

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

**COMPLETELY FILL OUT BOTH PAGES OF THIS FORM AND RETURN IT 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: \_\_\_\_\_

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**Section 3**

TYPE OF PRACTICE:

\_\_\_\_\_

**Section 4**

SUPERVISING VETERINARIAN:

\_\_\_\_\_

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**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.”)

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**\*\*\*\* 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 1<sup>st</sup> – MARCH 31<sup>st</sup>**

Before any certificate is renewed on an ACTIVE basis, the veterinary technician shall certify that he or she has obtained twelve (12) hours of continuing education. Please list conference/program, location, date, and actual hours of attendance (i.e. AVTA Winter Meeting, Hot Springs, AR (date) 7 hours).

1. Education pertaining to veterinary medicine and surgery (**minimum of 8 hours required**):

- A. \_\_\_\_\_ (Hours) \_\_\_\_
- B. \_\_\_\_\_ (Hours) \_\_\_\_
- C. \_\_\_\_\_ (Hours) \_\_\_\_

**CREDIT HOURS GAINED BY THIS MEANS** ..... \_\_\_\_\_

2. Education pertaining to non-scientific topics (**maximum of 4 hours allowed**):

- A. \_\_\_\_\_ (Hours) \_\_\_\_
- B. \_\_\_\_\_ (Hours) \_\_\_\_
- C. \_\_\_\_\_ (Hours) \_\_\_\_

**CREDIT HOURS GAINED BY THIS MEANS**..... \_\_\_\_\_

**TOTAL HOURS (MUST EQUAL OR EXCEED 12)**..... **\_\_\_\_\_**

Of the hours listed above, how many hours were taken in-person OR through a live online format, and how many hours were taken through a pre-recorded online format?

1. In-Person/Live Online (**Minimum 6 hours required**): \_\_\_\_\_

2. Pre-Recorded Online (**Maximum 6 hours allowed**): \_\_\_\_\_

**TOTAL HOURS MUST EQUAL HOURS LISTED IN TOP SECTION**..... **\_\_\_\_\_**

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

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