



Tammy S. Cargile  
Executive Director

**ALABAMA STATE BOARD OF  
VETERINARY MEDICAL EXAMINERS  
8100 SEATON PLACE – SUITE A  
MONTGOMERY AL 36116  
(334) 395-5112  
(334) 395-5117 (fax)**

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2<sup>nd</sup> 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)*

**NO FEE REQUIRED AT THIS TIME.**

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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: \_\_\_\_\_

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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
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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  
8100 SEATON PLACE – SUITE A  
MONTGOMERY AL 36116  
(334) 395-5112 - FAX (334) 395-5117**

## 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: \_\_\_\_\_

**THIS SECTION MUST BE COMPLETED BEFORE YOUR APPLICATION WILL BE PROCESSED**

**ALABAMA BOARD OF VETERINARY MEDICAL EXAMINERS  
DECLARATION OF CITIZENSHIP AND LAWFUL PRESENCE OF AN  
ALIEN FOR PUBLIC BENEFITS AND LICENSING/PERMITTING PROGRAMS**

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive covered state or local public benefits.

With certain exceptions, Ala. Code §31-13-1, *et. seq.*, prohibits aliens unlawfully present in the U.S. from receiving state or local benefits. Every U.S. Citizen applying for a state or local public benefit must sign a declaration of Citizenship, and the lawful presence of an alien in the U.S. must be verified by the Federal Government.

Ala Code §31-13-1, *et. seq.*, also requires every individual applying for a permit or license to demonstrate his/her U.S. citizenship or if the applicant is an alien, he/she must demonstrate his/her lawful presence in the United States.

**Directions: This form must be completed and submitted by individuals applying for licenses or permits.**

**SECTION I – APPLICANT INFORMATION**

**NAME:** \_\_\_\_\_ (Print or Type)  
(Last) (First) (M.I.)

**DATE OF BIRTH:** \_\_\_\_\_

**SECTION II – U. S. CITIZENSHIP OR NATIONAL STATUS**

Are you a citizen of the United States (check one) \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered **YES**: (1) Provide an original (only in person at agency office) or legible copy of document from attached List A or other document that demonstrates U.S. citizenship or nationality and (2) Complete Section IV.

If you answered **NO**: Complete Sections III and IV.

Name of document provided: \_\_\_\_\_

**SECTION III – ALIEN STATUS**

Are you an alien lawfully present in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered **YES**: (1) Provide an original (only in person at the agency office) or legible copy of the front and back (if any) of a document from attached List B or other document that demonstrates lawful presence in the United States. (2) Complete Section IV. Information from the documentation provided will be used to verify lawful presence through the United States Government.

If you answer **NO**: Complete Section IV.

Name of document provided: \_\_\_\_\_

**SECTION IV - DECLARATION**

I declare under penalty of perjury under the laws of the State of Alabama that the answers and evidence I provided are true and correct to the best of my knowledge.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

## **PROOF OF CITIZENSHIP**

Code of Alabama 1975, Section 31-13-29(g)

From Act 2012-491

- (1) A driver's license or nondriver's identification card issued by the Alabama Department of Public Safety or the equivalent governmental agency of another state within the United States, provided that the governmental agency of another state within the United States requires proof of lawful presence in the United States as a condition of issuance of the driver's license or nondriver's identification card.
- (2) A birth certificate indicating birth in the United States or one of its territories.
- (3) Pertinent pages of a United States valid or expired passport identifying the person and the person's passport number, or the person's United States passport.
- (4) United States naturalization documents of the number of the certificate of naturalization.
- (5) Other documents or methods of proof of United States citizenship issued by the federal government pursuant to the Immigration and Nationality Act of 1952, as amended.
- (6) Bureau of Indian Affairs card number, tribal treaty card number, or tribal enrollment number.
- (7) A consular report of birth abroad of a citizen of the United States of America.
- (8) A certificate of citizenship issued by the United States Citizenship and Immigration Services.
- (9) A certification of report of birth issued by the United States Department of State.
- (10) An American Indian card, with KIC classification, issued by the United States Department of Homeland Security.
- (11) Final adoption decree showing the person's name and United States birthplace.
- (12) An official United States military record of service showing the applicant's place of birth in the United States.
- (13) An extract from a United States hospital record of birth created at the time of the person's birth indicating the place of birth in the United States.
- (14) AL-verity.
- (15) A valid Uniformed Services Privileges and Identification Card.
- (16) Any other form of identification that the Alabama Department of Revenue Authorizes, through an administrative rule promulgated pursuant to the Alabama Administrative Procedure Act, to be used to demonstrate or confirm a person's United States citizenship or

lawful presence in the United States, provided that the identification requires proof of lawful presence in the United States as a condition of issuance.

**PROOF LAWFUL PRESENCE OF NON-CITIZEN**

Code of Alabama 1975, Section 31-13-3-(10) [ LawDesk]

- (1.) A valid, unexpired Alabama driver's license.
- (2.) A valid, unexpired Alabama nondriver's identification card.
- (3.) A valid tribal enrollment card or other form of tribal identification document bearing a photograph or other biometric identifier, if issued by an entity that requires proof of lawful presence in the United States before issuance.
- (4.) Any valid United States federal or state government issued identification document bearing a photograph or other biometric identifier, if issued by an entity that requires proof of lawful presence in the United States before issuance.
- (5.) A foreign passport with an unexpired United States Visa and a corresponding stamp or notation by the United States Department of Homeland Security indicating the bearer's admission to the United States.

A foreign passport issued by a visa waiver country with the corresponding entry stamp and unexpired duration of stay annotation or an I-94W form by the United States Department of Homeland Security indicating the bearer's admission to the United States.