

Arkansas Department of Agriculture
Veterinary Medical Examining Board
1 Natural Resources Dr.
Little Rock, AR 72205
Ph: (501) 224-2836 F: (501) 224-1100

Application Fee: \$40.00

APPLICATION FOR VETERINARY TECHNICIAN AND TECHNOLOGIST CERTIFICATION

INSTRUCTIONS:

- Type or print legibly with black or blue ink only.
 - The **\$40.00** application fee **must** accompany this form and is **nonrefundable**.
 - If taking the Veterinary Technician National Exam (VTNE) through Arkansas, this application must be received in the Board office by February 1 for the March 15-April 15 VTNE, June 1 for the July 15-August 15 VTNE and October 1 for the November 15-December 15 VTNE.
 - Fully complete each section. If a question does not apply to you, indicate with "N/A".
 - DO NOT LEAVE ANY BLANKS.
 - Use a separate sheet of paper to respond to any questions for which more space is needed.
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A. APPLICANT IDENTIFYING INFORMATION:

FULL LEGAL NAME: _____
(Last) (First) (Middle)

MAILING ADDRESS: _____
(Street/P.O. Box) (City) (State) (Zip)

BUSINESS ADDRESS: _____
(Clinic Name)

(Street/P.O. Box) (City) (State) (Zip)

PHONE: (____)_____ BUSINESS PHONE: (____)_____ BUSINESS FAX: (____)_____

EMAIL: _____

DATE OF BIRTH: ____/____/____ PLACE OF BIRTH: _____

SOCIAL SECURITY NUMBER: ____-____-____ (Required Under Ark. Code Ann. §17-1-104)

AGE: _____ MALE: _____ FEMALE: _____ RACE: _____

B. EDUCATION:

HIGH SCHOOL

Name of School	Location	Dates Attended To From	Year Graduated

VETERINARY TECHNOLOGY PROGRAM

Name of School	Location	Dates Attended To From	Year Graduated & Degrees Earned

Number of years required to complete course _____.

SUBMIT A PHOTOCOPY OF DIPLOMA
(8 1/2 X 11 Preferred)

C. CERTIFICATE OF MORAL CHARACTER:

This certifies that I am personally acquainted with, but not related to _____
and I believe him/her to be of good moral character, and unreservedly recommend him/her to the
Arkansas Veterinary Medical Examining Board.

Name	Complete Address	Occupation	Years Known Applicant
1.			
2.			
3.			

Please attach a separate sheet of paper for additional comments.

D. LETTER OF RECOMMENDATION:

To be completed and signed by a licensed veterinarian. This does not have to be the applicant's supervising veterinarian. This statement must be notarized. No practitioner is expected to sign this recommendation who does not know the applicant personally, and who is not willing to supply additional information concerning his or her character upon request from this Board.

This certifies that I have known _____ for _____ years; that I personally knew him/her while he/she resided in _____ (city) in the State of _____; that he/she is of good moral and professional character; that his/her standing was good in that community and is good in the community which he/she now lives; that he/she is worthy of receiving a Certificate of Qualification to practice as a Veterinary Technician in the State of Arkansas.

(Signature)

(Printed Name)

(Address)

(State Licensed / License Number)

Subscribed and sworn to before me this _____
day of _____, 20_____.

(Notary Public)

My Commission Expires: _____

SEAL

E. PREVIOUS CERTIFICATION:

LIST ALL CERTIFICATIONS CURRENTLY OR PREVIOUSLY HELD AS A VETERINARY TECHNICIAN:

STATE	DATE OF ISSUE	EXPIRATION DATE	CERTIFICATE NO.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

F. WORK EXPERIENCE RELATED TO VETERINARY TECHNOLOGY:

List all employment chronologically since graduation from veterinary technician school to present, beginning with your date of graduation. If you have never been employed as a veterinary technician, insert "N/A" in the first box.

To	Dates From	Name of Hospital or Facility	Complete Address	Position Held	Employer

G. VETERINARY TECHNICIAN NATIONAL EXAMINATION (VTNE):

The Board will accept your score made on the VTNE if taken in another state.

- Do you wish the Board to accept the score made on the VTNE taken in another state?
 Yes No

**If "YES", in what state was the VTNE given? _____

Date of Exam ____/____/____ Raw score, if known _____
 MM DD YEAR

APPLICANT IS RESPONSIBLE FOR HAVING THEIR VTNE SCORE TRANSFERRED TO THIS OFFICE VIA THE AMERICAN ASSOCIATION OF VETEIRNARY STATE BOARDS (AAVSB) VIA THEIR WEBSITE: www.aavsb.org

- Do you plan to take the VTNE through Arkansas?
 Yes No

If "YES", applicant must complete a separate VTNE application through the AAVSB website.

H. PERSONAL DATA:

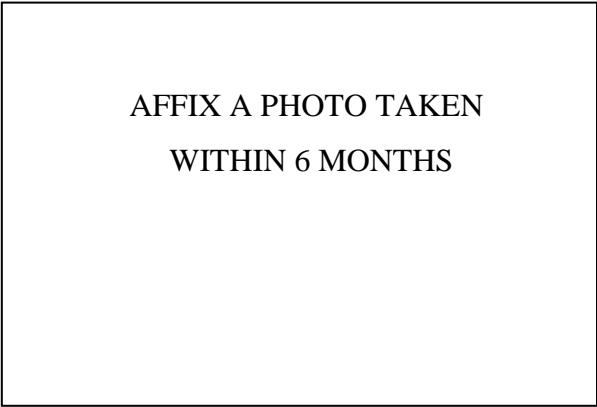
Description of applicant:

Height: _____ Weight: _____

Eye Color: _____

Hair Color: _____

Date of Photo: _____



I. AFFIDAVIT:

I, _____, hereby certify that I am the person named on this application for certification to practice as a Veterinary Technician in the State of Arkansas, that all statements I have made herein are true, and that the attached photo is a true likeness of me. I understand that this application and all supporting information, documents and instruments submitted herewith become the property of the State of Arkansas and will not be returned in whole or part.

I hereby give my permission for the Arkansas Veterinary Medical Examining Board to secure additional information concerning me or any of the statements in this application from any person or any source the Board may desire.

I further agree to submit to questioning by the Board or any member thereof, and to substantiate my statements if desired by the Board.

I hereby agree to inform the Arkansas Veterinary Medical Examining Board as to any change in employment status, and to abide by the rules and regulations of the Arkansas Veterinary Medical Practice Act.

(Applicant Signature)

(Date)

Subscribed and sworn before me this _____ day of _____, 20_____.

(Notary Public)

My Commission Expires: _____

SEAL

APPLICATION CHECKLIST

- | | |
|---|--------------------------|
| 1. APPLICATION SIGNED AND NOTARIZED | <input type="checkbox"/> |
| 2. LETTER OF RECOMMENDATION SIGNED AND NOTARIZED | <input type="checkbox"/> |
| 3. COPY OF COLLEGE DIPLOMA | <input type="checkbox"/> |
| 4. OFFICIAL <u>FINAL</u> COLLEGE TRANSCRIPT | <input type="checkbox"/> |
| 5. ARRANGED TO HAVE VTNE SCORE TRANSFERRED | <input type="checkbox"/> |
| 6. VERIFICATION OF CERTIFICAITON FROM OTHER STATE(S) | <input type="checkbox"/> |
| 7. APPLICATION FEE OF \$40.00 ENCLOSED | <input type="checkbox"/> |
| 8. VTNE 1-PAGE FORM (IF TAKING THE EXAM) | <input type="checkbox"/> |

Submit Application and Fee to:

**Arkansas Veterinary Medical Examining Board
1 Natural Resources Dr.
Little Rock, AR 72205**