



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

Website – [www.nvvetboard.us](http://www.nvvetboard.us)

## Application for Veterinary Technician in the State of Nevada Fee - \$100<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: _____
Cell Phone: _____	Other Name(s) used: _____

Are you a citizen of the U.S.  Yes  No

*If not, you must provide proof that you are lawfully entitled to remain and work in the U.S.*

Have you ever served in the military? Yes \_\_\_ No \_\_\_ Branch(es) of service: \_\_\_\_\_

Dates of Service: From: \_\_\_\_\_ To: \_\_\_\_\_

Post Graduate information	
School Name: _____	Date Graduated or Graduating: _____
Address: _____	City: _____ State: ____ Zip: _____
Type of Degree _____	

You must submit an official copy of your diploma or an official copy of your transcripts from the school you graduated from, showing your degree conferred.

Have you taken the Veterinary Technician National Exam?  Yes  No

If “yes” score transfers must come directly from AAVSB, unless you applied to take the VTNE through Nevada.

Are you currently a Nevada Veterinary Technician-in-Training?  Yes  No If “yes,” Registration # \_\_\_\_\_

List of State(s) you are licensed in or have been licensed in:

State \_\_\_\_\_ License Number \_\_\_\_\_ Date Issued \_\_\_\_\_

State \_\_\_\_\_ License Number \_\_\_\_\_ Date Issued \_\_\_\_\_

*If you are licensed, registered, or certified as a veterinary technician or ever have been licensed, registered, or certified as a veterinary technician in another state you must submit a letter of good standing directly from the licensing Board or Agency.*

Current Employment	Previous Employment
Employer Name: _____	Employer Name: _____
Address _____	Address _____
Phone: _____	Phone: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____

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 veterinary medicine? \*  
..... 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.

Please Attach  
Photo Here

**NEVADA BUSINESS LICENSE**

NRS 353C requires all licensing boards to provide the following information to the State controller’s office

I have a Nevada business license number assigned by the Nevada Secretary of State upon compliance with the Provisions of Chapter NRS 76. **My Nevada business license number is:** \_\_\_\_\_

I do NOT have a Nevada business license number.

I have applied for a Nevada business license with the Nevada Secretary of State upon compliance with the provisions of NRS chapter 76 and my application is pending.

**CHILD SUPPORT INFORMATION**

**Mark one of the three statements.**

\_\_\_\_\_ 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.

\_\_\_\_\_ 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.

**AFFIDAVIT/NOTARY**

I, \_\_\_\_\_ (applicant), do state, affirm, and depose that all representations I have made in this application are true and complete in every respect. I hereby authorize the State of Nevada Board of Veterinary Medical Examiners to make inquiries as it deems necessary to verify the accuracy and completeness of all representations I make as part of my application. In consideration for the services rendered by the State of Nevada Board of Veterinary Medical Examiners, I hereby release, discharge, and exonerate the State of Nevada Board of Veterinary Medical Examiners, its officers, directors, agents, and employees from any and all liability of every nature and kind arising out of the verification of information I have provided or the State of Nevada Board of Veterinary Medical Examiners has obtained.

\_\_\_\_\_  
Applicants Signature Date

State/Province or Country of: \_\_\_\_\_

County of: \_\_\_\_\_

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant. The statements on this document are subscribed and sworn to before me by applicant.

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

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

My commission Expires \_\_\_\_\_

Seal