



KENTUCKY BOARD OF VETERINARY EXAMINERS

P.O. Box 1360, Frankfort, Kentucky 40601 ~ 911 Leawood Drive, Frankfort, Kentucky 40601
(502)564-3296 ~ <http://bve.ky.gov>

APPLICATION FOR VETERINARY TECHNICIAN/TECHNOLOGIST REGISTRATION

This application must be completed by the individual seeking to be registered as a veterinary technician / technologist pursuant to Chapter 321 of the Kentucky Revised Statutes adopted by the Kentucky Board of Veterinary Examiners. All questions must be answered and the answers thereto shall be subscribed and sworn as set below:

1. Name: _____ Social Security Number: _____

2. Address: _____ | E-mail address: _____

City: _____ State: _____ Zip Code: _____

3. Daytime Phone: (____) _____ - _____ Parent's Phone: (____) _____ - _____

4. Have you ever applied for registration as a veterinary technician/technologist in Kentucky? Yes No.
If yes, give reason for denial.: _____

5. Name of other states in which you are registered/licensed to practice as a Veterinary Technician / Technologist.
(You must provide this Board with a letter of good standing from each state's licensure Board or agency.)

6. Have you ever had a registration / license denied, suspended or revoked in any state or have you ever received a reprimand as the result of unethical, immoral or illegal conduct by any licensure board or agency? Yes No.

If yes, explain. _____

7. Have you ever been convicted of a felony? Yes No. If yes, give details on a separate sheet, include dates, the court(s), reference to the court records, if any, and a copy of the disposition on the matter.

8. Have you ever taken the Veterinary Technician National Examination (VTNE)? Yes No. Number of times taken? _____ List any state(s) in which you have failed the National Examination and give the dates of the examination. _____

9. Education

School	Name and Location	Dates Attended		Date of Graduation		Degree Obtained
		From	To	From	To	
High School						
Under-Graduate School						

10. Does the applicant have any experience in any of the following fields, please check:

- | | |
|--------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> a. Dental procedures with animals | <input type="checkbox"/> g. Surgical preparations |
| <input type="checkbox"/> b. Fitting of large animals | <input type="checkbox"/> h. Surgical assistance |
| <input type="checkbox"/> c. Laboratory experience | <input type="checkbox"/> i. Anesthesia administration and monitoring |
| <input type="checkbox"/> d. X-ray experience | <input type="checkbox"/> j. Supplies and equipment management |
| <input type="checkbox"/> e. Collection of laboratory samples | <input type="checkbox"/> k. Sterilization of equipment |
| <input type="checkbox"/> f. Kennel or stable management | <input type="checkbox"/> l. Taking of case histories |

11. Attach a copy of your diploma. If you have not yet graduated, you are advised to submit a copy of your diploma immediately upon graduation.

12. An application fee must be attached to this application in the amount of \$25.00 in the form a cashier's check, certified check or postal money order, made payable to the Kentucky State Treasurer,

You are instructed that an applicant for registration shall only be eligible for registration as an active veterinary technician / technologist once you have met the following requirements: (1) graduate of an approved veterinary technician/ technologist program (2) successful completion of the Veterinary Technician National Examination, (3) appropriate fee (4) copy of diploma (5) employed by a licensed Kentucky veterinarian, and (6) a notarized letter from the employing veterinarian stated you will be employed under his/her direct supervision as a veterinary technician/technologist.

I hereby state, under oath, that the statements contained herein are true.

Signature of Applicant

Date

.....

Subscribed and sworn to before me by _____, this _____ day of

_____, 20 _____,

Notary Public

My commission expires: _____

DO NOT WRITE BELOW THIS LINE - FOR BOARD AND OFFICE USE ONLY

Approved: _____
License Number: _____
Approval Date _____

Denied: _____