



**ALABAMA STATE BOARD OF
VETERINARY MEDICAL EXAMINERS**
8 COMMERCE STREET – SUITE 910
MONTGOMERY, ALABAMA 36130-5330
334/262-8068
FAX: 334/262-8716

ATTACH
PHOTO
HERE

**APPLICATION FOR EXAMINATION and/or LICENSING
(VETERINARY TECHNICIAN NATIONAL EXAMINATION and/or STATE BOARDS)**

Full Name*:		
*Name desired on License (If different from Full Name Listing)		
Mailing Address:		
City:	State:	Zip:
Phone #:	Fax #:	
Work Address:		
City:	State:	Zip:
Work Phone#:	Work Fax#:	
Cell #:	Date of Birth:	
E-mail address:	Social Security #:	

I am currently enrolled as a senior student or a graduate student of an AVMA accredited program in veterinary technology at _____ (School/College).

Date of or anticipated date of graduation is/was _____ (month, day), 20____.

Date: _____ Applicant's Legal Signature: _____

**Two (2) Photos are required when applying for the VTNE.
Attach both pictures to the completed application.**

APPLICATION FEE IS \$100.00

Check or Money Order Payable to:

Alabama State Board of Veterinary Medical Examiners or ASBVME.

***** APPLICATION & EXAM FEES ARE NON-REFUNDABLE *****

Attach Two (2) Current Photos to Page One (1) Of This Application

THE FOLLOWING QUESTIONS ARE TO BE ANSWERED BY THE APPLICANT

1. Are you licensed to practice in any other State or County? Yes No If Yes, list them and give date license was granted. _____

(FORWARD LICENSE VERIFICATIONS TO THE ALABAMA BOARD)

2. Has any license or authorization to practice as a veterinary technician ever been revoked, suspended or disciplined in any manner? Yes No If Yes, give details, _____

3. Have you ever been charged, convicted of a crime or pleaded nolo contendere or non vult to a criminal or civil charge? Yes No If Yes, give details _____

4. Have you ever been treated for or are you now being treated for, voluntarily or involuntarily, for alcohol or substance abuse? Yes No If Yes, give details, _____

5. Are you presently engaged in any type of veterinary technician endeavor, either as a principal or as an assistant? Yes No If Yes, give details _____

6. **I am a citizen of the United States.** **I am not a citizen of the United States.**
If not a U. S. citizen, explain current residential status & provide copy of immigration status card or paperwork.

7. I have received, read and understand the provisions of the Alabama Veterinary Practice Act and its Administrative Code. Yes No

(Copy Act & Rules at Board Website www.asbvme.alabama.gov)

8. I am eligible and want to take the State Board Written Examination. Yes No

9. I authorize correspondence and exam scores by Email! Yes No

Legal Signature: _____ **Date:** _____

CERTIFICATE OF VETERINARY TECHNICIAN EDUCATION

This certificate must be properly filled out and signed by the dean or secretary of the veterinary technology school/college/program from which the applicant was or is expected to be graduated.

(A certified copy of your Diploma is acceptable in lieu of this form.)

It Is Hereby Certified That _____ (Name) Of

_____ (Address) Has Satisfactorily
Completed The Requirements Of The Veterinary Technician Course At

_____ (School/College) In _____ (Year) And Has Received
From This Institution A Certificate Showing Satisfactory Completion Of All Requirements Of
The Veterinary Technician Course Or A Certificate Conferring On Him Or Her The Degree Of
Veterinary Technician On _____ (Month/Day), _____ (Year).

**College Dean or
Academic Affairs Dean's Signature**

Date Completed

SEAL

School/College of Veterinary Technology

PLEASE COMPLETE &
RETURN TO:

**ALABAMA STATE BOARD OF
VETERINARY MEDICAL EXAMINERS
8 COMMERCE STREET – SUITE 910
MONTGOMERY AL 36130-5330**

VETERINARY TECHNICIAN LICENSE VERIFICATION

APPLICANT AUTHORIZATION:

NAME: _____ LICENSE #: _____

ADDRESS: _____

I authorize the release of information to the Alabama State Board of Veterinary Medical Examiners in regards to the status and standing of my license to practice as a Veterinary Technician in the State of _____ (state).

Applicant Signature _____ Date: _____

BOARD VERIFICATION:

APPLICANT LICENSE NUMBER: _____ DATE ISSUED: _____

Qualifications for license in year of issue (i.e., exams, experience, etc.): _____

Current License Status (i.e., active, inactive, lapsed, etc.): _____

Disciplinary Action? _____ No _____ Yes

Current Disciplinary Action? _____ No _____ Yes

Pending Disciplinary Action? _____ No _____ Yes

If yes to any disciplinary action, please find attached a certified copy of the Findings of Fact, Conclusions of Law, and/or Final Order, or the charges of a pending case.

Board Signature: _____ Date: _____

Executive Officer

Board Seal

Mail directly to: Alabama State Board of Veterinary Medical Examiners
8 Commerce Street – Suite 910
Montgomery, AL 36130-5330

*Makes copies as needed! Send directly to the State Board from which you request verification.
All licenses must be verified regardless of status!*