



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
**APPLICATION FOR VETERINARY TECHNICIAN
 REGISTRATION**

MISSOURI VETERINARY MEDICAL BOARD
 3605 MISSOURI BOULEVARD
 P.O. BOX 633
 JEFFERSON CITY, MO 65102

LICENSE NO.	DATE ISSUED
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GENERAL INFORMATION

The Missouri Veterinary Medical Board would like you to be aware of the following:

Registration by **reciprocity**, any person who holds a valid current veterinary technician registration issued by another state, a territory of the United States, or the District of Columbia, and who has been registered for at least one year in such other jurisdiction, may submit an application for a registration in Missouri, along with proof of current registration and proof of registration for at least one year in the other jurisdiction. Reciprocity requires the applicant to practice in the same occupation or profession, and at the same practice level, for which he or she holds the current license. Further, 20 CSR 2270-3.080, RSMo, requires all applicants including **reciprocity**, to take and pass the Missouri State Board Examination, before a permanent registration can be issued. Application files must be complete and approved by the Board prior to taking the Missouri State Board Examination.

To qualify for registration by **grade transfer**, you must have taken the national examination (Veterinary Technician National Examination (VTNE)) within five (5) years of the application and your scores must have met Missouri's passing scores. Further, 20 CSR 2270-3.030, RSMo, requires all applicants including **grade transfer**, to take and pass the Missouri State Board Examination, before a permanent license can be issued.

Registration by **examination**, applicants must take the Veterinary Technician National Examination (VTNE) and the Missouri State Board Examination. Applicants may apply for the examinations during his/her final semester of college, however, to be eligible to sit for the VTNE, the applicant must provide official documentation from the college verifying to the Board that the applicant has graduated. No certificate of registration will be issued until an official transcript verifying receipt of the degree is received by the board office sent directly by the degree-granting institution. It shall be the applicant's responsibility to arrange with the school or college for the transmitting of the official transcript to the board office. Applicants must submit the VTNE application and fee directly to the American Association of Veterinary State Boards (AAVSB) and the required applications for the Missouri State Board Examination. Examination applications must be received prior to each test window by the following dates: March 1, June 1, September 1, and December 1. Requests for special needs must be received at the time applications are received.

PLEASE REFER TO PAGE FIVE OF THIS APPLICATION FOR DOCUMENTATION REQUIRED

ALL APPLICANTS MUST COMPLETE THE FOLLOWING

PLEASE TYPE OR PRINT IN BLACK INK

I hereby apply for a registration to practice as a veterinary technician in the State of Missouri on the basis of (Check one):

<input type="checkbox"/> EXAMINATION	Fee: \$50.00 (\$50 Registration Fee)
<input type="checkbox"/> RECIPROCITY	Fee: \$100.00 (\$50 Registration + \$50 Reciprocity)
<input type="checkbox"/> GRADE TRANSFER	Fee: \$100.00 (\$50 Registration + \$50 Grade Transfer)

2. NAME (LAST, FIRST, MIDDLE INITIAL, MAIDEN NAME)	3. DATE OF BIRTH	4. EMAIL ADDRESS
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5. MAILING ADDRESS (STREET/BOX NO., CITY, COUNTY, STATE, ZIP CODE)	6. SOCIAL SECURITY #
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7. SECOND, INTENDED OR BUSINESS ADDRESS (STREET/BOX NO., CITY, COUNTY, STATE, ZIP CODE)	8. DAYTIME TELEPHONE NO.
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9. NAME OF EMPLOYER

10. LIST ALL PREVIOUS PLACES OF PRACTICE TO INCLUDE PRESENT AND PREVIOUS EMPLOYER NAME, ADDRESS AND DATES EMPLOYED (THIS INFORMATION SHOULD INCLUDE EMPLOYMENT FROM GRADUATION TO PRESENT AND SHOULD EXPLAIN ANY GAP IN EMPLOYMENT)

NAME	ADDRESS	FROM	TO
		MONTH/YEAR	MONTH/YEAR

11. EDUCATIONAL EXPERIENCE – AN OFFICIAL TRANSCRIPT WITH THE DEGREE DESIGNATION, DATE ISSUED AND THE ORIGINAL SCHOOL SEAL AFFIXED MUST BE SUBMITTED DIRECTLY TO THIS OFFICE FROM THE INSTITUTION WHICH GRANTED THE DEGREE.

NAME OF INSTITUTION FROM WHICH YOU WILL RECEIVE OR HAVE RECEIVED YOUR DEGREE IN VETERINARY TECHNOLOGY	DATE DEGREE RECEIVED (MM/DD/YYYY)
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Was the institution AVMA accredited? YES NO

If no, it is the applicant’s responsibility to have the school transmit directly to the board a copy of the curriculum and a statement substantiating the equivalency to the AVMA accreditation standards. The board shall have the sole discretion of whether or not to approve the curriculum.

12. EXAMINATION (ALL APPLICANTS MUST COMPLETE)

Have you previously taken the National Examination (VTNE)? YES NO

If yes, indicate the number of times, dates and the states you have applied through for each examination in the space below:

VTNE	STATE BOARD EXAMINATION
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I hereby apply to take the following examination(s).

VTNE (Date _____)

MO State Board Exam (ALL APPLICANTS MUST TAKE THE STATE BOARD EXAM)

13. List all of the states in which you now hold or have ever held a license or registration to practice veterinary technology. If current status is “other”, please explain on a separate sheet. Verification of licensure must be submitted by each state where you have ever been licensed.

STATE	LICENSE NUMBER	ISSUE DATE	CURRENT STATUS
			<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> OTHER
			<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> OTHER
			<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> OTHER
			<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> OTHER
			<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> OTHER
			<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> OTHER
			<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> OTHER
			<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> OTHER

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? Yes No

2. If yes, would you like to receive information and assistance regarding veterans benefits and services? Yes No

3. If yes, may the agency share your contact information with the Missouri Veterans Commission to provide such information? Yes No

General information may also be found at the Missouri Veterans Commission’s website.

THE APPLICANT MUST ANSWER THE FOLLOWING QUESTIONS. IF ANY OF THE QUESTIONS ARE ANSWERED "YES", THE APPLICANT MUST PROVIDE AN EXPLANATION IN A SEPARATE NOTARIZED STATEMENT.

- | | YES | NO |
|--|--------------------------|--------------------------|
| 14. Have you ever been denied a professional license, certification, registration, or permit? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you ever had any professional license, certification, registration, or permit revoked, suspended, placed on probation, or otherwise subject to any type of disciplinary action? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Are you presently being investigated or is any disciplinary action pending against any professional license, certification, registration or permit you hold? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Have you ever voluntarily surrendered or resigned any professional license, certification, registration, or permit? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have you ever been convicted, adjudged guilty by a court, pled guilty or pled nolo contendere to any crime, whether or not sentence was imposed, (excluding traffic violations)? If yes, attach a full explanation and provide certified court documents (i.e. Docket Sheet, Information or Indictment, and Final Disposition). | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Have you ever been convicted, adjudged guilty by a court, pled guilty or pled nolo contendere to any traffic offense resulting from or related to the use of drugs or alcohol, whether or not sentence was imposed? If yes, attach a full explanation and provide certified court documents (i.e. Docket Sheet, Information or Indictment, and Final Disposition). | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Do you currently, or did you within the past five years, use any prescription drug, controlled substance, illegal chemical substance, or alcohol, to the point where your ability to competently practice as a veterinary technician would be affected? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Are you now being treated, or have you been treated within the past five years, through a drug or alcohol rehabilitation program? If yes, attach a full explanation and provide discharge summary or other official documentation that shows your diagnosis, prognosis and treatment plan. | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Have you ever had a judgment rendered against you based upon fraud, misrepresentation, deception or malpractice related to your practice as a veterinary technician? If yes, attach a full explanation and provide certified court documents (i.e. Docket Sheet, Information or Indictment, and Final Disposition). | <input type="checkbox"/> | <input type="checkbox"/> |

Pursuant to Section 324.010 RSMo:

- CHECK THIS BOX ONLY IF IN ALL OF THE LAST 3 YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.**

False statements are subject to criminal penalties and/or license discipline.

If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200 or e-mail income@dor.mo.gov.

23. ATTESTATION (ALL APPLICANTS MUST COMPLETE)

I hereby affirm that the information given above is true, correct and complete to the best of my knowledge and belief. I am aware that any person who knowingly submits false information, information intended to mislead the board, or omits a material fact on the application shall be subject to penalties provided for by the laws of Missouri, in addition to any actions which the board may take pursuant to the provisions of Chapter 340, RSMo.

I further authorize the release of any information needed by the Missouri Veterinary Medical Board to determine my eligibility for licensure.

APPLICANT'S SIGNATURE

DATE

DOCUMENTS YOU MUST FURNISH WITH YOUR APPLICATION

All documentation should be completed and forwarded to the Missouri Veterinary Medical Board, 3605 Missouri Boulevard, P.O. Box 633, Jefferson City, Missouri 65102. If you have questions, you may reach the board office at 573/751-0031, 1/800-735-2966 (TEXT) and 1/800-735-2466 (VOICE). All applications are considered on an individual basis. You may be requested to submit information or documents in addition to the requirements mentioned herein. You may also be required to appear before the Board. Additionally, once you are issued a permanent Missouri registration, you will be required by law to pay an annual renewal fee on or before November 30 of each year.

No application can be considered by the Board until the entire file is complete. **Therefore, you should not make any firm commitment to begin working until you have received notification of registration in writing from this office. A temporary permit may be issued prior to registration providing all requirements have been met and fees received.** Proof that a veterinary technician has practiced veterinary technology in Missouri before becoming licensed is grounds for denial of licensure. Additionally, no application will be processed without a fee. You will be notified in writing one (1) time if your application is deficient in any way. You should allow a minimum of sixty (60) days for the processing of your application.

SPECIAL ACCOMMODATIONS: If you have a documented disability covered by the Americans with Disabilities Act, please refer to the document titled "Requests for Accommodations Under the ADA" for information concerning modifications for licensure examination candidates and to ensure that reasonable accommodations are made for your needs. This document can be located on our website at www.pr.mo.gov/veterinarian.asp. Notification must be in writing and mailed to the Missouri Veterinary Medical Board, P.O. Box 633, Jefferson City, MO 65102. Notification of special needs must be received by the board at the time the application is received in our office or at least sixty (60) calendar days in advance of the examination date if applying by reciprocity or grade transfer or prior to each test window by the following dates: March 1, June 1, September 1, and December 1.

1. Completed application and fees. Checks should be made payable to the Missouri Veterinary Medical Board. **20 CSR 2270-1.021(2) states, "All fees, with the exception of those noted in section 340.232, RSMo, are nonrefundable.";**
2. Official transcript must be mailed directly to the Missouri Veterinary Medical Board by the educational institution where you received your degree. The Board does not accept electronic transcripts. (A final transcript will be required before a permanent license can be issued.);
3. Two (2) current, standard passport photographs, one and one-half inches by two inches (1.5" x 2.0"), with the applicant's signature on the back of each. In the event, an examination is failed, additional photographs will be required.
4. VTNE scores must be submitted by the American Association of Veterinary State Boards. The minimum criterion referenced score required in Missouri for the VTNE is 425. Request a transfer of your scores from the American Association of Veterinary State Boards at <http://www.aavsb.org/VIVA/>. **20 CSR 2270-2.041(2) states, "Effective August 28, 1999, no person may take any examination more than four (4) times either in or out of Missouri to qualify for licensure in Missouri. Prior to making application for the fourth attempt at passage of the examination, the applicant shall schedule an appearance with the board to outline a continuing education program which shall be board approved and completed prior to filing an application for the subsequent examination.";**
5. Verification of registration must be submitted directly to the Missouri Veterinary Medical Board by each state, territory or the District of Columbia where you have ever held a registration.
6. A certified document completed by the state-licensing agency verifying that the applicant met the examination, education, experience requirements and the registration is active and in good standing. The certified document **MUST** come directly from the other state board to the Missouri State Board. **(RECIPROCITY CANDIDATES ONLY);**
7. The Verification of Employment form must be completed after graduation and prior to the registration being issued. The Verification of Employment form must be signed and submitted by your Missouri licensed supervising veterinarian. The form can be obtained on the Board's website at <https://pr.mo.gov>.
8. All applicants must take the Missouri State Board Examination. The passing score for the State Board Examination is 70%.