Ohio Veterinary Medical Licensing Board

77 South High Street, 16th Floor ▪ Columbus, Ohio 43215-6108 ▪ Office (614) 644-5281 ▪ Fax (614) 644-9038
E-Mail: info@ovmlb.state.oh.us ▪ Webpage: www.ovmlb.ohio.gov

Application for Veterinary Technician Registration
2015 Biennial Renewal

ATTENTION APPLICANT

Practicing under an expired registration is a violation of the law and may result in disciplinary action against yourself and/or your registration. Please complete your application on time!

INSTRUCTIONS

- ✓ Entire application must be completed (both sides). **Incomplete applications will be returned**.
- ✓ Payment must be in the form of a check or money order (do not send cash) made payable to the Ohio Veterinary Medical Licensing Board, unless choosing to renew on-line. In accordance with ORC 4741.17(A)(10), a late fee will begin to incur for any renewal application post-marked after March 1, 2015. Fee requirements are marked on the form. You must include your name and/or registration identification number on the check or money order to avoid having your renewal application returned to you. **Renewal fees are non-refundable. Please keep a record of this payment. The Ohio Board does NOT provide a receipt of payment.**
- ✓ **Renewal by Mail Instructions:** Prior to March 1st return the completed form to the Ohio Veterinary Medical Licensing Board, 77 South High Street, 16th Floor, Columbus, Ohio 43215-6108.

ADDITIONAL REQUIREMENTS

- ✓ **Name/Address Change:** If the information the Board has on file is incorrect or has changed, please make corrections in the space provided below, or by email.
- ✓ **Continuing Education:** Applicants are required to complete ten (10) hours of continuing education each renewal period. Six (6) hours must be directly related to the practice of veterinary medicine. Four (4) hours may be indirectly related to the practice of veterinary medicine. Applications will not be approved without proof of CE completion. The attached CE form must accompany your renewal application. If you graduated in the last biennium CE is not required.
- ✓ **Criminal Convictions:** If you answer "Yes" to having a criminal conviction, please submit a brief explanation and certified copies of court records. You do not need to report minor traffic offenses

DETACH HERE AND RETAIN THIS PORTION FOR YOUR RECORDS

DETACH HERE AND REMIT THIS PORTION WITH FEE

OHIO VETERINARY MEDICAL LICENSING BOARD
77 South High Street, 16th Floor
Columbus, Ohio 43215-6108

REVERSE SIDE MUST BE COMPLETED
Application for 2015 Veterinary Technician Renewal

Registration Number: _____

Please mark the appropriate box and include fee:
☐ Fee of $35.00 is enclosed (Postmarked prior to March 1, 2015)
☐ Fee of $45.00 is enclosed (Postmarked after March 1, 2015 before April 1, 2015)
☐ Fee of $60.00 is enclosed (Postmarked after April 1, 2015)

REQUIRED INFORMATION

CLEARLY PRINT below. *All applicants must complete required data.*

Full Name: _____

Mailing Address: _____
City: _____
State: _____ Zip: _____ County: _____

Email Address: _____
Home Phone: _____

Complete Reverse Side

THIS SECTION MUST BE COMPLETED

License Status:
During the past two years, has your registration to practice as a veterinary technician in any state other than Ohio been reprimanded, suspended or revoked? If "Yes" please review detailed instructions section on the right side of this page.

☐ Yes ☐ No

Criminal Convictions:
Have you been convicted of any felony or misdemeanor offense or are under court order to undergo treatment in lieu of conviction since your last renewal or issuance of your initial registration? If "Yes" please review detailed instructions section on the right side of this page.

☐ Yes ☐ No

Continuing Education:
Have you satisfactorily completed the required number of continuing education hours in compliance with Rule 4741-1-11 of the Ohio Administrative Code? If "Yes" the attached CE form must be completed.

☐ Yes ☐ No

☐ This is my 1st Renewal – CE NOT Required

Employment:

Employer Name:_____

Street Address:_____

City, State, Zip:_____

County: _____

Telephone #:_____

If you are currently unemployed, check here: ☐

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.

_____ _____
Applicant's Signature Date

DETAILED INSTRUCTIONS

- Complete the form in blue or black ink. Legibly print or type your information. Enclose a check or money order for the appropriate renewal fee.
- **License Status.** Has discipline been taken against any registration to practice as a veterinary technician that you hold in Ohio or elsewhere? If "Yes", you will be prohibited from renewing online and you will need to submit a brief written explanation with your renewal application.
- **Criminal Convictions.** If you have been convicted of a felony misdemeanor offense, other than a minor traffic offense, you will be prohibited from renewing online and you will be required to submit a brief written explanation and certified copies of court records with your renewal application. You may obtain certified court records from the Clerk of Court's Office in the jurisdiction where the matter was adjudicated.
- **Continuing Education.** Pursuant to Rule 4741-1-11 of the Ohio Administrative Code, registrants are required to complete ten (10) hours of continuing education each renewal period. Registrations will not be renewed without proof of CE completion. The attached CE form must be completed and accompany your renewal application. The amount of CE varies:
  - >Registrants must have ten (10) hours of CE. Six (6) hours must be directly related to the practice of veterinary medicine. Four (4) hours may be indirectly related to the practice of veterinary medicine (i.e. practice management, computer or auto tutorials).
  - > If this is your first renewal you do not need to report CE for this renewal period.
- **Military Exemption.** If you are seeking military fee exemption due to active duty, you will be prohibited from renewing online and this Board must receive an official document from the Armed Services stating a beginning date and end date of your active duty assignment.

IMPORTANT INFORMATION

→ Your completed application, renewal fee and CE form must be mailed together to the Ohio Veterinary Medical Licensing Board. The Board assumes no responsibility for lost, late, delayed, torn, separated, illegible or misdirected mail.

→ Your registration is not considered renewed until your application has been received and approved by the Board. An application may be returned to the applicant if it is incomplete or illegible. An application may be considered incomplete if all sections are not filled out completely, the renewal fee is incorrect, the CE form is not properly completed, etc. Should your application be returned to you, you will be responsible for any fees due based on the postmarked date on the return of your completed application.

→ Payment of renewal fees by mail must be in the form of a check or money order. DO NOT SEND CASH OR CREDIT CARD INFORMATION. Make your check or money order payable to: Ohio Veterinary Medical Licensing Board. To avoid late fees, the application must be postmarked prior to March 1st. NO EXCEPTIONS. You must include your full name and/or registration number on the check or money order to avoid having your renewal application returned to you.

→ Please allow approximately 4-6 weeks for receipt and processing of your renewal application.

→ Upon successful renewal of your registration, you will receive an updated license. This license must be displayed at your place of employment.

→ A complete copy of the laws and rules governing the practice of veterinary medicine are available on the Board's website at www.ovmlb.ohio.gov.

CE FORM

This form must be completed and mailed with your renewal application. Please use blue or black ink and legibly print or type. Also, read the directions for CE reporting found on the reverse side of the license renewal application. The board recommends that you review the rules pertaining to acceptable CE activities before completing this form. If space provided is insufficient for you to fully report your required CE, you may copy this form. **Document only the number of hours necessary to renew your license.**

Title:	Hour(s):
Sponsor:	Date(s):

Title:	Hour(s):
Sponsor:	Date(s):

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