

OKLAHOMA REGISTERED VETERINARY TECHNICIAN RENEWAL



OK State Board of Veterinary Medical Examiners

2920 N. Lincoln Blvd., Suite C Oklahoma City, OK 73105 (405) 522-8831 Fax (405) 522-8034 www.okvetboard.com

\$45.00 Due on or before June 30, 2014

Office Use: #2014

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Submit a check, money order, or cashier's check made out to OSBVME with your <u>original</u>, signed renewal form. You have the option of renewing online through our website at www.okvetboard.com instead of this paper form; online payments can be made by credit card or EFT.

Provide **both** home and employment addresses below and check one address box to indicate the correspondence address. Your home address will be used for correspondence unless employment is checked.

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|---|--|--|--|--|--|
| HOME INFORMATION | | | | | |
| Name: Reg #: | | | | | |
| Address: | | | | | |
| City: St: Zip: | | | | | |
| Ph#: () Cell #: () | | | | | |
| E-mail: | | | | | |
| Are you a US Citizen? Y N If no, enclose a signed Citizenship Affidavit with this renewal. The affidavit is available at www.okvetboard.com. | | | | | |
| BUSINESS NAME / EMPLOYMENT This information will be available to the public through the Open Records Act Name: | | | | | |
| Address: | | | | | |
| City: St: Zip: | | | | | |
| Ph#: () Fax #: () | | | | | |
| E-mail: | | | | | |
| Website: | | | | | |
| | | | | | |
| ADD'L BUSINESS NAME / EMPLOYMENT | | | | | |
| If you work at another facility more than 30 total days in the year, please submit an additional page to this renewal with the clinic name, address, phone, fax, email and website, if available. | | | | | |
| Recent certificates acquired in other states: | | | | | |
| ST: ID #: ID #: | | | | | |
| Board Certification(s): | | | | | |

After **8/29/14**, non-renewed certificates will be will be "Suspended for Failure to Renew" and may be reinstated upon completion of a reinstatement application and fee.

Since the date of application or last RVT renewal:

- 1. Were you charged with, or convicted of a felony, DUI, DWI, or APC)?*
- 2. Were you the subject of *any* disciplinary action by *any* government, jurisdictional or licensing authority; federal, state, or municipal?*
- 3. Have you been addicted to or used in
- excess any drug or chemical substance, including alcohol?*
- 4. Have you been treated for a drug or alcohol addiction or participated in a rehabilitation/recovery program?*
 Y N
- * If you answered yes to any of the above questions, please explain fully to include any charges, dates, county/state, outcome, and driver's license number on a separate sheet of paper.

Employment Type

| Гуре Clinic where | you are employed | <u>:</u> | | | | | | |
|-------------------------|------------------|--------------|--|--|--|--|--|--|
| Acupuncture | Equine | Sheep/Goat | | | | | | |
| Avian/Exotic | Eq Dentistry | Small Animal | | | | | | |
| Bovine | Feline only | Swine | | | | | | |
| Chiropractic | Mobile | Wildlife/Zoo | | | | | | |
| Emergency | Relief | | | | | | | |
| Educational Institu | ıte: | | | | | | | |
| Administration | Teaching: | | | | | | | |
| Intern/Resident | Other: | | | | | | | |
| Other Employment Types: | | | | | | | | |
| Consultant | Lab Animal | Research | | | | | | |

Med Rsrv Corps

Military

Regulatory

Retired

State

Diag Lab

Federal

Industry

| C | TV | II | IN | \mathbf{C} | \mathbf{ED} | H | $C \Delta$ | TI | | J |
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| CONTINUING EDUCATION | ON | |
|--|---|-------------------|
| Report your required ten (10) hours of Continuing Education (CE) acquired for not enclose certificates except for online CE. Maintain all your CE certificates is | , , <u> </u> | |
| MANDATORY REVIEW OF CDS LAWS: Two of the ten hours shall ensubstance (CDS) laws, or review of the Oklahoma Veterinary Practice Act and applied | | olled dangerous |
| Title of Mandatory review: | · · · · · · · · · · · · · · · · · · · | |
| Title of Mandatory review: | | |
| | | (Min & Max 2) |
| COLLEGE AND EXTENSION SEMINARS: One hour credit for each hour of | of attendance. | |
| A. Meeting Title: | Date// | |
| Location: | CE Hrs: | |
| B. Meeting Title: | Date// | |
| Location: | CE Hrs: | |
| National, regional, state, or local scientific meeting | $\underline{\mathbf{S}}$: One hour credit for each hou | ir of attendance. |
| A. Meeting Title: | | |
| Location: | | |
| B. Meeting Title: | | |
| Location: | | |
| T | | |
| <u>INTERACTIVE ONLINE COURSES</u> : One hour credit for each Board approv This CE must be R.A.C.E. approved. <u>A copy of the certificate must be submitted to</u> | | e online course. |
| ** | • • | |
| Title CE Hrs: | | |
| TitleCE Hrs: | Date/ | |
| PRESENTATIONS AND PUBLICATIONS: One hour credit for each hour | spent developing or presenting | g original, peer- |
| reviewed presentations or publications. (Max 2 hours) | | |
| Title | | |
| Location Given To | CE Hrs: | (Max 2) |
| A UTO-TUTORIAL TAPES: One hour credit for each hour of study with auto- | o-tutorial tapes of scientific ma | (") |
| veterinary practice. (Max 2 hours) | 1 | |
| Titles: | | |
| | | (Max 2) |
| $\underline{\textbf{J}\text{OURNALS}}$ AND PERIODICALS: One hour credit for each hour of study of | scientific or non-scientific artic | les in veterinary |
| journals or periodicals pertaining to veterinary medicine. (Max 2 hours) | | |
| Titles: | | |
| | | (Max 2) |
| | ı | |
| | | |
| TOTAL HOURS (Must equal or exceed 10 hours) | | |
| , | | |
| I do hereby attest that all information or statements made on this form(s) or any in | | |
| true and correct and that I have obtained the above CE between July 1, 2013 a | | |
| fraudulent statement on any part of this form(s) may be grounds for disciplinary act Title 59 Sec 698.1 et seq., and may be punished by fine or imprisonment. | tion as set form by the veterina | ry Fractice Act, |
| The state of the s | | |
| RVT's Signature | Date / | / |