



## **Veterinary Technician Trainee License Application Packet**

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### **Important Social Security Number Information:**

You are required by state and federal law to provide a social security number with your application. If you do not have a social security number at the time you send in this application, please contact the Customer Service Center at 360.236.4700 for more information.

A U.S. Individual Taxpayer Identification Number (ITIN) or a Canadian Social Insurance Number (SIN) cannot be substituted.

### **In order to process your request:**

**Send completed application and other documentation to:**

Veterinary Board of Governors  
Credentialing  
PO Box 47877  
Olympia, WA 98504-7877

### **Contact us:**

360.236.4700

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## Application Instructions Checklist

**Important background check Information:** Washington State law authorizes the Department of Health to obtain fingerprint-based background checks for licensing purposes. This check may be through the Washington State Patrol and the Federal Bureau of Investigation (FBI). This may be required if you have lived in another state or if you have a criminal record in Washington State. This would be at your own expense.

All information should be typed or printed clearly in blue or black ink. It is your responsibility to submit the forms required.

**1. Demographic Information:**

**Social Security Number:** You must list your social security number on your application. Please call the Customer Service Center at 360.236.4700 if you do not have one.

**Legal Name:** List your full name: first, middle, and last.

**Definition of legal name:** “Legal name” is the name appearing on your official certificate of birth or, if your name has changed since birth, on an official marriage certificate or an order by a court. The court must have the legal authority to change your name. We may ask you to prove your legal name. If you use any name other than your legal name on this form, your application may be denied.

**Birth date:** Provide the month, day, and year of your birth.

**Birth place:** Provide the city, state and country where you were born.

**Address:** List the address we should use to send any information on your license. Be sure to include the city, state, zip code, county, and country. This will be your permanent address with the Department of Health until we have been notified of a change. See [WAC 246-12-310](#).

**Phone, Fax and Cell Numbers:** Enter your phone, fax and cell numbers, if you have them.

**Email:** Enter your email address, if you have one.

**Other Name(s):** Indicate whether you are known or have been known under any other names. If you have a name change, you must notify the Department of Health in writing. You must include proof of this change. See [WAC 246-12-300](#).

**2. Personal Data Questions:**

All applicants must answer the same personal data questions. They are focused on your fitness to practice the essential skills of this profession.

If you answer “yes” to any questions in this section, you must provide an appropriate explanation. You must also provide the documentation listed in the note after the question. If you do not provide this, your application is incomplete and it will not be considered.

- Question 5 includes misdemeanors, gross misdemeanors and felonies. You do not have to answer yes if you have been cited for traffic infractions. You can get copies of court records through the county courthouse where the conviction, plea, deferred sentence, or suspended sentence was entered.
- Another jurisdiction means any other country, state, federal territory, or military authority.

**3. Written Declaration:**

The applicant must read and sign the enclosed declaration confirming his or her intention to sit for the Veterinary Technician National Examination or other examination approved by the Board, within the next calendar year.

**4. Other License, Certification or Registration:**

List all states, including Washington, where credentials are or were held. Specifically list credentials granted by examination, endorsement, or grandparented.

An Out-of-State Credential Verification form is enclosed and must be sent to each state you listed. Enter your full name and birth date at the top of the form so the state can identify you. Also contact each state board listed for any fees they may charge for processing the verification.

**5. AIDS Education and Training Attestation:**

Read the AIDS education and training attestation. AIDS training may include self-study, direct patient care, courses, or formal training. A minimum of four hours is required. Course content can be found in [WAC 246-12-270](#).

**6. Applicant's Attestation:**

You must sign and date this for us to process the application.

**7. Applicant's Photograph:**

Attach a current photograph in the box provided or attach it to the application. Indicate date the photograph was taken and sign in ink across the bottom of the photo. The photograph must be a clear, close up and a front view. Your application will not be processed without a current photograph.

## **Notice to Spouses and Registered Domestic Partners of Military Personnel Transferring to Washington**

Under a new state law, a spouse or registered domestic partner of military personnel transferring to Washington may receive his or her health professional license more quickly. In order for us to do this, please complete the additional form found at <http://www.doh.wa.gov/hsqa/professions/military/> and include supporting documentation with your application.

## **Trainee Requirements**

### **Veterinary Technician Trainee:**

A Veterinary Technician Trainee (Trainee) is a person who is working toward completion of a minimum of five years (or 9500 hours) of experience to qualify to sit for the veterinary technician licensing examination. To be designated as a trainee, a person must meet the following requirements:

- Submit documentation to the board of 7600 hours of experience as an unregistered assistant, or other substantially equivalent training approved by the veterinary board of governors; and
- Provide a written declaration of his or her intention to sit for the Veterinary Technician National Examination, or other examination approved by the board, within the next calendar year; and
- Possess a current registration as a veterinary medication clerk.

During the last 1900 hours of the supervised experience period, the trainee may perform the same tests as a licensed veterinary technician as set forth in [WAC 246-935-050](#), but only under the immediate supervision of a licensed veterinarian. If a trainee fails to complete the supervised experience requirements within the last twelve months of the supervised experience time period (or any time extension granted by the board), the person's trainee status expires and the person may only perform tasks as a unregistered assistant.

Note: Senate bill 6745 passed by the 2010 legislature eliminates the practical experience pathway for veterinary technicians effective July 1, 2015. An applicant must begin the period of practical experience before July 1, 2010. After July 1, 2015, to be eligible to sit for the VTNE, applicants must complete a formal education program for animal or veterinary technology approved by the American Veterinary Medical Association.

### **Documentation of Experience:**

The tasks completed during the 7600 hours of experience must be documented on Attestation Forms completed by the supervising veterinarian verifying successful completion of the required tasks and procedures. The attestation forms shall include at a minimum:

- Identification or description of the procedure or task.
- Identification of the individual performing the task or procedure.
- Identification of the supervising veterinarian.
- Date the task or procedure was completed.
- Whether the procedure or task was completed using practical demonstration of experience or knowledge based demonstration or experience.

## **Attestation Forms:**

The attestation forms are set forth in [WAC 246-935-255](#). The attestation forms are used to document required experience in the following areas:

- Basic veterinary science knowledge.
- Clinical/pathology and laboratory diagnostics.
- Hospital standard operating procedure, instruments, and equipment.
- Anesthesia and emergency procedures.
- Pharmacy.
- Public health, infectious diseases, and zoonosis.
- Dental.
- Imaging equipment and techniques.

## **Verification of Hours for Veterinary Technician Practical Experience:**

This form must be completed by supervising veterinarian to verify hours completed in support of the veterinary technician trainee. If you have more than one supervising veterinarian, please copy this form.

## **Written Declaration:**

The applicant must read and sign the enclosed Declaration confirming his or her intention to sit for the Veterinary Technician National Examination, or other examination approved by the board, within the next calendar year.

## **Registration as a Veterinary Medication Clerk:**

The applicant must hold a current valid registration as a veterinary medication clerk. Applications and instructions to register as a veterinary medication clerk are available online at: <http://www.doh.wa.gov/hsqa/professions/Veterinarian/Documents/VetMedCWeb.pdf>.

## **Board Approval:**

The applicant may not perform the tasks authorized for a Trainee until the applicant has received written confirmation that he or she has been designated as a trainee.

Background  
Check  
Stamp  
Here

Date  
Stamp  
Here

**Veterinary Technician Trainee License Application**

Please type or print clearly. It is the responsibility of the applicant to submit or request to have submitted all required supporting documents. Failure to do so may result in a delay in processing your application.

**1. Demographic Information**

<b>Social Security Number</b> (If you do not have a social security number, see instructions.)	<input type="checkbox"/> Male  <input type="checkbox"/> Female
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Name	First	Middle	Last
------	-------	--------	------

Birth date (mm/dd/yyyy)	<b>Place of birth</b>		
	City	State	Country

Address

City	State	Zip Code	County
------	-------	----------	--------

Country

Phone (enter 10 digit #)	Fax (enter 10 digit #)	Cell (enter 10 digit #)
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Email address

Mailing address (if different from above)

City	State	Zip Code	County
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Country

**Note:** The mailing and email addresses you provide will be your addresses of record. It is your responsibility to maintain current contact information with the department.

Have you ever been known under any other name(s)?  Yes  No

If yes, list name(s):

Will documents be received in another name?  Yes  No

If yes, list name(s):

**For Office Use Only**

Credential # \_\_\_\_\_ Issue date \_\_\_\_\_

## 2. Personal Data Questions

Yes No

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please attach explanation.....

**“Medical Condition”** includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disabilities, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

If you answered yes to question 1, explain:

- 1a. How your treatment has reduced or eliminated the limitations caused by your medical condition.
- 1b. How your field of practice, the setting or manner of practice has reduced or eliminated the limitations caused by your medical condition.

**Note: If you answered “yes” to question 1, the licensing authority will assess the nature, severity, and the duration of the risks associated with the ongoing medical condition and the ongoing treatment to determine whether your license should be restricted, conditions imposed, or no license issued.**

**The licensing authority may require you to undergo one or more mental, physical or psychological examination(s). This would be at your own expense. By submitting this application, you give consent to such an examination(s). You also agree the examination report(s) may be provided to the licensing authority. You waive all claims based on confidentiality or privileged communication. If you do not submit to a required examination(s) or provide the report(s) to the licensing authority, your application may be denied.**

2. Do you currently use chemical substance(s) in any way which impair or limit your ability to practice your profession with reasonable skill and safety? If yes, please explain. ....

**“Currently”** means within the past two years.

**“Chemical substances”** include alcohol, drugs, or medications, whether taken legally or illegally.

3. Have you ever been diagnosed with, or treated for, pedophilia, exhibitionism, voyeurism or frotteurism?.....
4. Are you currently engaged in the illegal use of controlled substances?.....

**“Currently”** means within the past two years.

**Illegal use of controlled substances** is the use of controlled substances (e.g., heroin, cocaine) not obtained legally or taken according to the directions of a licensed health care practitioner.

**Note: If you answer “yes” to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders. The department does criminal background checks on all applicants.**

5. Have you **ever** been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred or suspended as an adult or juvenile in any state or jurisdiction? ...

**Note: If you answered “yes” to question 5, you must send certified copies of all court documents related to your criminal history with your application. If you do not provide the documents, your application is incomplete and will not be considered.**

**To protect the public, the department considers criminal history. A criminal history may not automatically bar you from obtaining a credential. However, failure to report criminal history may result in extra cost to you and the application may be delayed or denied.**

## 2. Personal Data Questions (cont.)

Yes No

- a. Are you now subject to criminal prosecution or pending charges of a crime in any state or jurisdiction .....

**Note: If you answered "yes" to question 5a, you must explain the nature of the prosecution and/or charge(s). You must include the jurisdiction that is investigating and/or prosecuting the charges. This includes any city, county, state, federal or tribal jurisdiction. If charging documents have been filed with a court, you must provide certified copies of those documents. If you do not provide the documents, your application is incomplete and will not be considered.**

- b. If you answered "yes" to question 5a, do you wish to have decision on your application delayed until the prosecution and any appeals are complete? .....
6. Have you ever been found in any civil, administrative or criminal proceeding to have:
- a. Possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes? .....
- b. Diverted controlled substances or legend drugs? .....
- c. Violated any drug law? .....
- d. Prescribed controlled substances for yourself? .....
7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If "yes", please attach an explanation and provide copies of all judgments, decisions, and agreements? .....
8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority? .....
9. Have you ever surrendered a credential like those listed in number 8, in connection with or to avoid action by a state, federal, or foreign authority? .....
10. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence, or malpractice in connection with the practice of a health care profession? .....

## 3. Written Declaration

By my signature below, I declare my intention to sit for the Veterinary Technician National Examination, or other examination as approved by the Veterinary Board of Governors within the next calendar year for which I am eligible. I have completed 7600 hours of experience and have provided documentation of the tasks and procedures completed during the 7600 hours.

I further certify that I have obtained a registration as a Veterinary Medication Clerk. As a Trainee, I agree to perform the tasks set forth in [WAC 246-935-050](#) as authorized only under the immediate supervision of a licensed veterinarian.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(signature of applicant)

#### 4. Other License, Certification, or Registration

List all states, including Washington State, where credentials are or were held. Verification is required on the form provided.

State/ Jurisdiction	Profession	License Type	License		Method of License	Currently in Force
			YR issued	Number		
						<input type="checkbox"/> No <input type="checkbox"/> Yes
						<input type="checkbox"/> No <input type="checkbox"/> Yes
						<input type="checkbox"/> No <input type="checkbox"/> Yes
						<input type="checkbox"/> No <input type="checkbox"/> Yes
						<input type="checkbox"/> No <input type="checkbox"/> Yes
						<input type="checkbox"/> No <input type="checkbox"/> Yes
						<input type="checkbox"/> No <input type="checkbox"/> Yes

#### 5. AIDS Education and Training Attestation

I certify I have completed the minimum of four hours of education in the prevention, transmission and treatment of AIDS, which included the topics of etiology and epidemiology, testing and counseling, infection control guidelines, clinical manifestations and treatment, legal and ethical issues to include confidentiality, and psychosocial issues to include special population considerations.

**I understand I must maintain records documenting said education for two years and be prepared to submit those records to the department if requested. I understand that should I provide any false information, my license may be denied, or if issued, suspended or revoked.**

Applicant's Initials	Date
----------------------	------

## 6. Applicant's Attestation

I, \_\_\_\_\_, declare under penalty of perjury  
(Print applicant name clearly)

under the laws of the state of Washington the following is true and correct:

- I am the person described and identified in this application.
- I have read [RCW 18.130.170](#) and [RCW 18.130.180](#) of the Uniform Disciplinary Act.
- I have answered all questions truthfully and completely.
- The documentation provided in support of my application is accurate to the best of my knowledge.

I understand the Department of Health may require more information before deciding on my application. The department may independently check conviction records with state or federal databases.

I authorize the release of any files or records the department requires to process this application. This includes information from all hospitals, educational or other organizations, my references, and past and present employers and business and professional associates. It also includes information from federal, state, local or foreign government agencies.

I understand I must inform the department of any past, current or future criminal charges or convictions. I will also inform the department of any physical or mental conditions that jeopardize my ability to provide quality health care. If requested, I will authorize my health providers to release to the department information on my health, including mental health and any substance abuse treatment.

Dated \_\_\_\_\_ in \_\_\_\_\_  
(mm/dd/yyyy) (City, state)

By: \_\_\_\_\_  
(Signature of applicant)

## 7. Applicant's Photograph

### Photo Here



Attach Current Photograph Here.  
Indicate Date Taken and Sign in  
Ink Across Bottom of the Photo.

Note: Photograph **Must** Be:

1. Original, not a photocopy
2. No larger than 2" X 2"
3. Taken within one year of application
4. Close up, front view—not profile
5. Instant Polaroid Photographs **not** acceptable

Height \_\_\_\_\_

Weight \_\_\_\_\_

Hair color \_\_\_\_\_

Color of eyes \_\_\_\_\_

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Washington State Department of  
**Health**  
 Veterinary Board of Governors  
 Credentialing  
 PO Box 47877  
 Olympia, WA 98504-7877  
 360.236.4700

## Verification of Hours for Veterinary Technician Practical Experience

This form is for employment verification to complete the requirements for designation in the state of Washington as a Veterinary Technician Trainee. Please complete this reference request and return it to the address shown above.

Name of Candidate \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Name of employing veterinarian \_\_\_\_\_

License number of veterinarian \_\_\_\_\_

Address of Facility \_\_\_\_\_

Dates of full time employment \_\_\_\_\_

Number of hours completed. (7,600 hours required) \_\_\_\_\_

Duties/responsibilities of employee named above. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Describe the in-house training that was provided and completed by the employee named above.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please provide a brief overall evaluation of performance, care, safety and competence for the employee named above. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Signature of employing veterinarian \_\_\_\_\_ Date \_\_\_\_\_

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Washington State Department of  
**Health**  
 Veterinary Board of Governors  
 Credentialing  
 PO Box 47877  
 Olympia, WA 98504-7877  
 360.236.4700

## Out-of-State Credential Verification

Name \_\_\_\_\_ Date of birth \_\_\_\_\_  
mm/dd/yyyy

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Credential number: \_\_\_\_\_

I authorize the release of the information asked for below to the Washington State Veterinary Board of Governors

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
mm/dd/yyyy

Return completed form to the address shown above.

Name of credential holder:

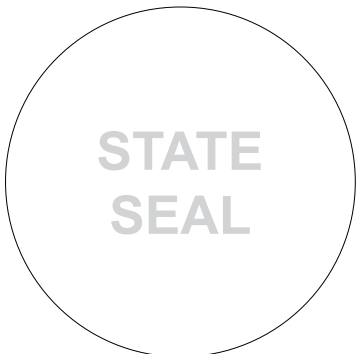
Credential number: \_\_\_\_\_ Issue date: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Credential was issued on the basis of:

- Examination in your state (Veterinary Technician National Examination)
- Other (Please explain):

Has credential ever been suspended, revoked, or subject to other disciplinary action?  Yes  No

If yes, Please explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_  
mm/dd/yyyy

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## **RCW/WAC and Online Web Site Links**

### **RCW/WAC Links**

Uniform Disciplinary Act.....	<a href="#"><u>RCW 18.130</u></a>
Administrative Procedure Act .....	<a href="#"><u>RCW 34.05</u></a>
Administrative procedures and requirements .....	<a href="#"><u>WAC 246-12</u></a>
Veterinary Medicine, Surgery and Dentistry .....	<a href="#"><u>RCW 18.92</u></a>
Veterinary Board of Governors .....	<a href="#"><u>WAC 246-933</u></a>

### **On-Line**

AIDS Training Resources .....	<a href="#"><u>Reference page</u></a>
Veterinary Board of Governors .....	<a href="#"><u>Web page</u></a>