IDAHO STATE BOARD OF VETERINARY MEDICINE APPLICATION FOR CERTIFICATION TO PRACTICE VETERINARY TECHNOLOGY

Check each applicable item
[ ] STATE BOARD EXAM $100
[ ] FINGERPRINT FEE $29.25
[ ] TEMPORARY CERTIFICATION $50

Return completed application form with appropriate fee(s) to:
Idaho State Board of Veterinary Medicine
PO Box 7249, Boise, ID 83707
For Information Call: (208) 332-8588 or Idaho Relay Service:
1-800-377-3529, for Services for Hearing Impaired Individuals

I. APPLICANT IDENTIFYING INFORMATION:

Name: (Last)_____ **(First)**_____ **(Middle)**_____

Social Security No.: (Required I. C., §73-122)_____

The Idaho State Board of Veterinary Medicine is authorized to use your social security number as its primary means of identification for record-keeping purposes only. Your social security number will be provided to the Interstate Reporting Service for the same purpose and to the state of Idaho Department of Health and Welfare, Bureau of Child Support Services, to assist in the identification of persons who are more than 90 days or $2,000 delinquent in complying with a child support order. This information shall not be disseminated further except as required under federal or state statutes.

Email Address: _____

Permanent Mailing Address: _____

City:_____ **State:**_____ **Zip:**_____ **Home Phone:** (____)_____

Business Mailing Address:_____

City:_____ **State:** _____**Zip:** _____**Work Phone:** (____)_____

Maiden, Given Surname, or Any Name(s) under which supporting documents will be submitted: _____

_____

Date of Birth: _____ **Gender:**_____ **Place of birth (City, State/Country):** _____

Education/Training/Experience:

☐ Graduated from a veterinary technology program accredited by the American Veterinary Medical Association, (AVMA)

– or –

☐ Graduated from a veterinary technology program equivalent to a program accredited by the AVMA, or from another college or institution approved by the Board,

– or –

☐ Awarded a D.V.M or V.M.D. degree or equivalent from an accredited school of veterinary medicine,

– or –

☐ Graduated from an unaccredited veterinary school, veterinary department of an unaccredited university, or other college or institution approved by the Board, with a D.V.M. or V.M.D. degree or its equivalent

II. PROFESSIONAL EDUCATION INFORMATION (Please add additional sheets if necessary):

1. College/University/Institution _____
   Dates attended_____ to _____ Date of Graduation _____
   Location (City, State/Country)_____
   Degree Received _____

2. College/University/Institution _____
   Dates attended_____ to _____ Date of Graduation _____
   Location (City, State/Country)_____
   Degree Received _____

III. RECORD OF LICENSURE/CERTIFICATION/REGISTRATION INFORMATION:

Directions: If you have ever been licensed, certified, or registered to practice in the profession for which you are now making application, or held a related license, certification, or registration, list such license, certification, or registration below. Attach additional sheets if necessary. **All states** must be listed. It is the duty of each applicant to make inquiry of the individual boards regarding the status of his or her license, certification, or registration in that state, and to notify the Board of any pending disciplinary action prior to the issuance of his/her Idaho veterinary technician certification. Ignorance of a license, certification, or registration status will not constitute an excuse for incorrect information. In addition, failure to disclose all licenses, certifications, or registrations held may result in denial of your application or other appropriate action.

State of Original Licensure/Certification/Registration: _____
License/Certification/Registration No. _____ Date Issued:_____
Status (mark one): Active, Lapsed, Surrendered, Unrestricted, In Good Standing, etc. If not active, unrestricted and in good standing, please provide explanation. _____
If obtained through state examination(s), please list score for examination: Exam Score: _____

State of Current Licensure/Certification/Registration: _____
License/Certification/Registration No. _____ Date Issued:_____
Status (mark one): Active, Lapsed, Surrendered, Unrestricted, In Good Standing, etc. If not active, unrestricted and in good standing, please provide explanation. _____
If obtained through state examination(s) or reciprocity, please list name and score for examination:
Exam Score:_____ Reciprocity with state of _____

IV. PERSONAL HISTORY INFORMATION/CHARACTER:

Directions: Please answer each of the following questions by putting a check (√) in the appropriate box on the right. "Yes" answers must be fully explained in a separate signed and notarized affidavit. It is the duty of each applicant to make inquiry of the individual licensing boards regarding the status of his or her license, certification or registration in that state. Ignorance of a license, certification or registration status or disciplinary action will not constitute an excuse for incorrect information. Failure to disclose any of the requested information, or to supplement information and responses on this application should pertinent facts or circumstances change, may result in the denial of your application or other appropriate action.

1. Has any licensing authority ever denied your application for licensure, certification or registration as a veterinary technician or for a veterinary license? **Yes** ☐ **No** ☐
2. Has any licensing authority ever denied your application for any professional license, certification or registration? **Yes** ☐ **No** ☐
3. Have you ever been denied the privilege of taking an examination required for any professional licensure, certification or registration? **Yes** ☐ **No** ☐
4. Have you ever voluntarily surrendered your license, certification or registration to practice veterinary technology or your veterinary license, allowed it to lapse, or had a probationary or limited license, certification or registration issued by any veterinary licensing authority? **Yes** ☐ **No** ☐

5. Has any of your licenses, certifications or registrations ever been revoked or have you ever been the subject of disciplinary action by any veterinary technician licensing, certifying or registering agency, association, veterinary hospital or clinic of veterinary staff of such hospital or clinic? **Yes** ☐ **No** ☐

6. Have you ever voluntarily surrendered any other professional license, certification or registration, allowed it to lapse, or had a probationary or limited license, certification or registration issued by any licensing authority? **Yes** ☐ **No** ☐

7. Has any other professional license, certification or registration ever been revoked or have you ever been the subject of disciplinary action by any licensing, certifying or registering agency? **Yes** ☐ **No** ☐

8. Is there any disciplinary action pending against you by any licensing jurisdiction? If "yes" where and when? **Yes** ☐ **No** ☐

9. Have you ever been charged with or convicted of a felony or any other criminal act, including a nolo contendere plea or guilty plea that is in any way related to the practice of veterinary technology in any state or in federal court other than misdemeanor violations whether or not sentence was imposed or suspended? **Yes** ☐ **No** ☐

10. Have you ever been pardoned from a felony or any other criminal conviction that is in any way related to the practice of veterinary technology? **Yes** ☐ **No** ☐

11. Have you ever had a record expunged from a felony or any other criminal conviction that is in any way related to the practice of veterinary technology? **Yes** ☐ **No** ☐

12. Have you ever been charged with or convicted of animal abuse, including a nolo contendere plea or guilty plea, whether or not sentence was imposed or suspended? **Yes** ☐ **No** ☐

13. Have you ever been charged with or convicted of a violation of any federal or state drug law(s), rule(s), or regulation(s), including a nolo contendere plea or guilty plea, whether or not sentence was imposed or suspended? **Yes** ☐ **No** ☐

14. Are you now or have you in the last five (5) years been addicted to or used in excess, any drug or chemical substance including alcohol? **Yes** ☐ **No** ☐

15. Are you now being treated or have you in the last five (5) years been treated in a drug or alcohol rehabilitation program? **Yes** ☐ **No** ☐

16. Have you had or do you now have any disease or condition that interferes with your ability to competently and safely perform essential functions related to the practice of veterinary technology, 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; (3) physical disease or condition, that presently interferes with your ability to competently and safely practice veterinary technology? If yes, attach a detailed explanation. **Yes** ☐ **No** ☐

17. Have you ever been named as a defendant to a civil suit relating to the practice of veterinary technology? **Yes** ☐ **No** ☐

18. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? **Yes** ☐ **No** ☐

V. WORK HISTORY/PRACTICAL EXPERIENCE:

Directions: Record work history chronologically in the space provided. Provide your complete work history beginning with present employment and concluding with graduation from your undergraduate institution. Additional sheets may be added if necessary to account for the entire time period since graduation, including periods of unemployment and volunteer work, etc. If you have never been employed, insert "N/A" in the first form.

Dates of employment: From_____ To_____ Full-/ part-time employment _____ Hours per week _____

Name and address business/institution:_____

Supervisor's name and phone number:_____

Job title and description of duties performed:_____

_____

_____

Dates of employment: From_____ To_____ Full-/ part-time employment _____ Hours per week _____

Name and address business/institution:_____

Supervisor's name and phone number:_____

Job title and description of duties performed:_____

_____

_____

Dates of employment: From_____ To_____ Full-/ part-time employment _____ Hours per week _____

Name and address business/institution:_____

Supervisor's name and phone number:_____

Job title and description of duties performed:_____

_____

_____

VI. REFERENCES:

Please list the names and addresses of two (2) individuals, personally acquainted with you who can attest to your character.

1. Name:_____

Address:_____

2. Name:_____

Address:_____

Send each of the above individuals a copy of the Affidavit of Moral Character form contained in this application and ask each of them to return the completed form to the Idaho Board of Veterinary Medicine, P. O. Box 7249, Boise, Idaho 83707.

VII. CHILD SUPPORT INFORMATION:

In accordance with Title 73, Chapter 1 and Title 7, Chapter 14, Idaho Code, applications for a new certification or renewal of a certification shall include the applicant's social security number, and the applicant shall certify, under penalty of perjury, that he or she is not more than ninety (90) days or two thousand dollars ($2,000) delinquent in complying with a child support order. Failure to certify may result in disciplinary action, and making a false statement may subject the applicant to contempt of court.

One of the following must be checked:

_____ I am not more than 90 days or $2,000 delinquent in complying with a child support order.

_____ I am more than 90 days or $2,000 delinquent in complying with a child support order.

_____ I am not currently under any child support order.

VIII. AFFIDAVIT

"I, _____, being first duly sworn, depose and state: That by virtue of filing this application, I do solemnly swear or affirm that I am of good moral character, and that 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 in this application is true, correct, and complete to the best of my knowledge. I hereby authorize the Idaho State Board of Veterinary Medicine to verify any and all information contained in this application, including information maintained in applicable data banks, and to transmit this information to the certifying authority of the state to which this application is made. I authorize the certifying authority of the state where application is submitted to review state files pertaining to my license, certification or registration and practice, and law enforcement and court documents to confirm the accuracy and completeness of the information provided herein. This application and signature shall act as authorization for entities in possession of applicable information to release such information to the certifying authority."

"Under penalty of perjury, I do hereby attest that the preceding information on this form is true and correct. A false statement on any part of this form may be grounds for disciplinary action as set forth by Chapter 21, Title 54 Idaho Code and may be punished by fine or imprisonment (Idaho Code, Title 18, Section 5413)."

Attach your photo in this box

Signature of applicant_____

Notary Signature _____

Notary Public for the State of _____ **County of** _____

Residing At _____

My Commission Expires_____

Attach COLOR passport-type photograph above.
Notary seal MUST be stamped partially on the picture.

CERTIFICATE OF EXPECTED GRADUATION

(If you have not yet graduated from an accredited school of veterinary technology, this form (or a similar letter) must be completed by the President or Dean of the school.)

I hereby certify that _____ is expected to graduate

from_____

in _____, 20_____.

Signature of President or Dean:

(SCHOOL SEAL)

_____

Printed name:

_____

_____ (___)_____

Date Phone number

Return to: Idaho Board of Veterinary Medicine
PO Box 7249
Boise, ID 83707

#1

AFFIDAVIT OF MORAL CHARACTER

To be signed by an individual personally acquainted with you.

This certifies that I am and have been personally acquainted with _____ for at least one (1) year, that I believe him/her to be of good moral character and I hereby recommend him/her as entirely worthy to receive the certification for which he/she has applied.

Signature and Title_____

Printed name and Title_____

Business Name_____

Address_____

City_____ State _____ Zip_____

Date_____ Phone number _____

(NOTARY)

(SEAL)

Name:_____

Notary Public for the State of_____

Residing at _____

My Commission expires_____

Return to: Idaho Board of Veterinary Medicine
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#2

AFFIDAVIT OF MORAL CHARACTER

To be signed by an individual personally acquainted with you.

This certifies that I am and have been personally acquainted with _____ for at least one (1) year, that I believe him/her to be of good moral character and I hereby recommend him/her as entirely worthy to receive the certification for which he/she has applied.

Signature and Title_____

Printed name and Title_____

Business or Name_____

Address_____

City_____ State _____ Zip_____

Date_____ Phone number _____

(NOTARY)

(SEAL)

Name:_____

Notary Public for the State of_____

Residing at _____

My Commission expires_____

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