

## INSTRUCTIONS FOR COMPLETING AN APPLICATION TO PRACTICE AS A VETERINARY TECHNICIAN IN VIRGINIA

### BEFORE YOU PROCEED, READ THE FOLLOWING INFORMATION CAREFULLY:

- **Laws and Regulations:** The Virginia laws and regulations pertaining to the practice of veterinary medicine may be viewed at <http://www.dhp.virginia.gov/vet/>. The application requires an attestation to having read the applicable laws and regulations;
- **Application processing and documentation:** Required documentation must be submitted directly from the source of the information by postal mail, email or fax. The applicant is responsible for notifying the source to submit the required documentation. Additional forms for licensure and employment verification are attached;
- **Application tracking:** An online electronic checklist is provided to track your application. Please allow approximately 21 business days for your application checklist to be initially updated on the board's website. Subsequent updates will occur as documentation is received. If you find that your checklist does not exist or does not indicate necessary documents have been received, email the Board at [vetbd@dhp.virginia.gov](mailto:vetbd@dhp.virginia.gov) with "VET Application Question" in the subject line;
- **Fee:** An application fee of \$65.00 is required. **All fees are nonrefundable;**
- **Application payment receipt:** A receipt may be printed upon approval of the payment;
- **View application checklist and fee:** Your application checklist may be viewed by logging into your application account and selecting the "View Checklist" link located in the "Pending Licenses" section. The link will not be visible to applicants or the Board if the application fee has not been paid;
- **License expiration dates:** Licenses issued prior to October 1 expire on December 31 of the current year. Licenses issued on or after October 1 expire December 31 of the following year; and
- **Board Communication:** Email address: The Board's method of communication to licensee is via email.

### APPLICATION METHODS:

- EXAMINATION (Passage of VTNE). An application requires the following documentation:**
  - Official copy of transcript from a school of veterinary technology accredited by the AVMA or CVMA conferring degree;
  - Examination scores – Contact American Association of Veterinary State Boards (AAVSB) to release VTNE scores to Virginia. If examination taken through VTNE in Virginia, a request for score transfer is not required; and
  - Verification of any veterinary technology licenses, certifications or registrations ever held, including expired, in another jurisdiction of the U.S. or its territories and District of Columbia.
- ENDORSEMENT (Holds a license, certification or registration in another jurisdiction of the U.S. or its territories and District of Columbia) – An application requires the following documentation:**
  - Official copy of transcript from a school of veterinary technology accredited by the AVMA or CVMA conferring degree; **OR** National examination scores from AAVSB. If examination taken through VTNE in Virginia, a request for score transfer is not required;
  - Verification of any veterinary technology licenses, certifications or registrations ever held, including expired, in another jurisdiction of the U.S. or its territories and District of Columbia; and
  - Written documentation of clinical practice as a veterinary technician for at least 2 of the past 4 years immediately preceding application. Active practice may be verified on the Board's optional Employment Verification Form or company letterhead.

**Additional information is located on next page.**

## **ADDITIONAL INFORMATION**

### **Examination Contact Information:**

- Online Score Transfer Request – <https://aavsb.org/>; and
- AAVSB - Questions regarding transfer of scores – (877) 698-8482.

**Incomplete applications:** An application shall be valid for a period of one year after the date of initial submission.

### **Board of Veterinary Medicine Contact Information**

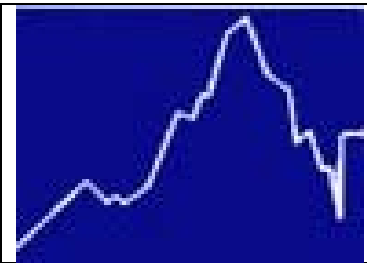
**Address:** 9960 Mayland Drive, Suite 300  
Henrico, Virginia 23233-1463

**Webpage:** <http://www.dhp.virginia.gov/vet/>

**Email:** [vetbd@dhp.virginia.gov](mailto:vetbd@dhp.virginia.gov)

**Phone:** (804) 367-4497

**Fax:** (804) 527-4471



**COMMONWEALTH OF VIRGINIA**  
**Department of Health Professions**  
**Board of Veterinary Medicine**

Perimeter Center  
9960 Mayland Drive, Suite 300  
Henrico, VA 23233-1463

Email: [vetbd@dhp.virginia.gov](mailto:vetbd@dhp.virginia.gov)  
Phone: (804) 367-4497  
Website: [www.dhp.virginia.gov](http://www.dhp.virginia.gov)

**LICENSURE VERIFICATION FORM**

**TO THE APPLICANT – List name and license number in top section only and forward to all jurisdictions (U.S. States or Territories and Washington, D.C.) in which you have ever been issued a license to practice as a veterinarian or veterinary technician.**

**Applicant Full Name:**

**License Number:**

**STATE LICENSURE BOARD OR REGULATORY AGENCY** – The person listed above is applying for a license to practice as a veterinarian or veterinary technician in Virginia. The Virginia Board of Veterinary Medicine requests that the form be completed by each jurisdiction in which he/she holds or has ever held a license/certificate. Please complete the form and return it to the address listed above.

State/Commonwealth of:

Licensee Name:

Issued Date:

License/Certification Number:

Veterinarian

Veterinary Technician

Licensed/Certified Through (check one):

National Examination

Clinical Competency Examination

NAVLE

State Board Examination

Reciprocity/Endorsement from another U.S. State or Territory (Name of State) \_\_\_\_\_

Status of License is:  Active  Current Inactive  Expired/Lapsed Expired Date \_\_\_\_\_

Revoked  Suspended

Has the applicant's license/certificate ever been suspended or revoked?

Yes

No

Has there been any disciplinary history? If yes to any of the questions, please provide all information available under your state's freedom of information statutes.

Yes

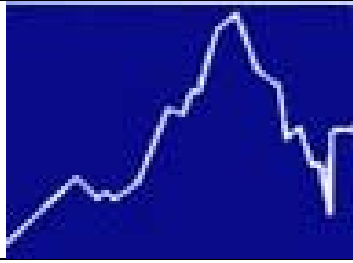
No

Comments, if any:

**BOARD SEAL**

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date



**COMMONWEALTH OF VIRGINIA**  
**Department of Health Professions**  
**Board of Veterinary Medicine**

Perimeter Center  
9960 Mayland Drive, Suite 300  
Henrico, VA 23233-1463

Email: [vetbd@dhp.virginia.gov](mailto:vetbd@dhp.virginia.gov)  
Phone: (804) 367-4497  
Website: [www.dhp.virginia.gov](http://www.dhp.virginia.gov)

## EMPLOYMENT VERIFICATION

**APPLICANT INFORMATION – To be completed by applicant.** Please type or print.

Last Name	First Name	Middle Initial	Other Names Used

I hereby authorize the release of employment verification to the Virginia Board of Veterinary Medicine.

Signature:	Date:
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**EMPLOYER OR AUTHORIZED REPRESENTATIVE – To be completed by employer or authorized representative and mailed directly to the Board.** The individual named above is applying for licensure as a Veterinarian or Veterinary Technician in the Commonwealth of Virginia. Please verify the employment history and status of this individual. In lieu of completion of this form, an employer may send a letter confirming requested information.

Employer's Business or Organization Name:

Type of Business:

Business Address:

Phone:

Email Address:

Employee's Name

Employee's Position Title

Was the employee engaged in clinical practice as a veterinarian? Yes  No

Was the employee engaged in clinical practice as a veterinary technician? Yes  No

Employment Begin Date (mm/dd/yyyy)

Employment Status

Provide all practice locations and dates of employment. If more space is required, list on separate paper.

Practice Locations

Dates of Employment

Print Name

Signature and Date