

STATE BOARD OF VETERINARY MEDICINE

P. O. BOX 2649
HARRISBURG, PA 17105-2649
(717) 783-7134
www.dos.pa.gov/vet

APPLICATION for CERTIFICATION as a *VETERINARY TECHNICIAN*

DO NOT use this application to apply for the VTNE

NOTE: Practice as a veterinary technician in Pennsylvania may not begin until your license has been issued.

INSTRUCTIONS - Apply per requirements of A or B

A. LICENSURE BY EXAMINATION :

- You are ineligible to apply without a Social Security Number
 - NO Pennsylvania-specific jurisprudence exam is required
1. Complete pages 1 and 2 of this application; include **\$35 application fee (personal check or money order payable to "Commonwealth of PA")** and **mail ORIGINAL application to letterhead address.**
 2. Complete the top section of Page 3 and forward the "Verification of Graduation" to the Dean, Registrar, or Chairperson, of the AVMA accredited program in Veterinary Technology at the school from which you graduated, for completion of the bottom section. **The school seal MUST be affixed where indicated and the ORIGINAL form returned by the school directly to the Board office in an official school envelope.** The form must be completed **AFTER** you have received your degree; graduation may **NOT** be anticipated.
 3. Request the American Association of Veterinary State Boards (AAVSB), www.aavsb.org, Veterinary Information Verifying Agency (**VIVA**), to forward your VTNE score (passing score is **425**) directly to the PA Board office. **If you took the exam FOR Pennsylvania, your score should already have been forwarded to the Board Office.**

B. LICENSURE BY ENDORSEMENT

- You are ineligible to apply without a Social Security Number
 - NO Pennsylvania-specific jurisprudence exam is required
1. **Pages 1 and 2 must be completed and submitted together with \$35 application fee payable to "Commonwealth of Pennsylvania". Mail ORIGINAL application to letterhead address.**
 2. **Complete the top section of Page 3 and** forward the "Verification of Graduation" to the Dean, Registrar or Chairperson of the AVMA accredited program in Veterinary Technology at the school from which you graduated, for completion of the bottom section. The school seal **MUST** be affixed where indicated and the ORIGINAL form returned by the school directly to the Board office in an official school envelope. The form must be completed **AFTER** you have received your degree.
 3. **Request each state in which you hold or have held a license as a veterinary technician to forward a Letter of Good Standing directly to the PA Board office.**
 4. Request the American Association of Veterinary State Boards (AAVSB), www.aavsb.org, Veterinary Information Verifying Agency (**VIVA**), to forward your VTNE score (passing score is **425**) directly to the PA Board office.

NOTE: If any of your documentation arrives in another name such as maiden or previous married name, include a copy of the legal document that changed your name (marriage certificate, divorce decree, court order)

The Practice Act and Rules/Regulations of the State Board are available from the Board office or online at www.dos.pa.gov/vet. The **continuing education** requirement is detailed on the next page.

CONTINUING EDUCATION

In order to renew the certification, a ***Veterinary Technician*** shall complete 16 hours of **continuing education** (CE) courses approved by the Board during the 24 months preceding the expiration date (November 30 of each even year) of the license. A one-time exemption from this requirement is allowed for persons renewing their veterinary technician certification for the first time. Continuing education credit will not be given for courses in office management or practice building.

Make certain your credit hours are from approved courses/providers and are verified with documentation as noted below.

Approved courses are those provided by the

- (1) AVMA (including AVMA allied organizations/major regional veterinary organizations/specialty boards)
- (2) AVMA accredited schools
- (3) Allied organizations of the AVMA
- (4) Another state's veterinary medical association
- (5) Providers listed on the Registry of Approved Continuing Education (RACE) of the American Association of Veterinary State Boards (AAVSB)
- (6) Major regional veterinary organizations approved by the AVMA
- (7) Other states' veterinary medical associations
- (8) The Veterinary Technicians and Assistants Association of Pennsylvania-(VTAAP)

Courses from these providers are **not** required to have a Pennsylvania Board **approval number**. However, if you wish to use hours from courses of **other** providers, the course/provider must have applied to and received an **approval number** from the Pennsylvania Board.

The provider must give you a Certificate (letter) of Attendance which must include the name of the provider, your name, the title and date of the course, the number of credit hours you attended and the signature of the person authenticating attendance. If the provider is **not** one of those listed above, the certificate must also show an **approval number** issued by the Pennsylvania Board

Certificates of Attendance must be maintained for three years for submission to the Board if you are selected for audit.

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APPLICATION for CERTIFICATION as a VETERINARY TECHNICIAN

APPLICATION IS FOR (check one):

**license by
 EXAMINATION**
 (see part A of Instructions)

**license by
 ENDORSEMENT**
 (see part B of Instructions)

**DO NOT use this application
 to apply for the VTNE**

APPLICATION FEE - \$35.00 Personal Check or Money Order payable to "Commonwealth of Pennsylvania." **Fees are not refundable.** NOTE:
 A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment. If
 a pending application is older than one year from the date submitted and the applicant wishes to continue the application process, the Board shall
 require the applicant to submit a new application including the required fee. In order to complete the application process, many of the supporting
 documents associated with the application cannot be more than six months from the date of issuance.

PART ONE

DAYTIME PHONE # (_____)_____

NAME _____
Last First Middle Maiden

ADDRESS _____
Street City State Zip Code

SOCIAL SECURITY # _____ *BIRTH DATE _____ EMAIL _____
 (You are ineligible to apply without a Social Security Number. See information at bottom of page 2.)

PART TWO

ANSWER THE FOLLOWING: If you answer "YES" to question(s) 3-8, give details on a separate sheet AND provide a certified copy of all related official documentation.	YES	NO
1. Do you hold or have you ever held a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?		
2. If you answered yes to the above question, please provide the profession and state or jurisdiction. _____		
3. Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued o you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		
4. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit, or registration in any state or jurisdiction?		
5. Have you withdrawn an application for a professional or occupational license, certificate, permit, or registration, had an application for a license denied or refused, or agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
6. Have you ever been convicted (found guilty, pled guilty, or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
7. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		

VERIFICATION OF GRADUATION

Applicant for **EXAMINATION OR ENDORSEMENT**

Applicant: Complete top section and send form to school of graduation.

NAME _____
Last First M.I. Maiden

ADDRESS _____
Street

City State Zip Code

SOCIAL SECURITY # _____ DATE OF BIRTH _____

*This section to be completed by the **Dean, Registrar, or Chairperson** of the AVMA accredited Veterinary Technology program at the school from which the applicant **HAS GRADUATED**. **DO NOT complete this form in anticipation of graduation.***

I certify that _____ has successfully completed all required courses,
(Name of Applicant)

and examinations and graduated on _____ from
(Date of Graduation)

_____ with a _____ degree in **Veterinary Technology**.
(Name of Institution) (Associate/Bachelor's)

_____ **This degree is from a program accredited by the**
(City and State) **American Veterinary Medical Association**

(Signature of Dean/Registrar/Chairperson of Program)

SCHOOL SEAL
(Mandatory)

(Date)

SCHOOL SHALL RETURN AN ORIGINAL COMPLETED FORM DIRECTLY TO THE BOARD OFFICE IN AN OFFICIAL ENVELOPE. (DO NOT send a copy of this form or use envelope if provided by applicant)