



DOUGLAS A. DUCEY  
GOVERNOR

## ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007

PHONE: 602-364-1PET(1738) ♦ FAX: 602-364-1039

VETBOARD.AZ.GOV

VICTORIA WHITMORE, EXECUTIVE DIRECTOR

## CVT Application Instructions

Pursuant to Arizona Revised Statutes §32-2242, a person desiring to be certified as a veterinary technician shall make a written application to the Board upon a form furnished by the Board. The applicant shall be of good moral character and at least eighteen years of age and shall furnish satisfactory evidence of graduation from a two-year curriculum in veterinary technology, or the equivalent of such graduation as determined by the Board in a college or other institution approved by the Board (i.e. an AVMA-accredited program of veterinary technology).

### Materials Required For Your Application:

1. Documentation of passing VTNE score.
  - If you designated Arizona to receive your score when you took the VTNE – and – you passed within the last 5 calendar years, we will have your score.
  - If you did not designate Arizona to receive your score when you took the VTNE, contact the American Association of Veterinary State Boards (aavsb.org) to have your score transferred to us. AAVSB charges a fee for this service.
2. Notarized Application Form (**Date of applicant's signature and notarization date must match**)
3. A **non-refundable application** fee of \$150. This fee must be paid by **cashier's check, certified check, or money order** made payable to Arizona Veterinary Medical Examining Board (AZVMEB). **WE DO NOT ACCEPT PERSONAL CHECKS, BUSINESS CHECKS, CREDIT CARDS OR CASH.** (Note: once you are eligible for certification, you will pay a \$25 (odd-numbered year) or \$50 (even-numbered year) certificate issuance fee).
4. A photograph taken within the last six months, preferably passport size. Can be a "selfie."  
**THIS IS A SEPARATE REQUIREMENT FROM #10.**
5. An official, final transcript from an AVMA-accredited 2-year Veterinary Technology program must be sent directly to this Board by the school from which you graduated. **Electronic versions are not accepted, must be hard copy.** You may submit a copy if in a sealed envelope from your school.

*Note:* If you are graduating within 30 days before the exam, you will need to request a letter from the Dean of your school to be sent to our office, stating that you are in good standing along and the expected date of your graduation.

\*If your transcript is in a different last name then the one on your application, please submit the document which supports your last name change.
6. Typewritten letter to the Board OR an updated résumé listing experience, education, and qualifications.
7. Three Moral Character Reference Forms from persons not related to you and who have known you a minimum of 3 years. A copy of the required form is enclosed. (Person completing form must submit to this Board office directly – can be emailed, faxed, or mailed.)
8. "Arizona Statement of Citizenship or Alien Status for State Public Benefits" – Form included in this packet. Note that it 2 pages long and requires your signature and date on page 2.
9. Documentation proving legal presence in the U.S. The name on the documentation must match the name of applicant. If different, please submit supporting documentation, such as a marriage certificate, divorce decree, etc. Refer to the "EVIDENCE OF U.S. CITIZENSHIP, U.S. NATIONAL STATUS, OR ALIEN STATUS" list in this packet. **DO NOT SUBMIT SOCIAL SECURITY CARD. We do not need original documents---send a copy of passport, driver's license, etc.**

10. **IN ADDITION** to your proof of legal presence in the U.S. documents in #9, and the photo required in #4, you must also submit a government issued photo identification. Examples: U.S. Passport, driver's license, etc. If your proof of citizenship/legal presence document for #9 has a photo on it, that will meet this requirement.
11. Provide certificate/license verification (aka "letter of good standing") sent directly from the state(s) you are and/or have ever been certified in, showing your status, date certificate/license was issued, expiration date, and whether disciplinary action has occurred. Be sure that you include states where your license/certification has expired.
12. If you are disclosing charges/convictions, certified court documents and your narrative regarding reportable charge(s) are required. Minor traffic violations are not reportable.

**IMPORTANT: If you are a student at the time of application, then your final, official transcript needs to be sent to the Board office within 15 days of graduation. Electronic versions are not accepted, must be hard copy.**

If you are licensed/certified/registered as a technician in another state, you will need these additional items to waive retaking the VTNE, if it has been over 5 years since you passed that exam:

13. Please contact the AAVSB (aavsb.org) and have your VTNE score transferred to our office. AAVSB charges a fee.
14. Request certificate/license verification be sent directly to this office from the state(s) you are/were certified/licensed in, reflecting your status, date certificate/license issued, expiration date, certificate/license number.
15. Provide proof of employment as a veterinary technician for 2 of the preceding 4 years OR 4 of the preceding 7 years related to employment in the state(s) where you are licensed/certified (not Arizona work). This would be a letter from your employer(s) indicating the date (month/year) of your start/end date. Call the Board office for other options.

**NOTES:**

- If you passed the VTNE within the last 5 years of your application to us, you are not required to retake the VTNE, nor provide proof of employment as stated in #15, and your certificate/license in another state is not required to be active; however, we do require the certificate/license verification (a.k.a. "letter of good standing") be mailed to our office by the issuing State Board or association.
- If you have established residency in Arizona and your license/certificate in another state has not lapsed, expired, or been revoked, you may want to consider the certification pathway of "Universal Recognition," which requires less documentation; the fees are the same. See that application packet or call Board staff for information and detailed requirements to determine if you are eligible.

**Submit your application to:**

**Arizona Veterinary Medical Board  
1740 W. Adams St., Suite 4600  
Phoenix, AZ 85007**

**-OR- During COVID-related procedures,  
you may mail email it to:  
licensing@vetboard.az.gov**

## CERTIFIED VETERINARIAN TECHNICIAN STATE EXAM DATES & DEADLINES

Due to COVID-19 related procedures, future exams are expected to be held on alternating months starting in September 2020, indefinitely. Please call the Board office at 602-542-8166 for updated information on deadlines and testing timeframes. Due to COVID, the exam is an "open book" exam which will be EMAILED to you on the release date noted below. Applicants will have 2 weeks to complete the exam and return it to the Board office.

The exam is 50 T/F questions covering the Arizona Revised Statutes (i.e., the AZ Veterinary Practice Act) and the Administrative Rules. Note: If you fail the exam, you must re-apply!

### State Exam Application Deadline

### State Exam Release Date (Emailed)

August 28, 2020 for September 11, 2020

October 30, 2020 for November 13, 2020

**NOTE!** Once the State exam is passed, an issuance fee of \$50 in an odd-numbered year or \$25 in an even-numbered year is required prior to issuance of the certificate.

**All certificates expire 12/31 of every even-numbered year, regardless of when it was issued.**

### **What happens after you submit your application?**

1. By law, the Board has 30 days to review your application to determine if it is complete. However, usually, that process is much faster. You will be notified of any items or corrections that are needed to complete your application. If you are trying to take the exam in a certain month, or ASAP, you should submit your application at least 2 weeks prior to a deadline so that you will have time to deal with gathering any missing documents.
2. Once your application is complete, we will notify you and schedule you for the next exam date that you qualified for based on your completion date and exam deadline date. Exam study materials will be mailed to you; however, you can also view/download the documents at [vetboard.az.gov/statutes-and-rules](http://vetboard.az.gov/statutes-and-rules).
3. Exams are expected to be emailed on the release date noted above. You will have 2 weeks to take the exam and email, fax, or mail it back to us. It is an "open book" test.
4. Exams will be graded in 1-2 weeks. If you have passed, we will issue your certificate and notify you about your exam score. If you have failed, the Board will deny your certificate and you must re-apply (including paying the application fee again.)
5. You will need to submit the certificate issuance fee (\$25 even-numbered years/\$50 odd-numbered years.)

### **Arizona State Veterinary Medical Examining Board**

1740 W. Adams St., Suite 4600  
Phoenix, Arizona 85007



DOUGLAS A. DUCEY  
GOVERNOR

# ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007

PHONE: 602-364-1PET (1738) ♦ FAX: 602-364-1039

VETBOARD.AZ.GOV

VICTORIA WHITMORE, EXECUTIVE DIRECTOR

## APPLICATION FOR VETERINARY TECHNICIAN CERTIFICATION

Applicant is required to enclose with this application, payment of \$150.00 (Application/Examination Fee) payable in U.S. dollars by **money order or cashier's check only** to Arizona State Veterinary Medical Examining Board. **This fee is non-refundable.**

### Alternative Format for Submitting Application

An individual with a disability who, as a result of the disability requires this application to be in an alternative format, may contact the Board's Americans with Disability coordinator at (602) 364-1738, or Voice Relay Service (800) 842-4681 or TTY at (800) 367-8939 to make their needs known.

I, \_\_\_\_\_, make application to the Arizona State Veterinary Medical Examining Board for certification as a Certified Veterinary Technician in the State of Arizona by examination pursuant to Article 4, Arizona Revised Statutes §32-2242, et.seq. I understand the filing of this application grants authority to the Board to obtain information from any licensing agency or board in the United States or another country; **and that** I shall make an oath as to the contents of my application and credentials submitted to the Board **and that** I acknowledge that any falsification in my application to the Board is adequate cause by the Board to deny my application; **and that** the Board may report any falsification of information to other licensing agencies and boards.

~ PLEASE CHECK ONE ~

INITIAL APPLICATION: Select this one if first time applying for State exams.

REAPPLICATION: Select this one if State Exam was taken *within* the past 5 years:

Date of last application: \_\_\_\_\_

TRANSFER CERTIFICATION FROM ANOTHER STATE: All applicants must take Arizona's State Exam.

### Section 1: PERSONAL INFORMATION

Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Mailing Address (Home) \_\_\_\_\_  
Street Apt# City

\_\_\_\_\_ State Zip Code County

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M: \_\_\_\_\_ F: \_\_\_\_\_

### Section 2: EDUCATION AND EMPLOYMENT INFORMATION

\_\_\_\_\_ Name of School Graduation Date

Location of School \_\_\_\_\_  
City State Zip

Name of Veterinary Premises where employed \_\_\_\_\_

Premise Address: \_\_\_\_\_  
Street City State Zip Code

Phone Number: (\_\_\_\_) \_\_\_\_\_

I am currently not employed at a veterinary facility/mobile service.

**Section 3: AFFIDAVIT**

**ANSWER THE FOLLOWING QUESTIONS:**

1. Are you or have you ever been licensed/certified/registered as a veterinary technician in other state(s): Yes No  
If yes, list the state(s) and status \_\_\_\_\_

2. Are you currently under investigation or have you been investigated and found in violation of veterinary technician laws or rules in any state(s) in which you have been licensed/certified/registered? Yes No  
If yes, explain below and submit a certified copy of the Board Order with your application.  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you ever been charged with, convicted of or pled nolo contendere to a criminal offense, other than a minor traffic violation, in any state or federal court? **If yes**, give a full explanation on a separate sheet of paper and submit a **certified** copy of Record of Conviction and Record of Disposition. You must answer "yes" even if you received a pardon, the conviction was set aside, the records were expunged, your civil rights restored and/or whether or not sentence was imposed or suspended.  
Date of Occurrence(s) \_\_\_\_\_ Yes No

4. Have you ever been charged with cruelty to animals? Yes No  
If yes, explain below **and** submit a certified copy of the Record of Conviction and Record of Resolution with your application \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please be advised of the following pursuant to **Arizona Revised Statutes (ARS) §41-1030:**

**ARS §41-1030(B):** An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

**ARS §41-1030(D):** This section may be enforced in private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

**ARS §41-1030(E):** A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the agency's adopted personnel policy.

**ARS §41-1030(F):** This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02

\*\*\*\*\*

**NOTICE:** Pursuant to 41-1093.01, ARIZONA REVISED STATUTES, an agency shall limit all occupational regulations to regulations that are demonstrated to be necessary to specifically fulfill a public health, safety, or welfare concern. Pursuant to Sections 41-1093.02 AND 41-1093.03, ARIZONA REVISED STATUTES, you have the right to petition this agency to repeal or modify the occupational regulation or bring an action in a court of general jurisdiction to challenge the occupational regulation and to ensure compliance with Section 41-1093.01, ARIZONA REVISED STATUTES.

**Print The Applicant's Full Name:** \_\_\_\_\_ being first duly sworn upon his or her oath deposes and says all of the following: I am the person named in this application. I have read and understand the content of this application. The information contained in the application is true and correct to the best of my ability and the information submitted is without fraud, deceit or misrepresentation. I hereby authorized any past or present employer, past or present business or professional association to release any information to the State of Arizona in connection with my application and state that a photocopy of this authorization shall have the same effect as the original. I also authorized the Arizona State Veterinary Medical Examining Board, or its successor, to release any information submitted by me, upon request, to the public or to any licensing agency, or to any other person, when such request is required or permitted by Arizona Revised Statutes. I acknowledge that any falsification in my application is cause to deny my application. I authorize the Board utilize audio recording of any application interview that is conducted of me regarding this application.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Seal:

\_\_\_\_\_  
Notary Public Signature

My Notary Commission Expires on  
\_\_\_\_\_



### Qualified Alien Status (8 U.S.C.§§ 1621(a)(1),-1641(b) and (c))

- 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA)
- 2. An alien who is granted asylum under Section 208 of the INA.
- 3. A refugee admitted to the United States under Section 207 of the INA.
- 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- 5. An alien whose deportation is being withheld under Section 243(h) of the INA.
- 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
- 7. An alien who is a Cuban/Haitian entrant.
- 8. An alien who has, or whose child or child's parent is a "battered alien" or an alien subject to extreme cruelty in the United States.

### Nonimmigrant Status (8 U.S.C. § 1621(a)(2))

- 9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C § 1101 et seq.] Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C § 1101 (a)(15).

### Alien Paroled into the United States For Less Than One Year (8 U.S.C. § 1621(a)(3))

- 10. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA

### Other Persons (8 U.S.C § 1621(c)(2)(A) and (C))

- 11. A nonimmigrant whose visa for entry is related to employment in the United States, or
- 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 et seq.];
- 13. A foreign national not physically present in the United States.

### Otherwise Lawfully Present

- 14. A person not described in categories 1-13 who is otherwise lawfully present in the United States.  
**PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See 8 U.S.C. § 1621(a).**

## SECTION IV - DECLARATION

### All applicants must complete this section.

I declare under penalty of perjury under the laws of the state of Arizona that the answers and evidence I have given are true and correct to the best of my knowledge.

\_\_\_\_\_  
APPLICANTS' SIGNATURE

\_\_\_\_\_  
DATE



## EVIDENCE OF U.S. CITIZENSHIP, U.S. NATIONAL STATUS, OR ALIEN STATUS

**You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.**

**Evidence showing authorized presence in the United State includes the following:**

1. An Arizona driver license issued after 1996 or an Arizona non-operating identification license.
2. A driver license issued by a state that verifies lawful presence in the United States.
3. A birth certificate or delayed birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time)
4. A United States certificate of birth abroad.
5. A United States passport. \*\*\*Passport must be signed\*\*\*
6. A foreign passport with a United States visa.
7. An I-94 form with a photograph.
8. A United States citizenship and immigration services employment authorization document or refugee travel document.
9. A United States certificate of naturalization.
10. A United States certificate of citizenship.
11. A tribal certificate of Indian blood.
12. A tribal or bureau of Indian affairs affidavit of birth.
13. Any other license that is issued by the federal government, any other state government, an agency of this state or a political subdivision of this state that requires proof of citizenship or lawful alien status before issuing the license.



DOUGLAS A. DUCEY  
GOVERNOR

# ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007  
PHONE: 602-364-1PET(1738) ♦ FAX: 602-364-1039  
VETBOARD.AZ.GOV

VICTORIA WHITMORE, EXECUTIVE DIRECTOR

## CVT MORAL CHARACTER REFERENCE FORM

The following applicant will be applying to the State of Arizona for certification as a technician. We request that you furnish us with the requested information as listed below. Please answer the questions to the best of your knowledge. **Note:** This form is to be completed by persons **not** related to the applicant. If necessary, you may use a second sheet of paper. **Form must be submitted directly to the Board office by individual, not applicant. May be faxed to 602-364-1039 or emailed to: [licensing@vetboard.az.gov](mailto:licensing@vetboard.az.gov)**

Name of Applicant: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

- Through what context do you know the applicant? \_\_\_\_\_
- How long have you known the applicant? \_\_\_\_\_ (Must be a minimum of 3 years).
- Is the applicant or any member of his/her family related to you in any way?  Yes  No  
If yes, please explain: \_\_\_\_\_
- To your knowledge, has the applicant ever been convicted of a felony, an undesignated offense or cruelty to animals?  Yes  No  
If yes, please explain: \_\_\_\_\_
- To your knowledge, has the applicant ever failed to be trustworthy in relation to his/her responsibilities?  Yes  No  
If yes, please explain: \_\_\_\_\_
- Do you know of any unfavorable incident(s) in the life of the applicant at school, college, business, or otherwise that may have a bearing upon the character or fitness (moral or otherwise) to perform professional duties not covered by questions contained in this questionnaire or disclosed in your answers?  Yes  No  
If yes, please explain \_\_\_\_\_

Print Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_

(Please Print Clearly)

Address \_\_\_\_\_  
Street City State Zip

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_