

## 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 and 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. Please allow approximately 7 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;
- **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;
- **Retention of Application Documents:** Applicant documentation (includes exam scores) is maintained for one year and then destroyed; and
- **Board Communication:** Email address: The Board’s preferred method of communication to applicants or licensee is via email.

### APPLICATION METHODS AND REQUIRED DOCUMENTATION:

- EXAMINATION (Passage of VTNE and less than 2 years of active practice).**
    - 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 and is less than one year old, a request for score transfer is not required; and
    - Verification of any veterinary technology licenses, certifications or registrations ever held by each board, including expired, in another jurisdiction of the U.S.
  - ENDORSEMENT (Required to hold a current unrestricted license, certification or registration issued by a regulatory entity in another jurisdiction of the U.S. A certification by a veterinary technology association is not accepted.)**
    - Written documentation of having been regularly engaged in clinical practice as a licensed, certified, or registered veterinary technician for at least two of the past four years immediately preceding application. Clinical practice may be verified on the Board’s optional Employment Verification Form, company letterhead or tax returns (1040) that reflect occupation;
    - 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;
    - Documentation of completion of at least 16 hours of continuing education during the preceding four years; and
    - Verification of any veterinary technology licenses, certifications or registrations ever held by each board, including expired, in another jurisdiction of the U.S.
- NOTE:** If unable to provide documentation of clinical practice for two of the past four years, an applicant may seek licensure by examination.

## **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



9960 Mayland Drive, Suite 300  
Henrico, Virginia 23233

Phone - (804) 367-4497  
Fax - (804) 527-4491

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

<b>Applicant Full Name:</b>	<b>License Number:</b>
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**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:	<input type="checkbox"/> Veterinarian <input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Is continuing education required for renewal? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, how many hours are required per year?
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Comments, if any: \_\_\_\_\_

**BOARD SEAL**

\_\_\_\_\_  
 Signed

\_\_\_\_\_  
 Date



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

## EMPLOYMENT VERIFICATION

<b>APPLICANT INFORMATION – To be completed by applicant.</b> 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:	

<b>EMPLOYER OR AUTHORIZED REPRESENTATIVE – To be completed by employer or authorized representative and forwarded directly to the Board by postal mail or electronically.</b> 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 <input type="checkbox"/> No <input type="checkbox"/>
Was the employee engaged in clinical practice as a veterinary technician?			Yes <input type="checkbox"/> No <input type="checkbox"/>
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	