



APPLICATION FOR LICENSURE AS A VETERINARY TECHNICIAN

North Dakota Board of Veterinary Medical Examiners

SFN 18020 (3-15)

P.O. Box 328
Lisbon, ND 58054
701-683-4705, ndbvme@nd.gov, www.ndbvme.org

Technicians wishing to be licensed in North Dakota must complete this application, pay the application fee (enclose a check for \$25 payable to NDBVME), provide proof of graduation from an accredited program of veterinary technology with transcripts or a copy of their diploma, and pass the Veterinary Technician National Examination (VTNE). If you took the VTNE through North Dakota, the board office should have a copy of your score report. If you have taken and passed the VTNE through another jurisdiction, you must have your scores transferred directly to the NDBVME by the American Association of Veterinary State Boards (AAVSB), 877-698-8482 or www.aavsb.org.

Please indicate if you qualify as either of the following:	
<input type="checkbox"/> Military	<input type="checkbox"/> Military spouse

Last Name	First Name	Middle	Social Security Number	Email Address
Previous Name (if applicable; last, first, middle)			Place of Birth	Date of Birth
Home Address <small>All correspondence will be sent to this address unless you indicate otherwise.</small>			Home City	Home State
Home Postal Code			Telephone-home	Telephone-office
Employer's/Company Name			Telephone-cell	
Address of Employer			Employer City	Employer State
Employer Postal Code			School of Graduation	Years (20xx-20xx)
			Degree	Graduation Date

Experience in Your Profession (Be specific. If more space is needed, type on separate sheet and attach.)		
Name/Location	Beginning Date	Ending Date
Name/Location	Beginning Date	Ending Date

Should a license to practice veterinary technology be granted to me by the North Dakota Board of Veterinary Medical Examiners, I will comply with the laws pertaining to the practice of veterinary medicine in North Dakota. Yes No

I am/have been licensed/certified in the following states: <input type="checkbox"/> None <input type="checkbox"/> List here (continue on back if necessary)	State	Date Licensed	License No.
	State	Date Licensed	License No.
	State	Date Licensed	License No.

Is there any action pending against your license/certification at the present time? No Yes (Explain fully - type on separate sheet and attach.)

Have you ever had your license/certification revoked, suspended or denied, or been placed on probation? No Yes (Explain fully - type on separate sheet and attach.)

Have you ever pled nolo contendere or been convicted of either a felony or misdemeanor other than a minor traffic violation? No Yes (Explain fully - type on separate sheet and attach.)

A recommendation from a licensed veterinarian is required.	Signature of veterinarian recommending licensure
Printed name of veterinarian / License No. / License State	
I have a location in mind in ND <input type="checkbox"/> No <input type="checkbox"/> Yes	Location
	State of _____ County of _____

I hereby certify that the above statements have been made by me, and I understand their meaning, that they are true, full and correct to the best of my knowledge.

Subscribed and sworn to before me this _____ day of _____, 20__

(Signature of Notary)

(Signature of Applicant, signed in front of Notary)

My Commission expires _____

(Notary Seal)

Attach
2"x3" Recent
Photo

For Board Use Only	Date Received	Check #	Amount
VTNE Date	VTNE Score	License-Date Issued	License #