

**APPLICATION FOR RENEWAL OF ARKANSAS
VETERINARY TECHNICIAN CERTIFICATION**

COMPLETELY FILL OUT BOTH PAGES OF THIS FORM AND RETURN WITH THE FEE. The annual renewal fee is \$25.00 and must be paid by March 31. A DELINQUENT FEE of \$50.00 will be applied to all applications postmarked after March 31.

Section 1 – NAME & MAILING ADDRESS

Section 2

Business Phone: _____
Business Fax: _____
E-mail: _____
Home Phone: _____
Cell Phone: _____

Section 3

TYPE OF PRACTICE:

Section 4

SUPERVISING VETERINARIAN:

Section 5

During the previous calendar year were you:

1. Charged with or convicted of a felony? Yes___ No___
2. The subject of any disciplinary action (including a consent or settlement agreement) by any government agency or licensing authority (including this Board*)? Yes___ No___
3. Are you currently the subject of any criminal proceedings or licensure/regulatory investigations? Yes___ No___

(If yes to any of the above, give full details on a separate sheet of paper; *no details required if action or investigation is by this Board – just mark “yes.”)

****** CERTIFICATION ******

I hereby certify that the information on this application and continuing education hours listed are true and correct to the best of my knowledge.

Signed _____ **Date** _____

FOR OFFICIAL USE ONLY

Cert No.	Trans No.	Check No.

**CONTINUING EDUCATION
APRIL 1st – MARCH 31st**

Before any certificate is renewed on an ACTIVE basis, the veterinary technician shall certify that he or she has obtained six (6) hours of continuing education. Please list conference/program, location, date and actual hours of attendance (i.e. AVTA Winter Meeting, Hot Springs, AR (date) 6 hours).

1. Veterinary Medicine & Surgery and/or Record Keeping:

A. _____ (Hours) ____

B. _____ (Hours) ____

C. _____ (Hours) ____

CREDIT HOURS GAINED BY THIS MEANS ____

2. Local Meetings pre-approved by the Board toward the required six (6) hours of Veterinary Medicine & Surgery:

A. _____ (Hours) ____

B. _____ (Hours) ____

C. _____ (Hours) ____

CREDIT HOURS GAINED BY THIS MEANS..... ____

3. Veterinary Computer Education/Videos (max of two (2) hours accepted):

A. _____ (Hours) ____

B. _____ (Hours) ____

CREDIT HOURS GAINED BY THIS MEANS ____

TOTAL HOURS (MUST EQUAL OR EXCEED 6) ____

Return this application with **required fee** to:

Arkansas Department of Agriculture
Veterinary Medical Examining Board
1 Natural Resources Drive
Little Rock, AR 72205