



Remit to:

# State of Nevada Board of Veterinary Medical Examiners

4600 Kietzke Lane, Bldg. O, #265, Reno, NV 89502

(775) 688-1788 phone / (775) 688-1808 fax

## Application for Animal Physical Therapist

Registration Fee \$50<sup>00</sup>

PERSONAL INFORMATION	
Name: _____ FIRST MIDDLE LAST	Social Security Number: _____
Address: _____	Date of Birth: _____
City: _____ State: _____ Zip: _____	Place of Birth: _____
Telephone: _____	Email address: _____
	Other Name(s) used: _____

EDUCATIONAL INFORMATION	
High School: _____	Physical Therapy School: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Date Graduated: _____	Date Graduated: _____

LIST OF POST GRADUATE EDUCATION	
School Name: _____	School Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Date Graduated: _____	Date Graduated: _____

List of State(s) you are licensed in as a Physical Therapist or have been licensed in:

State _____	License Number _____	Date Issued _____
State _____	License Number _____	Date Issued _____
State _____	License Number _____	Date Issued _____

EMPLOYMENT HISTORY FOR THE LAST 5 YEARS	
Current Employer: _____	Address: _____
City: _____ State: _____ Zip: _____	Phone: _____ Start Date: _____
Employer Name: _____	Employer Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone: _____ Start: _____ End: _____	Phone: _____ Start: _____ End: _____

1. Have you previously filed an application with the Nevada State Board of Veterinary Medical Examiners? ..... Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If yes, when? \_\_\_\_\_
2. Have you ever been charged, arrested or convicted of a felony or misdemeanor?  
..... Yes: \_\_\_\_\_ No: \_\_\_\_\_
3. Have you ever been found guilty, pleaded guilty, or entered a plea of nolo contendere to any administrative or legal offense in connection with the practice of animal physical therapy?  
..... Yes: \_\_\_\_\_ No: \_\_\_\_\_
4. Have you ever surrendered a professional license? ..... Yes: \_\_\_\_\_ No: \_\_\_\_\_
5. Do you have a medical condition which in any way impairs or limits your ability to practice with reasonable skill and safety? ..... Yes: \_\_\_\_\_ No: \_\_\_\_\_
6. Do you take a chemical substance(s) which in any way impairs or limits your ability to practice with reasonable skill and safety? ..... Yes: \_\_\_\_\_ No: \_\_\_\_\_  
*If yes, please answer the following questions.*
7. Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? ..... Yes: \_\_\_\_\_ No: \_\_\_\_\_
8. Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or the manner in which you have chosen to practice? ..... Yes: \_\_\_\_\_ No: \_\_\_\_\_

*\*If your answer is yes to any of the above questions, please attach a signed statement of explanation. Copies of any documents that identify the circumstances or contain a court order, agreement, or other disposition are required.*



\*\*Please include a passport sized photo of yourself. It must have been taken within 60 days preceding the date of this application.  
\*\*Failure to provide any of the requested information or falsifying information will result in the application being rejected.

## **CHILD SUPPORT INFORMATION**

Professional or occupational licenses, certified, or permits may be denied or restricted if back child support is owed by the person holding the license. Any license by the State of Nevada Board of Veterinary Medical Examiners is subject to this new requirement mandated by the federal government of all states including Nevada.

### **Please mark the appropriate response**

(failure to mark one of the three will result in denial of the application)

- \_\_\_\_\_ I am not subject to a court order for the support of a child.
- \_\_\_\_\_ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- \_\_\_\_\_ I am subject to a court order for the support of one or more children and am not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

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Signature

Date

## **WAIVER**

I hereby authorize the Nevada State Board of Veterinary Medical Examiners, its agents, servants, and employees, to conduct such investigations of my business, professional, social and moral background, qualifications and reputation as it or its members or any of them deem necessary, proper or desirable.

This authorization is given in connection with my application for to become registered as an Animal Physical Therapist in the State of Nevada and to enable the said Nevada State Board of Veterinary Medical Examiners to give intelligent and proper consideration to such application.

No liability of any sort or kind shall attach to the said Nevada State Board of Veterinary Medical Examiners, its members, agents, servants, employees or anyone furnishing them information about me or my past activities, because or by reason of the use of this authorization.

I \_\_\_\_\_, being first duly sworn, depose and state that I am the person referred to by said name of \_\_\_\_\_, in the above and annexed questions, answers, and statements. I have read all of said questions, answers and statements, and know the contents thereof. I hereby certify under penalty of perjury that the information furnished in this document is true and correct.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

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Signature of Applicant

State of \_\_\_\_\_, County of \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, A.D., \_\_\_\_\_, personally appeared before me, a Notary Public in and for the County of \_\_\_\_\_, known to me to be the person described in and who executed the foregoing instrument, who acknowledged to me that he executed the same freely and voluntarily and for the uses and purposes therein mentioned.

IN WITNESS THEREOF, I have hereunto set my hand and affixed my official seat at my office in the County of \_\_\_\_\_, the day and year in this Certificate first above written.

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Notary

Seal: