

IDAHO STATE BOARD OF VETERINARY MEDICINE

APPLICATION FOR CERTIFICATE TO PRACTICE VETERINARY TECHNOLOGY

Return completed application form with appropriate fee(s) to: Idaho State Board of Veterinary Medicine
11351 W. Chinden Blvd., Bldg. 6, Boise, ID 83714

For assistance with application, call (208) 488-7530
Hearing impaired individuals may call Idaho Relay Services at 1-800-377-3529

I. IDENTIFICATION INFORMATION (Print or type legibly. Illegible applications will be returned.)

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

b) List below birth name, given surname, or any other name(s) under which supporting documents will be submitted:

c) E-mail address: _____

d) 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 and other personal information pertaining to your ability to hold a veterinary license in the state of Idaho will be provided to the American Association of Veterinary State Boards for the same purpose. Your social security number will be provided 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.

e) Date of birth: ____/____/____ f) Place of birth _____ g) ____ M ____ F
City/State/Country

h) Home/permanent mailing address:

Address: _____

City: _____ State/Province: _____ Zip: _____

i) Home phone: (_____) _____ - _____ Cell phone: (_____) _____ - _____

j) Business/Institution mailing address:

Business/Institution name: _____

Address: _____

City: _____ State: _____ Zip: _____

k) Work phone: (_____) _____ - _____

II. EDUCATION/TRAINING/EXPERIENCE (Check appropriate answer.)

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

– 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.

III. PROFESSIONAL EDUCATION INFORMATION (Include month/day/year on all dates of graduation. You may add additional pages if necessary.)

1. College/University/Institution _____ Attended _____ to _____
Date of graduation ____ / ____ / ____ Location (city, state/country) _____
Degree received: _____

2. College/University/Institution: _____ Attended: _____ to _____
Date of graduation ____ / ____ / ____ Location (city, state/country) _____
Degree received _____

IV. RECORD OF LICENSURE/CERTIFICATION/REGISTRATION

Directions: If you have ever been licensed, certified, or registered to practice veterinary technology or veterinary medicine, or held a related license, certification, or registration, list each occurrence in detail below. *Attach additional sheets if necessary. All states in which you held licensure/certification/registration must be listed.*

It is the duty of each applicant to make inquiry of the individual licensing boards in each state/province regarding the status of his/her license/certificate/registration in that jurisdiction, and to notify the Idaho Board of Veterinary Medicine (BOVM) of any pending disciplinary action *before* the BOVM issues a certificate to practice veterinary technology in the State of Idaho. *Ignorance of the status of your license/certificate/registration will not be considered an excuse for incorrect information on this application. Failure to disclose all licenses, certifications, and/or registrations may result in denial of your application or other appropriate action.*

State/Province of **Original** Licensure/Certification/Registration: _____

- License/Certification/Registration No.: _____ Date issued: ____ / ____ / ____
- Status (circle all that apply):

Active Inactive Lapsed Surrendered Unrestricted In Good Standing

If none of the above categories apply, provide an explanation here:

State/Province of **Current** Licensure/Certification/Registration: _____

- License/Certification/Registration No.: _____ Date issued: ____ - ____ - ____
- Status (circle all that apply):

Active Inactive Lapsed Surrendered Unrestricted In Good Standing

V. PERSONAL HISTORY

Directions: Read each question carefully and answer each one by placing an 'X' in the box next to the appropriate answer. **If you answer "Yes" to any of the questions below, you must provide a detailed explanation in a separate signed and notarized affidavit.** It is the duty of each applicant to make inquiry of the individual licensing boards in each state regarding the status of his/her license in that jurisdiction. Ignorance of the status of a license or disciplinary action will not constitute an excuse for incorrect information. **Failure to disclose any of the requested information, or failure to supplement information and responses on this application when required, may result in the denial of your application or other appropriate action.**

- 1) Has any veterinary or veterinary technician licensing or certifying authority in any jurisdiction ever denied your application for a professional license, registration, or certification? **Yes** **No**
- 2) Have you ever surrendered your veterinary technology certificate or registration, or your veterinary license, allowed it to lapse, or had a limited or probationary license issued by any veterinary or veterinary technician licensing or certifying authority? **Yes** **No**
- 3) Has your veterinary technology certificate or registration, or your veterinary license, ever been revoked, or have you ever been the subject of disciplinary action by any veterinary or veterinary technician licensing or certifying authority, veterinary association, licensed veterinary hospital/clinic, or veterinary staff of such hospital or clinic? **Yes** **No**
- 4) Has your application for accreditation by the United States Department of Agriculture (USDA) ever been denied? **Yes** **No**
- 5) Have you ever had a registration issued by a controlled substance authority revoked, suspended, surrendered, limited, placed on probation, or restricted? **Yes** **No**
- 6) Has USDA ever disciplined your certification of accreditation, or have you ever surrendered it, allowed it to lapse, or had a limited or probationary certificate of accreditation issued by the USDA? **Yes** **No**
- 7) Are you currently under investigation by any licensing jurisdiction, the U.S. Drug Enforcement Agency, or any state drug enforcement authority, which could result in disciplinary action being taken against you? **Yes** **No**
- 8) Have you ever been convicted of any criminal act(s), including those in which a nolo contendere plea or guilty plea was entered, in any state or federal court, whether or not sentence was imposed or suspended? **Yes** **No**
- 9) Have you ever been charged with or convicted of animal abuse, including cases in which a nolo contendere plea or guilty plea was entered, regardless of whether or not a sentence was imposed or suspended? **Yes** **No**
- 10) Have you ever been convicted of a violation of any federal or state drug law(s), rule(s) and/or regulation(s), including those in which a nolo contendere plea or guilty plea was entered, whether or not sentence was imposed or suspended? **Yes** **No**
- 11) 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**
- 12) 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**
- 13) Have you had, or do you now have, any physical or mental condition that compromises your ability to practice veterinary technology? **Yes** **No**
- 14) Have you ever been named as a defendant to a civil suit relating to the practice of veterinary technology or veterinary medicine? **Yes** **No**

VI. WORK HISTORY/PRACTICAL EXPERIENCE

Directions: Provide your complete work history, beginning with present employment. Additional sheets may be added if necessary, to account for the entire time period since graduation, including periods of unemployment and volunteer work. If you have never been employed, enter "N/A" in the first box.

1) **Dates of employment:** from _____ to _____ Full-time or part-time? _____ Part-time hours per week _____

Name and address of business/institution: _____

Supervisor's name and phone number at institution: _____

Job title and description of duties performed:

2) **Dates of employment:** from _____ to _____ Full-time or part-time? _____ Part-time hours per week _____

Name and address of business/institution: _____

Supervisor's name and phone number at institution: _____

Job title and description of duties performed:

VII. MILITARY EDUCATION TRAINING AND SERVICE

1) Are you currently a member of the Military (the armed forces or reserves of the United States, including the army, navy, marine corps, coast guard, air force, and the reserve components thereof, the national guard of any state, the military reserves of any state, or the naval militia of any state)? **Yes** **No**

2) Are you a spouse of a current member of the Military? **Yes** **No**

3) Are you a former member of the Military discharged under honorable conditions? **Yes** **No**

4) Are you the spouse of a former member of the Military discharged under honorable conditions? **Yes** **No**

5) Are you a veteran (any person who has been discharged or released from active duty in the armed forces under honorable conditions provided the person has served on active duty for 180 consecutive days)? **Yes** **No**

6) Are you the spouse of a Veteran? **Yes** **No**

VIII. CHILD SUPPORT INFORMATION

NOTE: THIS SECTION MUST BE COMPLETED, WHETHER YOU ARE UNDER A CHILD SUPPORT ORDER OR NOT.

In accordance with Title 73, Chapter 1 and Title 7, Chapter 14, Idaho Code, applications for renewal of a license or a new license shall include the applicant's social security number, and the licensee 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 licensee to contempt of court.

One of the following must be selected:

_____ 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.

IX. NOTARIZED AFFIDAVIT

“I, _____, being first duly sworn, depose and state: That by
(Printed name of applicant)

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.

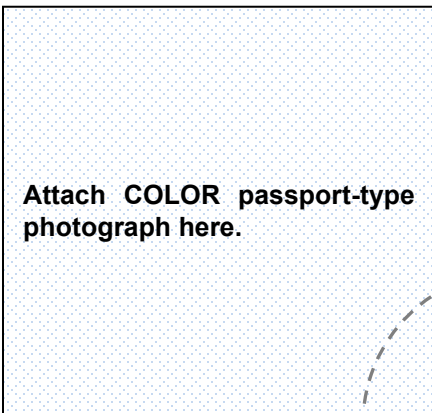
I hereby authorize the Idaho State Board of Veterinary Medicine to verify any and all information contained in this application, including information maintained in applicable data banks, and to transmit this information to the licensing authority of the state to which this application is made. I authorize the licensing authority of the state where application is submitted to review state files pertaining to my licensure and practice, and law enforcement and court documents to confirm the accuracy and completeness of the information provided herein. I understand that my fingerprint submission will be used to check the criminal history databases of the state and the FBI. This application and signature shall act as authorization for entities in possession of applicable information to release such information to the licensing 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).”

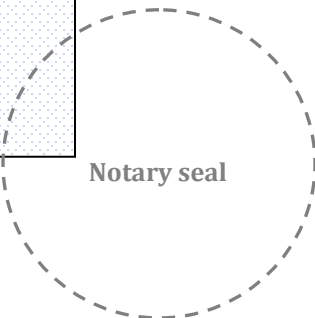
“In addition, I hereby verify that I have read the Idaho Veterinary Practice Act (Idaho Code Title 54, Chapter 21), Idaho Administrative Rules (IDAPA 24, Title 38, Chapter 01), and the AVMA Principles of Veterinary Medical Ethics (April 2016 Revision), and accept the professional responsibility thereof.”

Date: ____/____/____

Signature of applicant: _____



Notary seal must be stamped partially on top of the attached photograph as indicated.



Signature of notary: _____

Printed name of notary: _____

Notary Public for the State of _____

County of _____

Residing at _____

My commission expires _____

CERTIFICATE OF EXPECTED GRADUATION

If you have not yet graduated from an accredited school of Veterinary Technology, the following form (or a similar letter) must be completed by the President or Dean of the school and sent to the address below.

To the Idaho Board of Veterinary Medicine:

I hereby certify that _____ is expected to graduate
(Printed name of Applicant)

from _____
(Institution)

with a degree/certificate in _____ in _____ / _____.
(Program) (Month/Year)

(Signature of President or Dean)

(Printed name of President or Dean)

_____/_____/_____
(Date)

(_____) _____ - _____
(Phone number)



Return completed form to:
Idaho Board of Veterinary Medicine
11351 W. Chinden Blvd., Bldg. 6
Boise, ID 83714