

North Carolina Veterinary Medical Board

VETERINARY TECHNICIAN STATE EXAM APPLICATION

1611 Jones Franklin Rd., Suite 106, Raleigh NC 27606
Phone: (919) 854-5601

EXAM DATE	APPLICATION DEADLINE	EXAM DATE	APPLICATION DEADLINE
January 3, 2018	November 3, 2017	June 20, 2018	April 20, 2018
February 21, 2018	December 21, 2017	Sept. 12, 2018	July 12, 2018
May 23, 2018	March 23, 2018	October 17, 2018	August 17, 2018

Application must be in the Board office by the day of the deadline which includes: **notarized application, a copy of your Social Security card and the application fee.** Upon the receipt of an application, a status letter will be generated and mailed to the applicant

VTNE scores, transcripts, license/registration verifications, etc. must be received at least one (1) week before the exam date. Status letters will continue to be sent out as documents are received by the Board office. Please read them carefully. When the file is complete, a final status letter will be sent.

EXAM FEE - \$50.00

Check or money order must be made payable to the North Carolina Veterinary Medical Board (NCVMB) **in American funds**. The application and fee are non-refundable and non-transferable to another examination date.

EXAM PACKET: **An Exam Packet will be mailed to all applicants approximately 30 days prior to the exam date;** however, the applicant's file must be complete no later than one (1) week prior to the examination date to be eligible to sit. **Exam Packet contains:** Study material (*The Practice Act – also available online*), seating pass (*states time/location*), hotel accommodations and directions to the exam facility in Raleigh.

1. The applicant must be present on or before the check-in time noted on the seating pass.
2. Once the examination begins, applicants will be given one (1) hour to complete the 100 question examination covering the General Statutes of NC. **A passing score is 70.**
3. If an applicant arrives late; they may be admitted but will only be given the time remaining and not a full hour to complete the exam. An applicant will be denied entry into the examination once the first person has completed the exam and exited the examination area.

Please read all application instructions carefully, in addition to the following reminders:

1. Applicants must have graduated from an American Veterinary Medical Association (AVMA) accredited two-year program of veterinary technology. [G.S. 90-181(11)] This means all course work is complete and the degree has been awarded/conferred. **It is the applicant's responsibility to request an official degree awarded/conferred transcript. This must be mailed directly from the college/school to the Board office and should be on file with the Board office no less than one (1) week prior to the examination date.**
2. Applicants must have passed the Veterinary Technician National Examination (VTNE). A passing score is 425. It is the applicant's responsibility to request VTNE scores from AAVSB (www.aavsb.org). This must be mailed directly to the Board from AAVSB.
3. It is the applicant's responsibility to request a license verification from any/all state(s) which the applicant holds or has held any license, registration or certification (including non-veterinary medicine licenses). All verifications must be no older than six (6) months from exam date. They must be mailed directly from the state(s) to the Board office.

4. A copy of your Social Security card must be submitted with application. Disclosure is mandatory by N.C.G.S. § 93B-14 and N.C.G.S. § 110-142.1, *et. seq.*
5. If the name on any of the required application documents display a name other than that on your application, you must submit a copy of the legal document which allowed that change (*i.e. marriage license, divorce decree, affidavit or court order*).

Applicants with Disabilities

Those who need to request special accommodations for an exam must contact the Board office in writing at the time of application by the examination deadline. All information about the disability must be provided as well as what special accommodations are being requested.

Additional information regarding ADA accommodations required, but not limited to:

1. When your disability was professionally diagnosed.
2. Did you receive any special accommodations not relating to testing in high school? In college? If yes, please describe.
3. Did you receive any special accommodations for the college admission test? If yes, please describe.
4. What accommodations are you requesting at this time which relates to your disability, given the test is a true/false and multiple choice test?

Renewal and Continuing Education

Technician Registrations are renewed on-line every other year. At this time, the renewal fee is \$50.00. Twelve (12) hours of continuing education credit are required each renewal cycle. **Exception:** No additional education is required if licensed in the same year of graduation. Please retain all original copies of proof of attendance for your future reference or if audited by the Board.

Please be Aware

The North Carolina General Statute reserves the term Veterinary Technician or Registered Veterinary Technician for an individual who has met the requirements as stated in the Veterinary Practice Act and is registered with the North Carolina Veterinary Medical Board and maintains that registration. To directly or indirectly imply such is a misrepresentation to the public.

North Carolina Veterinary Medical Board

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Phone: (919) 854-5601

EXAM DATE – Select only one		
<input type="checkbox"/> Jan. 3, 2018	<input type="checkbox"/> May 23, 2018	<input type="checkbox"/> Sept. 12, 2018
<input type="checkbox"/> Feb. 21, 2018	<input type="checkbox"/> June 20, 2018	<input type="checkbox"/> Oct. 17, 2018
NO EXAMS ARE GIVEN IN NOV/DEC; FUTURE DATES ANNOUNCED SEPT. 1 OF EACH YEAR		

Only the following needs to be received by the Board office by the application deadline:

1. Fill out application in its entirety and have it notarized
2. Application fee of **\$50.00** (*Check or money order made payable to NCVMB in American funds*)
3. Copy of Social Security card (*Needs to reflect name being used on application*)


Please note: It is the applicant's responsibility to request transcripts, scores, license verifications, etc. They must be sent directly from the agency to the Board office and **received a week BEFORE the exam date.**

Have you previously applied for the NC State examination? Yes No

Applicant's emergency contact name & phone number: _____

APPLICANT INFORMATION

Provide copy of legal documentation under which any name could be submitted

First Name	Middle Name	Previous / Maiden Name(s)  <small>READ</small>	Last Name
Social Security Number - -	Date of Birth / /	Place of Birth – City, State, Country	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Mailing Address – Street, City, State, Zip			NC County
Primary Phone () -		Secondary Phone () -	
E-mail Address – Make letters & numbers obvious	Work Name		NC County
Work Phone () -	Work Address – Street, City, State, Zip		

EDUCATION INFORMATION

Applicant is to request official degree awarded / conferred transcript; this document must be sent directly from the school/college.

Name of AVMA Accredited School / College	Date of Graduation - Month / Year
Location – City, State, Country	

SPECIALIZED TRAINING

Post graduate training only -- Residency, Professional Training, Vocational Training, Practice / Clinical Training, etc.

Name of Institution		
Location – City, State, Country	Dates of Attendance From Month/Year – To Month/Year	Completed? Yes No [] []

Name of Institution		
Location – City, State, Country	Dates of Attendance From Month/Year – To Month/Year	Completed? Yes No [] []

Name of Institution		
Location – City, State, Country	Dates of Attendance From Month/Year – To Month/Year	Completed? Yes No [] []

RECORD OF VTNE EXAMINATION

List the Veterinary Technician National Exam (VTNE) information below; all attempts must be shown. Applicant is to request a score transfer directly from AAVSB. A passing score is 425.



New graduates who applied for the VTNE thru NC will have a copy sent to the Board office automatically; **takes 4-5 weeks from exam date for results to be received.**

Examination	State	Month / Year of Exam	Passed / Failed / Other <small>If other, please explain</small>
VTNE			
VTNE			
VTNE			
VTNE			

RECORD OF VETERINARY TECHNICIAN LICENSURE INFORMATION

If you have been previously licensed to practice in the veterinary profession, complete the information requested below. Applicant to request license verification(s) from state(s) you have had or currently hold a veterinary license, registration or certificate; it must be mailed directly from each state. **All verifications must be no older than six (6) months from exam date.**

You must identify the method by which you obtained your professional license in the appropriate column (*i.e. licensure by examination, score transfer, endorsement, grandfather/waiver provision, or reciprocity*). Failure to disclose all profession licenses, registrations or certificates held may result in denial of your application or other appropriate action.

State / Province	Title of Profession	License Number	Obtained by	Year of Issuance	License Status	Year Revoked
EXAMPLE New York	RVT	VT005896	Exam	1992	Not Active	2001

EMPLOYMENT HISTORY

Employment history relevant to the veterinary profession for the last five (5) years beginning with the most recent. Explain any breaks in employment history of greater than six (6) months. You may photocopy this page for additional entries.

Name of Business Institution:	
Address & Phone Number of Business/Institution:	
Job Title:	
Date of Employment: FROM ___/___/___ TO ___/___/___	
Hours Worked per Week:	
Type of Employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Name of Business Institution:	
Address & Phone Number of Business/Institution:	
Job Title:	
Date of Employment: FROM ___/___/___ TO ___/___/___	
Hours Worked per Week:	
Type of Employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Name of Business Institution:	
Address & Phone Number of Business/Institution:	
Job Title:	
Date of Employment: FROM ___/___/___ TO ___/___/___	
Hours Worked per Week:	
Type of Employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Name of Business Institution:	
Address & Phone Number of Business/Institution:	
Job Title:	
Date of Employment: FROM ___/___/___ TO ___/___/___	
Hours Worked per Week:	
Type of Employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	

PERSONAL HISTORY INFORMATION

Please answer each of the following questions by putting a check in the appropriate box on the right. . All **“YES”** answers must be explained in detail on a separate **signed and notarized affidavit**. Failure to disclose any of the requested information may result in the denial of application or other appropriate action.

<p>1. Other than the NC Veterinary Medical Board, has your veterinary technician registration been the subject of disciplinary action by any licensing agency in the past three (3) years?</p>	<p>[] YES [] NO</p>
<p>2. Have you been charged and/or convicted (including a <i>nolo contendere plea</i> or <i>guilty plea</i>) of a felony or misdemeanor (other than <i>minor traffic violations</i>) criminal offense (state, federal, or another country) in any jurisdiction within the past three (3) years?</p>	<p>[] YES [] NO</p>
<p>3. Have you been pardoned from a felony or criminal conviction in the past three (3) years?</p>	<p>[] YES [] NO</p>
<p>4. Other than the North Carolina Veterinary Health Program (NCVHP), are you now in treatment or have you, in the past three (3) years, been treated for a drug or alcohol addiction or participated in a rehabilitation program?</p>	<p>[] YES [] NO</p>
<p>5. Have you ever been court martialled or discharged other than honorably from the armed service?</p>	<p>[] YES [] NO</p>
<p>6. Do you currently have any disease or condition that interferes with your ability to competently and safely perform the essential functions of your veterinary employment? This would include any disease or condition generally regarded as chronic by the medical community, i.e. (a) mental or emotional disease or condition; (b) alcohol or other substance abuse; and/or (c) physical disease or condition that may presently interfere with your ability to competently and safely perform the essential functions involved with your employment?</p>	<p>[] YES [] NO</p>
<p>Please note before initialing, we do background checks on each applicant.</p>	
<p>INITIAL HERE</p>	

REQUESTING SPECIAL ACCOMMODATIONS

Are you requesting special accommodations for a disability under the Americans with Disabilities Act?
 YES NO

If answered "YES," submit what type(s) of accommodation(s) are being requested. Submit documentation on the nature of the disability, as well as physician(s) who made the diagnosis and what accommodations have been given in the past. **All documents are required by application deadline.**

CHILD SUPPORT INFORMATION – All applicants are required to answer this section

In accordance with N.C.G.S. § 93B-14 and N.C.G.S. § 110-142, *et. seq.* Applications for renewal of a license or a new license shall include the applicant's Social Security number. The licensee shall certify, under penalty of perjury, that he or she is not more than 90 days delinquent in complying with a child support order. Failure to certify may result in disciplinary action and making a false statement may subject the licensee to contempt of court.

You must check one of the following:

- I have no children (*biological, adopted or in custody of*).
- I am not currently under any child support order.
- I am not more than 90 days delinquent in complying with a child support order.
- I am more than 90 days delinquent in complying with a child support order.

CITIZENSHIP

Are you a United States Citizen? YES NO

If you answered "NO" are you:

- A qualified alien (as defined in 8 U.S.C.A. § 1641)
- A nonimmigrant under the Immigration and Nationality Act (8 U.S.C.A. § 1 101 et seq.)
- An alien who is paroled into the United States under 8 U.S.C.A. § 1182(d)(5) for less than year
- A foreign national not physically present in the United States
- Other (*Please provide detailed explanation*)

REFERENCES

Please list the names and addresses of three individuals not related to you, who you have known for at least five (5) years and that can attest to your character. (*Required*)

Name Phone () -	Address
Name Phone () -	Address
Name Phone () -	Address

CERTIFYING STATEMENT

By virtue of filing this application, I do solemnly swear or affirm that I am of good moral character. I understand the instructions and terms as set forth in this application form, that I have personally completed this form, and that the information given is true, correct, and complete to the best of my knowledge. I hereby authorize the North Carolina Veterinary Medical Board (NCVMB) to verify any and all information contained in this application, including information maintained in veterinary licensing board data banks, and to transmit this information to the NCVMB. I authorize NCVMB to review state files pertaining to my licensure and practice, and all law enforcement records, administrative records, and court documents to confirm the accuracy and completeness of the information provided herein. This application and signature shall act as authorization of entities in possession of applicable information to release such information to the NCVMB. I also understand that I cannot by law, practice Veterinary Medicine in North Carolina (NC) until such time that I am granted a full NC veterinary license or a temporary permit certificate. The Board office provides status letters by mail until applicant's file is complete. Each letter should be read carefully. The status letter is sent to keep applicants updated on which documents have arrived in the Board office. File must be completed seven days before the examination date or the applicant will not be eligible for examination. Once check in for an exam has been completed, the examination area is closed and no one will be able to enter.

Signature of Applicant _____ Date _____

Subscribed & Sworn to before me this _____ day of _____, 20____ Notary Public Commission Expires: _____