



Janet Napolitano, Governor

The State of Arizona Veterinary Medical Examining Board
1400 W. Washington, Ste 240 ♦ Phoenix, AZ 85007
Phone: 602-364-1738 ♦ Fax: 602-364-1039
www.vetbd.state.state.us
Jenna Jones, Executive Director

Dear Applicant:

In response to your request for an application and information regarding Arizona's veterinary technician certification examination, the following is provided.

The examination consists of two sections: the Veterinary Technician National Examination (VTNE) given in the morning and a written State examination given in the afternoon. The fee for taking both exams is \$150. The fee for taking either the VTNE or the State examination remains at \$150. Please note the deadline for submitting a completed application and all required documents for the VTNE/State examination(s) for the January 18, 2008 is November 15, 2007. The deadline for submitting a completed application and all required documents for the VTNE/State examination(s) for the June 20, 2008 is April 16, 2008.

Arizona requires all applicants to take and pass the VTNE as developed by the Professional Examination Service (PES) and the State examination. If you have taken the VTNE within the last five years in another state, please have your score transferred to Arizona through the AAVSB. Please go to www.aavsb.org to complete the online score transfer application. A converted score of 70 is required to pass both the VTNE as well as the State examination.

At the current time, the Board is administering the VTNE and the State examination in January and in June on the third Friday of the month. The next dates are January 18, 2008 and June 20, 2008. All applications must be received in the Board Office no later than 65 days before the examination date. Office hours are from 8:00 a.m. to 5:00 p.m. Monday through Friday. To assist in preparing for the VTNE examination, a copy of the "Candidate Information Booklet" can be obtained at the website: www.aavsb.org. For the State Examination, the Arizona Revised Statutes and Arizona Administrative Code can be found at our website: www.vetbd.state.az.us.

The following study materials, in addition to various other veterinary journals and publications, will be of assistance to you in preparing for the exam and may be purchased at bookstores throughout Arizona or by visiting from an online book store such as www.borders.com or www.amazon.com.

- Clinical Textbook for Veterinary Technicians: Dennis M. McCurnin/Selma Kaszczuk. Hardcover, 928 pages, Edition No. 04, 1998
- Review Questions and Answers for Veterinary Technicians: Thomas P. Colville. Paperback, 368 pages, Edition No. 02, 1995. Note: this study suggestion was received from a Veterinary Technician.

There will be questions pertaining to the Arizona Revised Statutes (Amended 2006) and Arizona Administrative Code (Revised February 2006). Subjects that may be covered on the State examination are: Anatomy, Vocabulary, Physiology, Clinical Pathology, Parasitology, Pathology, Nutrition, Small Animal Medicine, Large Animal Medicine, Exotics, Anesthesiology, Client Relations, Cardiology, Nursing, Pharmacology, Regulatory and Law, Immunology, Surgery, Infectious Diseases, Radiology, Microbiology, Ophthalmology, Toxicology, and Laboratory Procedures.

Individuals with a disability may request, in writing, a reasonable accommodation such as a sign language interpreter. Requests should be sent with the application to allow time to arrange the accommodation.

Should you have any questions or require further assistance, please call our Licensing Administrator at (602) 542-8166.

Sincerely,

Jenna Jones

Jenna Jones
Executive Director

INSTRUCTIONS

Pursuant to Arizona Revised Statutes §32-2242, a person desiring to be certified as a veterinary technician shall make a written application to the Board upon a form furnished by the Board. The applicant shall be of good moral character and at least eighteen years of age and shall furnish one of the following:

- Satisfactory evidence of graduation from a two-year curriculum in veterinary technology, or the equivalent of such graduation as determined by the Board in a college or other institution approved by the Board.

OR

- Satisfactory evidence that the applicant has been employed for at least two years as a veterinary assistant under the supervision of a veterinarian regularly licensed in this state and is recommended to the Board by the employing veterinarian or veterinarians.

Materials Required For Your File:

1. A non-refundable application/examination fee of \$150.00. This fee must be paid by cashier's check or money order to the Arizona State Veterinary Medical Examining Board. Personal checks cannot be accepted.
2. Typewritten letter to the Board or an updated resume giving background information, experience and qualification.
3. Three moral character reference letters from persons not related to you and who have known you a minimum of 3 years. Originals must be submitted. This person cannot be a veterinarian who is submitting a letter of recommendation for you. A copy of the required form is enclosed.
4. If you are applying for certification based upon graduation from an accredited two-year college, an official final transcript must be sent directly to this Board by the school from which you graduated.
5. If your application is based on experience, the following is required:
 - a. A verification of employment document (form included in this packet) giving satisfactory evidence that you have been employed for at least two years (4,160 hours) as a veterinary assistant under the supervision of a veterinarian regularly licensed in this state. The hours may be completed at more than one premise.
 - b. A notarized letter, as required in A.R.S. §32-2242, from each Arizona licensed veterinarian who employed you during the two years the applicant served as a veterinary assistant, verifying the employment, indicating the length of employment and recommending the applicant. The enclosed form, "Veterinary Technician Professional Letter of Recommendation" must be used to complete this requirement.
6. A photograph taken within the last six months. A copy of your driver's license is cannot be accepted.
7. "Arizona Statement of Citizenship and Alien Status for State Public Benefits" – Form included in this packet.

COMPLETED APPLICATIONS MUST BE MAILED TO THE FOLLOWING ADDRESS
AT LEAST 65 DAYS BEFORE THE NEXT SCHEDULED EXAMINATION.

Arizona State Veterinary Medical Examining Board
1400 W. Washington, Ste. 240
Phoenix, AZ 85007



Janet Napolitano, Governor

The State of Arizona Veterinary Medical Examining Board
1400 W. Washington, Ste 240 ♦ Phoenix, AZ 85007
Phone: 602-364-1738 ♦ Fax: 602-364-1039

www.vetbd.state.az.us

Jenna Jones, Executive Director

APPLICATION FOR VETERINARY TECHNICIAN CERTIFICATION

Applicant is required to enclose with this application, payment of \$150.00 (Application/Examination Fee) payable in U.S. dollars by money order or cashier's check to Arizona State Veterinary Medical Examining Board. This fee is not refundable.

Alternative Format for Submitting Application

An individual with a disability who, as a result of the disability requires this application to be in an alternative format, may contact the Board's Americans with Disability coordinator at (602) 364-1738, or Voice Relay Service (800) 842-4681 or TTY at (800) 367-8939 to make their needs known.

I, _____, make application to the Arizona State Veterinary Medical Examining Board for certification as a Veterinary Technician in the State of Arizona by examination pursuant to Article 4, Arizona Revised Statutes §32-2242, et.seq. I understand the filing of this application grants authority to the Board to obtain information from any licensing agency or board in the United States or another country; and that I shall make an oath as to the contents of my application and credentials submitted to the Board and that I acknowledge that any falsification in my application to the Board is adequate cause by the Board to deny my application; and that the Board may report any falsification of information to other licensing agencies and boards.

~ PLEASE CHECK ONE ~

___ INITIAL APPLICATION: Choose this one if Exam has not been taken within the past 5 years.

___ REAPPLICATION: Choose this one if Exam was taken within the past 5 years: Date of last application: _____

~ PLEASE CHECK ONE ~

I will be taking the: NATIONAL & STATE: ___ NATIONAL ONLY: ___ STATE ONLY: ___

Section 1: PERSONAL INFORMATION

Name: _____

Mailing Address (Home): _____

Street City County State Zip

Home Phone: () Cell phone: () Email: _____

SSN: _____ Date of Birth: _____ Gender: ___ Female ___ Male

Section 2: EMPLOYMENT INFORMATION

Name of Premise where employed: _____

Premise Address:

Street City State Zip Phone #

Phone Number: () Name of Responsible Veterinarian: _____

Section 3:
 You are submitting this application on the basis of *either* education or employment.
 Check and complete **only the appropriate section on this page.**

EDUCATION: _____ / _____
Name of School Date of Graduation

Location of School: _____
City State

OR

EMPLOYMENT: Complete all sections. You may attach additional page(s) if necessary.

“I am or have been employed as a veterinary technician by the following Arizona licensed veterinarian(s).”

Name of Veterinarian	Premise Name	Beginning and Ending Dates of Employment	Number of Hours Completed

TOTAL HOURS: _____

Note: The total hours must be 4,160 hours whether they were completed as full-time or part-time and they must be met at time of application.

****Affidavit on page 3 must be completed****

AFFIDAVIT
You are required to answer all of the following questions

Answer the Following Questions:

1. Are you currently licensed/certified/registered as a veterinary technician in other state(s): Yes No
If yes, list the state(s): _____.

2. Are you currently under investigation or have you been investigated and found in violation of veterinary technician laws or rules in any state(s) in which you have been licensed/certified/registered? Yes No
If yes, explain below and submit a certified copy of the Board Order with your application.

3. Have you ever been convicted of a felony or an undesignated offense? Yes No
If yes, explain below and submit a certified copy of the Record of Conviction and Record of Resolution with your application.

4. Have you ever been convicted of cruelty to animals? Yes No
If yes, explain below and submit a certified copy of the Record of Conviction and Record of Resolution with your application.

Print The Applicant's Full Name: _____ being first duly sworn upon his or her oath deposes and says all of the following: I am the person named in this application. I have read and understand the content of this application. The information contained in the application is true and correct to the best of my ability and the information submitted is without fraud, deceit or misrepresentation. I hereby authorized any past or present employer, past or present business or professional association to release any information to the State of Arizona in connection with my application and state that a photocopy of this authorization shall have the same effect as the original. I also authorized the Arizona State Veterinary Medical Examining Board, or its successor, to release any information submitted by me, upon request, to the public or to any licensing agency, or to any other person, when such request is required or permitted by Arizona Revised Statutes. I acknowledge that any falsification in my application is cause to deny my application. I authorize the Board to tape record any application interview that is conducted of me in regards to this application.

Signature of Applicant: _____ Date of Applicant Signature: _____

Subscribed and sworn to before me this _____ day of _____, 200 _____

Notary Public Signature: _____

My Notary Commission Expires on _____

Seal:



Janet Napolitano, Governor

The State of Arizona Veterinary Medical Examining Board
1400 W. Washington, Ste 240 ♦ Phoenix, AZ 85007
Phone: 602-364-1738 ♦ Fax: 602-364-1039
www.vetbd.state.state.us
Jenna Jones, Executive Director

MORAL CHARACTER REFERENCE LETTER

The following applicant will be applying to the State of Arizona for veterinary technician certification.

Name of Applicant: _____

Please answer the questions below and return this form to the applicant so that s/he may submit it with the application. Note: This form is to be completed by persons not related to the applicant.

- 1. Through what context do you know the applicant?
2. How long have you known the applicant? (Must be a minimum of 3 years.)
3. Is the applicant or any member of his/her family related to you in any way?
4. To your knowledge, has the applicant ever been convicted of a felony, an undesignated offense or cruelty to animals?
5. To your knowledge, has the applicant ever failed to be trustworthy in relation to his/her responsibilities?
6. Do you know of any unfavorable incident(s) in the life of the applicant at school, college, business, or otherwise that may have a bearing upon the character or fitness (moral or otherwise) to perform professional duties not covered by questions contained in this questionnaire or disclosed in your answers?

Print Your Name:

Address:

Street

City

State

Zip

Your Signature: _____ DATE: _____



Janet Napolitano, Governor

The State of Arizona Veterinary Medical Examining Board
1400 W. Washington, Ste 240 ♦ Phoenix, AZ 85007
Phone: 602-364-1738 ♦ Fax: 602-364-1039
www.vetbd.state.state.us
Jenna Jones, Executive Director

**VERIFICATION OF EMPLOYMENT
VETERINARY TECHNICIAN EXAMINATION**

To Be Completed by Responsible Veterinarian For the Following Person:

Name of Applicant: _____

**For all *Full Time Employment Hours at your premise,*
complete the following:**

Start Date	Indicate End Date or "Still Employed"	Total Full Time Hours

**For all *Part Time Employment Hours at your premise,*
complete the following:**

Start Date	Indicate End Date or "Still Employed"	Total Part Time Hours

Total all Hours: _____

**Total of all hours must equal 4,160 and must be met at time
of application to qualify applicant to sit for the exam.**

Name of Responsible Veterinarian**: _____

Signature of Responsible Veterinarian: _____

Date Signed: _____

*** Responsible Veterinarian: the doctor whose name appears on the premise license.*



Janet Napolitano, Governor

The State of Arizona Veterinary Medical Examining Board
1400 W. Washington, Ste 240 ♦ Phoenix, AZ 85007
Phone: 602-364-1738 ♦ Fax: 602-364-1039
www.vetbd.state.state.us
Jenna Jones, Executive Director

Veterinary Technician Professional Letter of Recommendation

Pursuant to R3-11-606 -3, a notarized letter is required from each Arizona licensed veterinarian who employed the applicant during the 2 years the applicant served as a veterinary technician, verifying the employment, indicating the length of employment, and recommending the applicant.

Date: _____

Name of Applicant: _____

Dear Veterinary Medical Examining Board:

I, (Print The Name of the Arizona Licensed Veterinarian Submitting This Professional Letter of Recommendation)
_____ being first duly sworn upon his or her oath deposes and says all of the following: I am the Arizona License Veterinarian submitting this form. The information contained in this Professional Letter of Recommendation is true and correct to the best of my ability and the information submitted is without fraud, deceit or misrepresentation.

Signature of Veterinarian

Date of Signature

State of: _____

County of: _____

Subscribed and sworn to **before me** this _____ day of _____, 200__

Notary Public Signature: _____ My commission expires on _____

Seal:

**ARIZONA STATEMENT OF CITIZENSHIP
AND ALIEN STATUS FOR STATE PUBLIC BENEFITS
Professional License and Commercial License
Arizona State Veterinary Medical Examining Board**

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 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 state, or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

Directions: All applicants must complete Sections I, II and IV. Applicants who are not U.S. citizens or nationals must also complete Section III. Submit this completed form with your application for license or renewal.

SECTION I — APPLICANT INFORMATION

APPLICANT'S NAME (Print or type) _____ DATE _____

TYPE OF APPLICATION (check one) INITIAL APPLICATION RENEWAL

TYPE OF LICENSE _____

SECTION II – CITIZENSHIP OR NATIONAL STATUS DECLARATION

A. Are you a citizen or national of the United States? Yes No

B. If the answer is "Yes," where were you born? List city, state (or equivalent), and country.

City _____ State (or equivalent) _____ Country _____

If you are a citizen or national of the United States, go to section IV. If you are not a citizen or national of the United States, please complete Sections III and IV.

SECTION III – ALIEN STATUS DECLARATION

To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box.

"Qualified Alien" Status

1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA).
2. An alien who is granted asylum under Section 208 of the INA.
3. A refugee admitted to the United States under Section 207 of the INA.
4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
5. An alien whose deportation is being withheld under Section 243(h) of the INA.
6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
7. An alien who is a Cuban and Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980).

- 8. An alien who has, or whose child or child’s parent has, been declared a “battered alien” or an alien subjected to extreme cruelty in the United states.

Nonimmigrant Status

- 9. An alien not in categories 1 through 8 who has been admitted to the United States for a limited period of time (a nonimmigrant). Nonimmigrants are persons who have temporary status for a specific purpose.

If you checked Item 9, please answer the following: Do you have a nonimmigrant visa for entry that is related to employment in the United States for which you are applying for a license.

Yes No

Alien paroled into the United States for less than one year

- 10. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA

SECTION IV - DECLARATION

All applicants must complete this section. I declare under penalty of perjury under the laws of the state of Arizona that the answers I have given are true and correct to the best of my knowledge.

APPLICANT’S SIGNATURE

TODAY’S DATE

05/05/06
07/13/06
461546