



APPLICATION FOR REGISTRATION AS A VETERINARY TECHNICIAN

State Form 49703 (R8 / 6-23)

INDIANA BOARD OF VETERINARY MEDICINE

1202 East 38th Street
Discovery Hall, Ste. 100
Indianapolis, IN 46205
Telephone: (317) 544-2409
E-mail: VetBoard@vetboard.in.gov
www.in.gov/VetBoard

- INSTRUCTIONS:**
1. The fee for this application is \$30.00, payable to the State of Indiana, in accordance with 888 IAC 1.1-3-3.
 2. Completed application and fees should be mailed to the address listed in the upper right hand corner of this form.
 3. All fees are non-refundable and non-transferable.
 4. Please refer to the instructions on our website, www.in.gov/VetBoard, for the licensing requirements.

* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.
 ** This information is being requested for workforce statistical purposes only; disclosure is voluntary.

FOR OFFICE USE ONLY

Application fee		Date fee paid (month, day, year)		Receipt number	
License number issued		Date license issued (month, day, year)		Date of law examination (month, day, year)	
				Law examination score	

DO NOT WRITE ABOVE THIS LINE

BASIS OF REGISTRATION (Please check one)

<input type="checkbox"/> EXAMINATION	Applying to take the veterinary technology examination offered by the American Association of Veterinary State Boards (AAVSB).
<input type="checkbox"/> ENDORSEMENT (Has not taken and passed a veterinary technology examination administered by PES or AAVSB, but has taken state constructed examination.)	Based upon for the five (5) years immediately preceding filing an application has been acting as a registered veterinary technician in a state, territory, or district of the United States having registration requirements which are substantially equivalent and otherwise meets the requirements of the statute.

APPLICANT INFORMATION

Name of applicant (last, first, middle)					
Social Security number *		Date of birth (month, day, year)		Gender ** <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address of applicant (number and street or rural route)			City, state, and ZIP code		
Telephone number (daytime) ()		E-mail address			
Pursuant to IC 12-32-1-5 and IC 12-32-1-6, I swear under the penalty of perjury that: (Please select ONLY ONE of the following.) <input type="checkbox"/> I am a United States Citizen. <input type="checkbox"/> I am a qualified alien (as defined under 8 USC § 1641). <input type="checkbox"/> I am authorized by the Federal government to work in the United States.					
Are you the spouse of a member of the military who is assigned to a duty station in Indiana? (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you an active duty member of the military? (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No		

VETERINARY TECHNOLOGY DEGREE GRANTED BY

Name of school	Location of school	Date of graduation (month, day, year)
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LIST ALL STATES, INCLUDING INDIANA, IN WHICH YOU HAVE BEEN LICENSED TO PRACTICE ANY REGULATED HEALTH OCCUPATION, REGARDLESS OF STATUS.

STATE	TYPE OF LICENSE / CERTIFICATE	NUMBER	DATE ISSUED (month, day, year)	CURRENT STATUS

QUESTIONS

If your answer is "Yes" to any of the following, explain fully in a signed written statement, including all related details, and provide copies of all relevant arrest or court documents. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of the license or permit issued pursuant to this application.

- | | | |
|---|------------------------------|-----------------------------|
| 1. Has disciplinary action ever been taken regarding any health license, certificate, registration or permit that you hold or have held? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you ever been denied a license, certificate, registration or permit to practice veterinary medicine or any regulated health occupation in any state (<i>including Indiana</i>) or country? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Except for minor violations of traffic laws resulting in fines, and arrests or convictions that have been expunged by a court. | | |
| (1) have you ever been arrested; | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony in any state; | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) have you ever been convicted of any offense, misdemeanor, or felony in any state; | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) have you ever pled guilty to any offense, misdemeanor, or felony in any state; or | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) have you ever pled <i>nolo contendere</i> to any offense, misdemeanor, or felony in any state? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Do you have any condition or impairment (including a history of alcohol or substance abuse) that currently interferes, or if left untreated may interfere, with your ability to practice in a competent and professional manner? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Have you ever had a malpractice judgement against you or settled any malpractice action? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Indiana Board of Veterinary Medicine any files, documents, records or other information pertaining to the undersigned requested by the Board, or any of its authorized representatives in connection with processing my application for licensure.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any information.

I further authorize the Indiana Board of Veterinary Medicine to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions any information which is material to my application, and I hereby specifically release the Board from any and all liability in connection with such disclosures.

A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION

I affirm, under penalties for perjury, that the foregoing representations are true.

Signature of applicant

Date (*month, day, year*)