

Registration No. _____ Date Rec'd. _____ Amount Rec'd. _____ ___ Cash ___ Check# _____ FOR OFFICE USE ONLY PCA 27103 / AOBJ 4920 = \$85
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**APPLICATION FOR EXAMINATION AND REGISTRATION
 To Perform as a Veterinary Technician in the State of Maryland**

NOTE: A fee of \$85.00 must accompany this application. (Check or money order shall be made payable to the SBVME). **All information requested in this application is on-going in nature. Failure to provide the Board with any changes to the information supplied can result in denial or revocation of your registration. If the application for registration has not been successfully completed within one year from the date of initial submission, a new application and fee will be required.**

APPLICATION FEE
Maryland Veterinary Technician Examination Registration Fee: \$85.00

- Print or Type Name: _____
 (Last) (First) (Middle initial) (Maiden name, if applicable)
- (Check One): Male _____ Female _____ Social Security Number _____
- Home street address: _____
 City: _____ State: _____ County _____ Zip: _____
- Home telephone number: _____
- E-mail address: _____
- Date of Birth: _____
- Name of employer: _____
- Work street address: _____
 City: _____ State: _____ County _____ Zip: _____
- Work telephone number: _____
- Personal Data: Submit a 2" x 3" photograph taken within the past six months, and write complete signature on the back for submission to the Board.
- Educational Information: Did you graduate from high school? Yes _____ No _____
 If you did not graduate from high school, have you passed examinations and received a high school equivalence certificate from Maryland or another State? Yes _____ No _____ Give Name of State: _____

COLLEGE, UNIVERSITY or PROFESSIONAL SCHOOL Give Name & Location	MAJOR AND SPECIALTY	DATES ATTENDED FROM ___ TO ___	DEGREE RECEIVED If yes, give title & date; if no, # of Credit Hours Completed

12. Are you a graduate of a veterinary technician program approved by the American Veterinary Medical Association?
 Yes _____ No _____

Name and Location of School:	
Date of Diploma:	
Degree Conferred:	

If you attended more than one school and have had more than one degree conferred upon you, provide full particulars:

13. Have you previously applied for registration as a veterinary technician in Maryland, or have you ever been denied registration in Maryland? Yes _____ No _____

If you answered "yes" to either, give date you applied __ or were denied __ registration. Date: _____

14. Have you taken the Veterinary Technician National Examination (VTNE)?

Yes _____ No _____

a. Did you receive a passing score on the VTNE? **Yes _____ *No _____ Date of Examination _____

*If you answered "No" to question number 14, and you plan to take the VTNE in Maryland, please contact the AAVSB at (877) 698-8482 or go to www.aavsb.org to apply to take the VTNE. To take the VTNE in Maryland, payment must be made directly to the AAVSB.

****NOTE: APPLICANTS WILL BE RESPONSIBLE FOR HAVING THE RESULTS OF THE VTNE TRANSFERRED TO THIS OFFICE.**

15. List all jurisdictions in which you now hold or ever held a registration or certification as a veterinary technician:

16. If you are, or have ever been registered as a veterinary technician in another jurisdiction, has your registration ever been suspended, revoked, or sanctioned? Yes _____ No _____ If "yes," describe where, when, and the circumstances surrounding the disciplinary action: _____

17. Are there any outstanding complaints, investigations, or charges pending against you in any State by any licensing or disciplinary board? Yes _____ No _____

(Note: Answering in the affirmative will not necessarily make you ineligible for registration in the State of Maryland.)

If you answered "yes," provide the name of the State in which action is pending: _____

18. Excluding any minor traffic violations, have you ever been convicted of a crime? Yes ___ No ___

If "yes," describe. Use a separate sheet of paper, if necessary, and attach to this form.

I affirm that I have **read** and **comprehend** the **laws and regulations governing registered veterinary technicians in the State of Maryland**, and acknowledge that, if granted a registration to work as a registered veterinary technician in Maryland, I am required to comply with any laws and regulations governing registered veterinary technicians.

Any false statement on this application may result in the rejection of your application for registration.

Print Name: _____

Personal Signature: _____ Date: _____

Subscribed and Sworn to Before Me this

_____ day of _____, 20_____

Notary Public

My Commission Expires: _____