



# UTAH DEPARTMENT OF COMMERCE

## Division of Occupational and Professional Licensing

### State Certified Veterinary Technician

#### APPLICANT INFORMATION

Full Legal Name: \_\_\_\_\_  
First Middle Last

All Previous Legal Names: \_\_\_\_\_

Other DOPL Licenses Held: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Address: \_\_\_\_\_  
Street Address (including Apt/Unit/Ste #) and/or PO Box

City State ZIP Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*Note: All Division notices and communication will be sent to this email.*

**Please Select ONE:**

- I am a United States citizen OR a non-citizen of the United States who is lawfully present.
- I am a foreign national not physically present in the United States.
- None of the above, please explain: \_\_\_\_\_

**Driver License or State ID Card**

State of Issue License Number Expiration Date

**NOTE:** If you do not hold a US Driver License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of lawful presence in the United States.

#### AFFIDAVIT AND RELEASE

1. I certify that I am qualified in all respects for the license for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, discloses all material facts regarding the applicant, and that I will update or correct the application as necessary, prior to any action on my application.
3. I authorize all persons, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.
5. I certify that I do not currently pose a direct threat to myself, to my clients, or to the public health, safety or welfare because of any circumstance or condition.
6. I understand that I am responsible to update the Division of any changes relating to my license/certification/registration.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## QUALIFYING QUESTIONNAIRE

### Do not leave any question blank.

DOPL may request additional documentation if the information submitted is insufficient.

1.  Yes  No Have you EVER had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, resigned, or surrendered while under investigation, or otherwise **disciplined in any way**?
2.  Yes  No Do you CURRENTLY have **any criminal action active or pending**?
3.  Yes  No WITHIN THE PAST 10 YEARS, have you pled **guilty** to, **no contest** to, entered into a **plea in abeyance**, or been **convicted of a misdemeanor** in any jurisdiction?
4.  Yes  No Have you EVER pled **guilty** to, **no contest** to, entered into a **plea in abeyance**, or been **convicted of a felony** in any jurisdiction?

If you answered "Yes" to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached. If you answered "Yes" to questions 2, 3, or 4 you must submit the following for EACH and EVERY incident:

- personal account of the incident
- court record(s)
- police report(s)
- probation/parole officer report(s)

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

#### NOTE:

- **DISCLOSE** charges that were later held in abeyance, diverted, reduced, or dismissed.
- **DISCLOSE** motor vehicle offenses such as driving while impaired or intoxicated. But you do not need to disclose minor traffic offenses such as parking or speeding violations.
- You do **not need to disclose** juvenile offenses, unless you were tried as an adult.
- **DISCLOSE** if you are restricted from possession, purchase, transfer, or ownership of a firearm or ammunition (even if your restriction is based on a non-reportable juvenile conviction).
- You do **not need to disclose** legally expunged or sealed criminal history incidents.

For more information, see DOPL's criminal history FAQs

## PROFESSIONAL LICENSES

List all other licenses, registrations or certification issued by any state which you now hold or have ever held in any profession. (Use additional sheets if necessary.)

Profession: \_\_\_\_\_ License Number: \_\_\_\_\_

Issuing State: \_\_\_\_\_ License Status: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Profession: \_\_\_\_\_ License Number: \_\_\_\_\_

Issuing State: \_\_\_\_\_ License Status: \_\_\_\_\_ Issue Date: \_\_\_\_\_

- Yes  No If you indicated a Veterinary Technician license above, after obtaining the license(s), have you engaged in at least one year of experience in the state, district, or territory of the United States where the license was issued?

Note: If you answer yes to the question above, please see the checklist at the end of this application or our website for instructions on applying by endorsement

## VERIFICATION OF EDUCATION

I have completed an accredited veterinary technician training program and am submitting official transcripts.

Submit an official transcript from a veterinary technician training program which held current accreditation by the AVMA Committee on Veterinary Technician Education and Activities (AVMA-CVTEA) or accredited by the Canadian Veterinary Medical Association (CVMA) at the time of the applicant's graduation.

Official transcripts can be mailed in a sealed envelope to the Division or emailed directly from the school to [B6@utah.gov](mailto:B6@utah.gov)

**Or, Alternate Education Pathway:** To be completed by the supervising veterinarian.

Name of Supervisor: \_\_\_\_\_ License Number: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Facility Address: \_\_\_\_\_  
Street/PO Box City State/Zip

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Dates of Supervision: \_\_\_\_\_ to \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

Total hours applicant worked under your supervision. \_\_\_\_\_

How many hours per week did the applicant work? \_\_\_\_\_  Part time  Full Time

Describe the duties and responsibilities of the Tech: \_\_\_\_\_

Did the duties and responsibilities of the tech include, at minimum:

- General Veterinary Care  Lab Skills  
 X-ray Experience  Surgical Experience  Dental Experience

Is the applicant currently employed with the facility?  Yes  No

If no, is the applicant re-hirable?  Yes  No, Please explain: \_\_\_\_\_

I certify that (name of applicant) \_\_\_\_\_ has been actively engaged in legal practice as an unlicensed Veterinary Technician in the State of Utah. The applicant has completed the hours of experience listed above and has demonstrated sufficient skills to practice as a Utah Certified Veterinary Technician.

Signature of Supervising Veterinarian: \_\_\_\_\_ Date: \_\_\_\_\_

## APPLICATION CHECKLIST AND INSTRUCTIONS

This checklist is for your convenience, you do not need to include it with your application.

**NOTE:** Incomplete applications will be denied.

Your application is classified as a public record and may be available for inspection by the public, except with regard to the release of information which is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

### ALL APPLICANTS

- \$50.00 non-refundable application-processing fee, made payable to "DOPL".
- Supporting documentation for any "yes" answers provided on the "Qualifying Questionnaire".

### LICENSURE BY APPLICATION

#### In addition to the requirements for ALL

- Verification of Passing the Veterinary Technician National Exam (VTNE) of the American Association of Veterinary State Boards (AAVSB)
  - Complete one of the following:
    - Official transcripts documenting completion of a veterinary technician training program which held current accreditation by the AVMA Committee on Veterinary Technician Education and Activities (AVMA-CVTEA) or the Canadian Veterinary Medical Association (CVMA) at the time of the applicant's graduation. **NOTE:** Transcripts are considered "official" when they are mailed or emailed directly from the school to DOPL or sealed in an envelope bearing the school's stamp/seal on the envelope flap. **AND** Letter documenting 6 months of experience working under a licensed veterinarian.
- OR**
- Documentation of 6,000 hours of supervised practice under a licensed veterinarian.

### LICENSURE BY ENDORSEMENT

If you are currently licensed as a Certified Veterinary Technician in another state, have been licensed for at least one year, and are in good standing in a jurisdiction where the license scope is similar to Utah, you may apply for [Licensure by Endorsement](#). *In addition* to the items required by All Applicants submit:

- Official verification of your license.

**Note: You may wish to contact the board in advance to determine if your state license is equivalent. Please email the board at [B6@utah.gov](mailto:B6@utah.gov) for more information.**

Submit the above items with your completed application to:

#### **In person or via express delivery:**

Division of Occupational and Professional Licensing  
Heber M Wells Building, 1<sup>st</sup> Floor Lobby  
160 E 300 S  
Salt Lake City, UT 84111

#### **US Postal Service:**

Division of Occupational and Professional Licensing  
PO BOX 146741  
Salt Lake City, UT 84114-6741