20, 2010 Application due in Board office by June 21, 2010

October 22, 2010 Application due in Board office by August 23, 2010

FEE: North Carolina Technician State Examination \$50.00.

Make check or money order payable to the North Carolina Veterinary Medical Board (NCVMB). 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 applicant will not be eligible for examination. Should any contact information of the applicant change it is their responsibility to request that those changes in writing to the Board office.

Follow directions on the application form. In addition, note the following:

- Applicants must be a graduate from an approved American Veterinary Medical Association accredited two-year program of Veterinary Technology. [G.S. 90-181(11)] This means that all course work has been completed and the degree has been awarded.
- Application/fee are not refundable or transferable to another exam date.
- Completed application must be in the Board office by 5:00pm the day of the deadline.
- If application is not complete, it will be returned. This delay may cause you not to be eligible for the examination date being requested.
- Copy of 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.*
- If the name shown on supporting documents is different from shown on your application form, you must submit proof of legal name change by copy of your marriage license, divorce decree, affidavit or court order.
- One official passport photo must be submitted with application form, photo must be within six months of date of filing application. No digital, personal, or copies of photographs accepted.
- Veterinary Technician National Examination (VTNE) scores mailed directly to NCVMB from AAVSB. Passing score for VTNE is 425.
- Official Transcript with degree awarded from your School/College. Mailed directly from School/College. School/College must be an A.V.M.A. accredited Veterinary Technician Program.
- License Verification from all states you had or currently hold a registration in. Mailed directly from those States.
- Application form is required to be notarized.
- Once check in for an exam has been completed, the examination area is closed and no one will be able to enter.

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Applicants with disabilities:

Who wish to request special accommodations for an examination must contact the Board office in writing before time of application. Include all information about the disabilities and state what special accommodations are being requested. The applicant is responsible for this written submission by the filing deadline.

Additional Information regarding ADA Accommodations required:

1. When was your disability 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. How are the commendations for accommodations related to the disabilities given that the test(s) are largely multiple choice test(s).

To Contact the American Association of Veterinary State Boards

American Association of Veterinary State Boards (AAVSB) handles the transfer of Veterinary Technician National Examination (VTNE) scores. Scores will need to sent directly to the Board office by AAVSB. AAVSB can be contacted at:

4106 Central St. Kansas City, MO 64111
Ph: 816-931-1504 Toll-Free: 877-698-8482 Fax: 816-931-1604

Veterinary Technician Registrations

Registrations are renewed biennially with a fee of \$25.00 and require 12 hours of continuing education credit. **Exception:** No continuing education credit is required for individuals if they are registered in the same year of graduation.

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. If additional information is required, applicant may contact the Board office at (919) 854-5601.

North Carolina Veterinary Medical Board

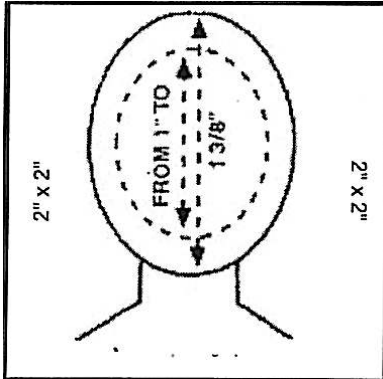
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Attach One Photo Here



Official Passport Photo Information 2x2 inches in size, 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, Taken 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. No digital, personal, or copies of photographs accepted.

Veterinary Technician State Examination Dates

- February 12 2010
- April 23 2010
- June 18, 2010
- August 20, 2010
- October 22, 2010

Have you previously applied for any examination in or through North Carolina? Yes No

- If application is not completed, it will be returned. This delay may cause you not to be eligible for the examination date being requested. Application/fee are not refundable or transferable to another exam date. Completed application must be in the Board office by 5:00pm the day of the deadline.
- One official passport photo must be submitted at the time of application, photo must be within six months of date of filing. No digital, personal, or copies of photographs accepted.
- Copy of Social Security Card required at the time of application.
- Must have graduated from school/college program accredited by AVMA, and received a passing score (425) on the VTNE to be eligible to sit for the State Examination. File must be completed prior the examination date or the applicant will not be eligible for examination.

Applicant Identifying Information

Complete this section by providing all of the requested information. You must notify the North Carolina Veterinary Medical Board office, in writing; of any address, changes after you file this application to receive further information.

1. Legal First Name, Middle Name, Last Name		2. Social Security Number <hr/> Copy of Social Security Card required	
3. Home Mailing Address (City, State, Zip)			
4. Work Mailing Address (City, State, Zip)			
5. Name(s) under which any documents will be submitted (Provide legal court documentation).			
6. Place of Birth (City, County, State or Jurisdiction, Country)	7. Date of Birth MM/DD/YY	8. Gender [] Male [] Female	
9. Telephone Numbers (a) Daytime:			

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Requesting Special Accommodations

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

YES NO

If answered "yes" to No. 10, submit what accommodations are being requested, submit documentation on the nature of the disability, and support information from who made the diagnosis. All documents are required by application deadline.

Any and All Work History (Required)

Complete the following item(s). You are authorized to photocopy this form if additional space is required.

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

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

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

Personal History Information

Required to answer all Questions

"Yes" answers must be explained in detail by separate SIGNED and NOTARIZED affidavit. Failure to disclose any of the requested information may result in the denial of your application or other appropriate action.

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?	<input type="checkbox"/> YES <input type="checkbox"/> NO If Yes documentation Required
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 If Yes documentation Required
11.	Have you ever been charged with, pending, or convicted (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 If Yes documentation Required
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, pending, or convicted (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 If Yes documentation Required
15.	Have you ever been charged with, pending or convicted (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 If Yes documentation Required
16.	Are you now or have you in the last 7 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 you 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 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

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Record of Registration Information

If you have been Registration 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(s) i.e. licensure by examination, score transfer, endorsement, grandfather/waiver provision, or reciprocity in the appropriate column. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must be listed here also. 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 in and have been practicing:	Profession Name	Registration Number (Type of License)	How Registration Obtained	Date of Issuance	Registration Status (Active, Revoked etc.)	Date Revoked, Ect.
**						
State of Original Registration:						
Other States of Registration:						
State(s) of other professional License/Registration:	Profession Title	Type of License	How Obtained	Date of Issuance	License Status (Active, Revoked etc.)	Date Revoked

****Applicant to Request License Verification from all State(s) you had or currently hold a Registration in. Must be sent directly to NCVMB.**

Education Information

2. Name of AVMA Accredited School/College	Location (City and State)	Dates of Attendance of		Degree Earned
		FROM	TO	
		Month/Year	Month/Year	

***Applicant to Request Official Transcript with degree awarded from School/College. Mailed directly from School/College to NCVMB.**

***Must Have graduated from A.V.M.A. accredited School/College Veterinary Technician Program.**

Record of Examination

Have ever taken an examination, in this state or any other state, for any profession. Must complete the information requested below. Each examination attempt must be shown. A passing score for the VTNE is 425.

Name of Examination (VTNE, State Exam, Etc.)	State	Date of Examination	Passed/Failed/Other (If other, please explain)

Applicant to Request VTNE scores, mailed directly to NCVMB directly from AAVSB.

Citizenship

Are you a United States Citizen? YES NO

If you answered NO to question (a) above, 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.

References

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

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

**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.

Application form is required to be notarized

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.

Signature of Applicant (Do not print)

Printed Name of Applicant

Date

Applicant's emergency contact number where can be reached: _____

SUBSCRIBED and SWORN to before me this _____ day of _____, 200_____.

Notary Public
My Commission Expires: _____