OHIO VETERINARY MEDICAL LICENSING BOARD -APPLICATION FOR REGISTERED VETERINARY TECHNICIAN-

| FOR OFFICE USE ONLY: _ | | # Payment Receiv | ved \$ | Amount | | |
|---|---|-----------------------------|----------------------------------|---|--|--|
| | | Payment Received | \$ | _Amount | | |
| Photograph Attached Transcript Criminal Background I | Results (BCI & FBI) | Score VTNE: | e Date // | State | | |
| | Certificate # _ | | Effective Date: | // | | |
| 1. | e Non-Refundable : Ohio Veterinary Medical = \$25.00; odd year = \$35. | 0 | on page two with | <u>t all requirments detailed</u> <u>1 the exception of the</u> <u>cks with your application.</u> | | |
| 1. Full Name: | Last | First | Middle | | | |
| 2. Home Address: | Last | First | Middle | | | |
| 2. Home Address. | Street / PO Box / Apt. | | | | | |
| | City / State / Zip | | County | | | |
| Home Phone: | Email: | | | | | |
| Business Address: | Facility | | | | | |
| | Street | PO Box | | | | |
| | City/State/Zip | | County | | | |
| Business Phone: | | | | | | |
| Mailing Address: (This will be a home or business.) | the address used for all fut | ure correspondence | e from the Board. It n | nay be the same as the | | |
| | Facility | | | | | |
| | Street | PO Box | | | | |
| | City/State/Zip | | County | | | |
| 3. Name as you would like it t | o appear on your license: | | | | | |
| First | Middle | | | Last | | |
| 4. Social Security Number*: | | | | | | |
| 5. Date of Birth: | Place of | Birth: | | | | |
| 5. Date of Birth: Place of Birth: | | | | | | |
| Healthcare Integrity and Protection Data Ban authorities for investigative/law enforcement investigative purposes, and/or as otherwise re | ak (42 U.S.C. Sections 1320a-7e(b), 5 at purposes in compliance with ORC | U.S.C. Section 552a, and 45 | 5 C.F.R. pt. 61). It may also be | e used for reporting to law enforcement | | |

6. Citizenship**:

- □ United States
- Alien lawfully admitted for permanent residency in the United States (attach copy of alien registration card)
- D Other non-immigrant status (attach copy of documentation)
- □ I am a foreign national not living in the United States

| 7. | Technical School Attended: _ | School | City / State / Country | | | | |
|-----|--|-------------------------|---|--|--|--|--|
| 8. | Date of Graduation: | D | egree Awarded: | | | | |
| 9. | 9. Give the date and location where you took the Veterinary Technician National Exam (VTNE): | | | | | | |
| | Month / Year | | State | | | | |
| 10. | | · 1 | of "no contest" to any misdemeanor or felony offense? e details supported by official documents. | | | | |
| 11. | Have you ever served in the | United States armed for | rces? | | | | |

You must meet the following requirements to receive a Registered Veterinary Technician Certificate. If you do not meet the following requirements within six (6) months of the Board receiving your application, your application will be considered incomplete and returned to you. Please note: your application fee still remains non-refundable. You will be required to resubmit your application and application fee once you have met all requirements.

- You must attach a recent photograph to your application (print your name and DOB on back of photo).
- You must be a graduate from an approved, accredited school of animal technology and the Ohio Board must receive an official copy of your transcript in a **SEALED** envelope with your application.
- You must pass the Veterinary Technician National Exam (VTNE) and have your passing scores transferred to the Ohio Board. If you took the test in Ohio within the last 3 years the board will already have a copy of your score.
- Submit the registration fee: odd numbered years = \$35.00; in even numbered years = \$25.00. You must include your full name on your check or money order to avoid having your application returned to you. Do NOT send cash or credit card information. Please keep a record of this payment the Ohio Board does NOT provide a receipt of payment.
- You must complete both an Ohio criminal background check and an FBI criminal background check, conducted by the Bureau of Criminal Investigation (BCI). The results must be forwarded to the Ohio Board **directly from BCI**.

Applicant Certification:

I certify that the information contained on this application is true and accurate. Any applicant who makes a false statement(s) on the application is guilty of a misdemeanor of the first degree under Section 2921.13 of the Revised Code.

Signature of Applicant

Date

[Attach Photo Here]

77 S. High St., 16th Floor Columbus, OH 43215-6108

^{**}If you are living in the United States, Federal Law [8 USCS 1621] [PRWORA], limits the issuance of professional licenses to U.S. citizens or aliens lawfully admitted to the U.S.