

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
* If you don't have a social security number, please follow the instructions on the last page.

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

City: _____ State: _____ Zip: _____

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

I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, and 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.

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 Department of Commerce, State of Utah, any files, records, or information of any type reasonably required for the Department to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

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.

I understand that I am responsible to update the Department of any changes relating to my application/license/certification/registration.

I understand that if the application is not complete at the time of submission, it will delay approval and could result in a denial.

I declare under criminal penalty under the law of Utah that this application is true and correct.

Signature of Applicant: _____ Date: _____

PRIVACY NOTICE

The information you provide on this form will be used to determine your eligibility for a license, registration, or certification in Utah. Failure to provide complete information as requested will result in the denial of your request as incomplete.

Information provided in this form is retained in accordance with state record retention laws. For specific information about the records retention for this form, please visit <https://dopl.utah.gov/records>

To comply with legal and regulatory requirements, we may share limited information about your license, registration, or certification with authorized parties. This may include government agencies, national databases, and contracted vendors. Shared information may include issue date, status, expiration date, disciplinary actions, and your name or other direct identifiers.

We may also share aggregated and de-identified data (e.g., education levels, exam pass rates, length of licensure, etc.) with relevant stakeholders for data analysis and reporting purposes.

ACKNOWLEDGEMENT:

Your signature acknowledges receipt of this information.

Authorized Signature: _____ 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**
- **police report(s)**
- **court record(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.

Please **DISCLOSE** the following:

- charges that were later held in abeyance (plea in abeyance), diverted, reduced, or dismissed.
- motor vehicle offenses such as driving while impaired or intoxicated.
- 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:

- minor traffic offenses such as parking or speeding violations.
- juvenile offenses, unless you were tried as an adult.
- 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: _____

If you identified a Certified Veterinary Technician (or equivalent) license above, please answer the following:

- ☐ Yes ☐ No After obtaining the license(s) above, 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

If you completed a veterinary technician training program, accreditation by the AVMA Committee on Veterinary Technician Education and Activities (AVMA-CVTEA) or accredited by the Canadian Veterinary Medical Association (CVMA), please have your official transcripts submitted to B3@Utah.gov. This form is required for applicants pursuing licensure via the "Alternate Pathway". To be completed by the supervising veterinarian.

APPLICANT INFORMATION

Full Legal Name: _____
First Middle Last

EMPLOYMENT INFORMATION *(to be completed by the supervising veterinarian.)*

Supervisor: _____ License Number: _____ State of Issue _____

Name of Facility: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ – _____ Email: _____

Dates of Employment: _____ to _____
MM/DD/YYYY MM/DD/YYYY

How many hours did the applicant work per week? _____ ☐ Part time ☐ Full Time

Total hours applicant worked under your supervision? _____

Describe the duties and responsibilities of the Tech: *(attach additional form if needed)*

Please mark all experience, training, and competencies, obtained by the applicant under your supervision:

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

Is the applicant still employed? ☐ Yes ☐ No If no, is the applicant re-hirable? ☐ Yes ☐ No

If not re-hirable, please explain:

ATTESTATION:

I certify that the applicant, named above, has been actively engaged in legal practice as an unlicensed Veterinary Technician in the State of Utah, another state, or US territory. The applicant has completed the hours of experience listed above and has demonstrated sufficient skills to practice as a Utah Certified Veterinary Technician, under [Utah Admin. Code R156-28-309a\(2\)](#).

I declare under criminal penalty under the law of Utah that this information is true and correct.

Signature of Supervisor: _____ 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.

If you do not have a valid Social Security number, you may submit your Individual Taxpayer Identification Number (ITIN), Alien registration number (A-number), or a copy of an unexpired government issued passport from your country of residence and an intent-to-hire letter from a Utah based employer. ([Utah Administrative Code § R156-1-301](#))

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 educational pathways:

- ☒ 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 practicing as a Certified Veterinary Technician in another state for at least 1 year immediately preceding this application, you may apply for [Licensure by Endorsement](#). In addition to the items required by all applicants, you must submit the following:

- ☐ Official verification of your license/certification/registration.

Submit completed application to the Division:

By US Postal Service:

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

By in-person or express delivery:

**Division of Professional Licensing
Heber M Wells Building, 1st Floor
160 E 300 S
Salt Lake City, UT 84111**

If you have questions, please contact the Division at 801-530-6628 or by email at b3@Utah.gov.