ALABAMA STATE BOARD OF
VETERINARY MEDICAL EXAMINERS
8 COMMERCE STREET – SUITE 910
MONTGOMERY AL 36104
(334) 262-8068
(334) 262-8716 (fax)

PASTE 1 CURRENT PHOTO HERE

Paperclip the 2nd Photo To Application

APPLICATION FOR EUTHANASIA TECHNICIAN CERTIFICATION (CET)

- Complete each section fully. ***DO NOT LEAVE BLANKS.***
  If a section does not apply to you, indicate "*Does Not Apply or N/A*".
- Use a separate sheet of paper to respond to any questions for which more space is needed.
- Make sure application form is complete, signed, dated and notarized.
- Two passport size photographs must be submitted with application.
- Remit fee(s) by check or money order made payable to the
  "**Alabama State Board of Veterinary Medical Examiners**" or **ASBVME.** (**Do not send cash**)

ALL INFORMATION MUST BE TYPED OR PRINTED (ILLEGIBLE APPLICATIONS WILL BE RETURNED)

APPLICATION FEE must be submitted with application. **$ 50.00**

NAME OF APPLICANT: _____
Last First Middle

HOME ADDRESS: _____
Street/PO Box City State Zip code

HOME PHONE: ( ) _____ DATE OF BIRTH: _____
Area code Telephone

SOCIAL SECURITY NO.: _____ PLACE OF BIRTH: _____

NAME OF EMPLOYING SHELTER OR FACILITY

FACILITY MAILING ADDRESS: _____
Street/PO Box City State Zip code

FACILITY PHYSICAL ADDRESS: _____
(if different from mailing address)
Street/PO Box City State Zip code

FACILITY PHONE: ( ) _____ Name of Supervisor: _____
Area code Telephone

If shelter is run by a governmental body, please list the name of that body: _____

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1. **Indicate Education Certificate Received**: ☐ High School ☐ GED ☐ Higher Education

Received From:

Name of school/institution	City & State	Date Completed

2. **Have you previously taken a Board-Approved Euthanasia Training Course?** ☐ No ☐ Yes

If "Yes", a copy of the certificate of completion must be submitted with application. **YEAR TAKEN:** _____

3. **Do you have additional training in carbon monoxide euthanasia procedures?** ☐ No ☐ Yes

If "Yes", a copy of the certificate of completion must be submitted with application. **YEAR TAKEN:** _____

1. **List all Professional Certificates / Licenses currently or previously held**. ☐ Does Not Apply

Certificate/License Number	Issuing Date	Expiration Date	Type of License/Certification

2. **Have you ever practiced Veterinary Medicine, Veterinary Technology, or Euthanasia Technology using Sodium Pentobarbital in the State of Alabama or other states during the past five years?** ☐ No ☐ Yes

If "yes", give dates of practice or employment, name of practice where employed, and name of supervising veterinarian on a separate sheet of paper and attach to application form.

3. **Have you ever had certification as a Euthanasia Technician or any other professional certification or license revoked, suspended, or denied?** ☐ No ☐ Yes

If "yes", explain fully on a separate sheet of paper and attach to application form.

4. **Have you ever violated or been subject to any grounds for denial of a Certification or License for:**

If "yes" to any question, explain fully on a separate sheet of paper and attach to application form.

a. Failing to carry out your assigned duties? ☐ No ☐ Yes

b. Employing fraud, misrepresentation, or deception in obtaining a certification or license? ☐ No ☐ Yes

c. Being declared insane or incompetent by a court of law? ☐ No ☐ Yes

d. Being convicted of or entering a plea of nolo contendere to a felony or other offense involving moral turpitude or controlled substances under state or federal law? ☐ No ☐ Yes

e. Performing duties of humanely restraining, capturing, or euthanizing animals in an incompetent or negligent manner? ☐ No ☐ Yes

f. Performing acts of cruelty upon animals? ☐ No ☐ Yes

g. Violating any rules of professional conduct? ☐ No ☐ Yes

h. Employing fraud or dishonesty in connection with the practice as a euthanasia technician or other professional certification or license? ☐ No ☐ Yes

i. Aiding or abetting anyone in any of the incidences described in a. through h. above? ☐ No ☐ Yes

5. **Are you currently engaging, or within the past five years have you engaged in the abuse of alcohol and/or illegal use or abuse of prescription drugs or controlled substances?** ☐ No ☐ Yes

If "yes", explain fully on a separate sheet of paper and attached to application form.

6. **Are you currently participating in a supervised rehabilitation program or professional assistance program with regards to the abuse of alcohol and/or illegal use or abuse of prescription drugs or controlled substances?** ☐ No ☐ Yes

If "yes", explain fully on a separate sheet of paper and attach to application form.

7. **Have you ever been convicted or pled guilty or Nolo Contendere to a felony or misdemeanor, other than minor traffic violations?** ☐ No ☐ Yes

If "yes", explain fully on a separate sheet of paper and attach to application form.; give nature of offense, date of arrest, and disposition of charges.

8. **Are you a citizen of the United States?** ☐ No ☐ Yes

If, "no", explain your current residential status and provide a copy of immigration status card or paperwork.

9. **I have received, read and understand the Alabama Veterinary Practice Act and its Administrative Code as they apply to Euthanasia Facilities and Technicians?** ☐ No ☐ Yes

IN ACCORDANCE WITH THE AMERICANS WITH DISABILITIES ACT, ANYONE REQUIRING SPECIAL ACCOMMODATIONS DURING THE EXAMINATION SHOULD NOTIFY THE BOARD AT 256-353-3544

REFERENCES OF PROFESSIONAL CHARACTER AND ETHICAL STANDARDS: List the names and mailing addresses for two individuals who are licensed veterinarians or other professional persons associated with animal control administration and who can attest to your professional character and ethical standards.

Name: _____

Mailing Address: _____

Phone Number(s): _____

Name: _____

Mailing Address: _____

Phone Number(s): _____

State of _____ County of _____

Before me, a Notary Public, duly commissioned and qualified in the above State and County personally came and appeared the applicant indicated hereinabove who, after being duly sworn (affirmed), did depose and state:

"I, the above named applicant, subscribe and swear before the below notary that all answers indicated on this application for certification are true and correct in substance and in fact to the best of my knowledge."

_____

Full, true and correct signature of applicant

Sworn to and subscribed before me this _____ day of _____, 20 ____.

_____

Signature of Notary Public with seal

Mail completed application packet with fees to:

ALABAMA STATE BOARD OF VETERINARY MEDICAL EXAMINERS
8 COMMERCE STREET – SUITE 910
MONTGOMERY AL 36104
(334) 262-8068

RELEASE WAIVER FORM

Applicant's Full Legal Name: _____
Last Name First Name Middle Name

List any other names by which you are now, or ever have been, known: _____

Home Address: _____
Street/PO Box City State Zip Code

Home Phone: ( ) _____ Work Phone ( ) _____
Area Code Number Area Code Number

_____ | _____ | _____
Social Security No. Date of Birth Place of Birth

Name of Employing Shelter or Facility: _____

Facility Mailing Address: _____
Street/PO Box City State Zip Code

Facility Physical Address: (If different from mailing address) _____
Street/PO Box City State Zip Code

I, the above-named individual, do hereby authorize the Alabama State Board of Veterinary Medical Examiners to make inquiries of the U.S. Department of Justice, Drug Enforcement Administration, other law enforcement agencies, current and previous employers, educational providers and personal references for the sole purpose of determining my eligibility for certification as a Euthanasia Technician in the State of Alabama. I understand that this inquiry and any other law enforcement or security inquiry are confidential and that any false statements made by me may result in disqualification for certification as a euthanasia technician.

I agree that a photo static or digital copy of my authorization may be accepted with the same authorization as the original.

Applicant's signature: _____
Full, true and correct signature of applicant (without abbreviation)

Date: _____