APPLICATION UPDATE
REGISTERED VETERINARY TECHNICIAN

ONLY those applicants who have submitted a complete, notarised application form with attached photograph within the last 24 months for the purposes of taking the VTNE examination may apply to retake that examination or update applicant information for completion of certification process by use of this update form.

APPLICANT STATUS: ☐ Student/ New Graduate ☐ Certified in Another State

FULL LEGAL NAME: _____
Last First Middle

CURRENT ADDRESS: _____
Street/PO Box City State Zip Code

PERMANENT ADDRESS: _____
(if different from above) Street/PO Box City State Zip Code

CURRENT PHONE: (___) ___-_____ PERMANENT PHONE: (___) ___-_____

DATE (month and year) OF LAST APPLICATION (or examination) WITH THIS BOARD: _____

LIST ALL EXAMINATIONS YOU HAVE TAKEN THROUGH ANY OTHER BOARD OR AGENCY IN THE LAST 24 MONTHS:

	DATE EXAM WAS TAKEN	CITY & STATE WHERE TAKEN	DO YOU INTEND TO TRANSFER SCORES TO LOUISIANA?	If you are transferring passing scores for the VTNE, the $10 processing charge must be submitted with application.
VTNE				
STATE				

UPDATE BEING MADE FOR: Indicate with a checkmark the type of application being made.

☐ VTNE ☐ FIRST ATTEMPT ☐ RETAKE
- examination fee paid directly to AAVSB online (www.aavsb.org)

☐ CHECK HERE if you have taken and passed the examination required and are submitting this application update solely for the purpose of updating your application file information for completion of the licensing process.

Additional Information:

1. ☐ No ☐ Yes HAVE YOU RECEIVED TEMPORARY OR PERMANENT CERTIFICATION FROM ANY STATE IN THE LAST 24 MONTHS? (If "Yes", give date and state of issuance.) ☐ Does Not Apply

Date Issued	License/Certification Number	State

Note: A Certificate of Valid License Issued form must be completed for each state in which a license or certificate is held. Please contact the Board office for this form if needed.

2. ☐ No ☐ Yes HAVE YOU BEEN DENIED CERTIFICATION AS AN RVT IN THE LAST 24 MONTHS? (If "Yes", explain in detail on a separate sheet and attach to this application.)

3. ☐ No ☐ Yes DO YOU CURRENTLY AVE ANY DISCIPLINARY INVESTIGATIONS AND/OR ACTION PENDING AGAINST YOU IN ANOTHER JURISDICTION? (If "Yes", explain in detail on a separate sheet and attach to this application.)

4. ☐ No ☐ Yes HAS ANY LICENSE/CERTIFICATION PRESENTLY OR PREVIOUSLY HELD BY YOU EVER BEEN SANCTIONED, REVOKED, SUSPENDED, PLACED ON PROBATION AND/OR OTHERWISE BEEN THE SUBJECT OF DISCIPLINARY RVIEW IN ANOTHER STATE? (If "Yes", explain in detail on a separate sheet and attach to this application.)

5. ☐ No ☐ Yes HAVE YOU EVER BEEN CONVICTED OF, PLEAD GUILTY TO, OR PLEAD NOLO CONTENDRE TO A FELONY OR MISDEMEANOR, OTHER THAN FOR MINOR TRAFFIC VIOLATIONS? (If "Yes", explain in detail on a separate sheet and attach to this application.)

6. ☐ No ☐ Yes ARE YOU CURRENTLY ENGAGING, OR WITHIN THE PAST YEAR HAVE YOU ENGAGED, IN THE ABUSE OF ALCOHOL AND/OR ILLEGAL US EOF DRUGS OR CONTROLLED DANGEROUS SUBSTANCES? (If "Yes", explain in detail on a separate sheet and attach to this application.)

7. ☐ No ☐ Yes ARE YOU CURRENTLY PARTICIPATING IN A SUPERVISED REHABILITATION PROGRAM OR PROFESSIONAL ASSISTANCE PROGRAM WITH REGARTDS TO THE ABUSE OF ALCOHOL AND/OR ILLEGAL USE OF DRUGS OR CONTROLLED SUBSTANCES? (If "Yes", explain in detail on a separate sheet and attach to this application.)

8. ☐ No ☐ Yes HAVE YOU ENGAGED IN THE PRACTICE OF VETERINARY MEDICINE IN THE STATE OF LOUISIANA (except as allowed in La. R.S. 37:1511-1558)? (If "Yes", explain in detail on a separate and attach to this application; include dates of practice or employment, name, address, and phone number of practice where you were employed, name of supervising veterinarian, position held, and brief description of duties performed.)

AFFIDAVIT

State of _____

Parish or County of_____

Before me, a Notary Public, duly commissioned and qualified of the above said Parish or County and State personally came and appeared the applicant indicated herein who, after being duly sworn, did depose and state:

"I hereby certify that all answers on the application update form are true and correct to the best of my knowledge."

_____
Full, true and correct signature of applicant without abbreviation

Sworn to and subscribed before me and in testimony
hereof I have hereunto set my hand and official seal

S E A L on this_____ day of _____2____.

_____
Notary Public

Mail completed form and fee payment to:

LOUISIANA BOARD OF VETERINARY MEDICINE
263 Third Street, Suite 104
Baton Rouge, Louisiana 70801

(225) 342-2176

For an original application form, or for questions on application procedures, you may contact us at the address or phone number above.

Rev. 3/2010