



APPLICATION FOR REGISTRATION AS A VETERINARY TECHNICIAN

State Form 49703 (R5 / 9-17)

Approved by State Board of Accounts, 2017

**INDIANA BOARD OF VETERINARY MEDICAL EXAMINERS
PROFESSIONAL LICENSING AGENCY**
 402 West Washington Street, Room W072
 Indianapolis, Indiana 46204
 Telephone: (317) 234-2054
 E-mail: pla8@pla.IN.gov
 www.pla.IN.gov

- INSTRUCTIONS:**
1. The fee for this application is \$30.00, payable to the Indiana Professional Licensing Agency, 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.pla.in.gov, 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 | |
| REGISTRATION NUMBER | |
| REGISTRATION ISSUE DATE (month, day, year) | |
| LAW EXAMINATION DATE (month, day, year) | |
| LAW EXAMINATION SCORE | |

APPLICANT

Two (2) passport-quality photographs taken not earlier than eight (8) weeks prior to the date of application, dated and signed across the back in the applicant's "I certify that this is a true photograph of myself."

DO NOT WRITE ABOVE THIS LINE

APPLICANT INFORMATION

| | | |
|---|---|---------------------------|
| Name of applicant (last, first, middle) | | Social Security number * |
| Date of birth (month, day, year) | Place of birth (city and state or country) | |
| Address of applicant (number and street or rural route) | | City, state, and ZIP code |
| Telephone number (daytime) () | E-mail address | |
| Gender ** <input type="checkbox"/> Male <input type="checkbox"/> Female | Ethnicity ** | Race ** |
| Pursuant to IC 12-32-1-5 and IC 12-32-1-6, I swear under the penalty of perjury that: (Please select 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 U.S.C. § 1641). | | |
| 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 | |

BASIS OF REGISTRATION (Please check one)

| | |
|--|--|
| EXAMINATION | Applying to take the veterinary technology examination offered by the American Association of Veterinary State Boards (AAVSB). |
| ENDORSEMENT OF EXAMINATION SCORES | Based upon passing the veterinary technology examination administered in another state offered by the Professional Examination Service (PES) or the American Association of Veterinary State Boards (AAVSB). |
| 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. |

VETERINARY TECHNOLOGY DEGREE GRANTED BY

| | | |
|----------------|--------------------|---------------------------------------|
| Name of school | Location of school | Date of graduation (month, day, year) |
|----------------|--------------------|---------------------------------------|

EXAMINATION RECORD

| EXAMINATION TAKEN | DATE OF MOST RECENT EXAMINATION (month, day, year) | STATE ADMINISTERED | HOW MANY TIMES HAVE YOU SAT FOR THIS EXAMINATION? |
|---|--|--------------------|---|
| Examination administered by the American Association of Veterinary State Boards (AAVSB) | | | |
| Professional Examination Service (PES) | | | |
| State Constructed Examination | | | |

Have you sat for the Veterinary Technician National Examination (VTNE) in Indiana prior to this application? Yes No

PRE-PROFESSIONAL EDUCATION IN VETERINARY TECHNOLOGY

| NAME OF SCHOOL | LOCATION OF SCHOOL | DATES ATTENDED | DEGREE GRANTED |
|----------------|--------------------|----------------|----------------|
| | | | |
| | | | |
| | | | |

STATES REGISTERED

| TYPE OF REGISTRATION | STATE | NUMBER | DATE ISSUED | EXPIRATION DATE | STATUS |
|----------------------|-------|--------|-------------|-----------------|--------|
| | | | | | |
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LIST ALL PLACES YOU HAVE LIVED SINCE GRADUATION FROM YOUR VETERINARY TECHNOLOGY PROGRAM

| GENERAL LOCATION | DATES |
|------------------|-------|
| | |
| | |
| | |
| | |

LIST ALL PLACES OF EMPLOYMENT SINCE GRADUATION FROM YOUR VETERINARY TECHNOLOGY PROGRAM

| NAME AND ADDRESS OF EMPLOYER | RESPONSIBILITIES | DATES OF EMPLOYMENT |
|------------------------------|------------------|---------------------|
| | | |
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| | | |

If your answer is "Yes" to any of the following, explain fully in a sworn affidavit, 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. Have you ever previously filed an application in the State of Indiana? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. 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 |
| 3. Have you ever been denied a license, certificate, registration or permit to practice as a veterinary technician or any regulated health occupation in any state (<i>including Indiana</i>) or country? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. <i>Except for minor violations of traffic laws resulting in fines, and arrests or convictions that have been expunged by a court,</i> (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 |
| 5. 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 |
| 6. Have you ever had a malpractice judgment against you or settled any malpractice action? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

APPLICATION AFFIRMATION

I hereby swear or affirm, under the penalties of perjury, that the statements made in this application are true, complete and correct.

Signature of applicant

Date (*month, day, year*)

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency any files, documents, records or other information pertaining to the undersigned requested by the Agency, or any of its authorized representatives in connection with processing my application for registration as a veterinary technician.

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 such information.

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

AFFIRMATION

I hereby swear or affirm, that I have read the above statements and agree to same.

Signature of applicant

Date (*month, day, year*)

**VETERINARY TECHNOLOGY PROGRAM
CERTIFICATION OF EXPECTED GRADUATION**

To be completed by the Dean, Secretary, or Registrar and must include the school seal.

I hereby certify that _____, is currently
(Name of applicant)
enrolled and expected to graduate from _____ on
(Name of school)
_____.
(Date of graduation)

Signature of Dean, Secretary or Registrar

Date (month, day, year)

SCHOOL SEAL

Candidates who have not graduated from a veterinary technology program may submit the "Certification of Expected Graduation" form or an original letter from the dean with the school seal.

Please forward this certification or letter to the following address:

**Indiana Board of Veterinary Medical Examiners
Professional Licensing Agency
402 West Washington Street, Room W072
Indianapolis, Indiana 46204**

Telephone: (317) 234-2054
E-mail: pla8@pla.IN.gov

VERIFICATION OF VETERINARY TECHNICIAN REGISTRATION

INSTRUCTIONS: Type or print the top portion of the verification and send a copy to each state where you hold or have held a registration. Request each state to complete and send directly to:

Indiana Board of Veterinary Medical Examiners

Professional Licensing Agency

402 West Washington Street, Room W072

Indianapolis, Indiana 46204

Telephone: (317) 234-2054

E-mail: pla8@pla.IN.gov

| | | | |
|--|---|--------------------------|----------------|
| Name (last, first, middle, maiden) | | Social Security number * | |
| Address (number and street or rural route) | | | |
| City | | State | ZIP code |
| Date of birth (month, day, year) | Telephone number (daytime) () | | E-mail address |
| I hereby authorize the State of _____ to furnish the Professional Licensing Agency with the information below. | | | |
| Signature | | Date (month, day, year) | |

TO BE COMPLETED BY THE STATE BOARD

| | | |
|--|-------------------------------------|--|
| Registration number | Date of issuance (month, day, year) | Expiration date (month, day, year) |
| Registration issued based upon: <input type="checkbox"/> Examination <input type="checkbox"/> Endorsement <input type="checkbox"/> Other _____ | | |
| Type of examination: <input type="checkbox"/> Examination provided by the American Association of Veterinary State Boards (AAVSB) <input type="checkbox"/> Professional Examination Services (PES) <input type="checkbox"/> State Constructed Examination (Attach subjects, scores and average) | | Date of examination(s) (month, day, year) |
| Has the registration been subject to any disciplinary action? (Please attach certified copies of any disciplinary action taken by your board.) | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

FORM COMPLETED BY:

| | |
|-------------------------|--------------------------------|
| Name | PLEASE AFFIX BOARD SEAL |
| Title | |
| State Board | |
| Date (month, day, year) | |