OKLAHOMA STATE BOARD OF VETERINARY MEDICAL EXAMINERS

2920 N Lincoln Blvd, Suite C Oklahoma City, OK 73105
PH# (405) 522-8831 FAX# (405) 522-8034
WEBSITE: www.okvetboard.com

INSTRUCTIONS FOR VETERINARY TECHNICIAN REREGISTRATION

All applicants must submit:

- The completed "Veterinary Technician Re-registration Application" form.
  - The application must show the notary seal impressed partially on the photograph and partially on the application to insure that the photo on the application is the same photo notarized. The photo must be firmly affixed to the application and must not exceed the space provided, nor obscure other information on the application.
  - Any "Yes" answer to questions 1-10 must be explained in full to include any charges, dates, county/state, outcome, and your driver's license number on a separate sheet of paper.
  - If you are not a US Citizen, you must provide your I-94 number and your Alien Registration number. We also request you send a copy of your Alien Registration card and a copy of your passport.
  - Page two of the application must contain all necessary information to account for **all** time spent in education and work history since graduation from High School to the present.
- Either two recommendations authored by Registered Veterinary Technicians (RVT) or licensed veterinarians OR if you are a current member of your state professional association, an officer of the association may complete Section 1 on one of the recommendation forms.
- The "Verification of Registration" form must be completed for each current or previously issued technician registrations from other states, if applicable. Those states may use their own forms PROVIDED all the information requested on the form issued by the Board is on the replacement form. It is recommended that you call those boards; they may have a fee for this service. Online verifications are acceptable, if available.
- A "Continuing Education Information" form must be completed indicating ten (10) hours of continuing education (CE) for each year since your license lapsed.
- The re-registration fee of $50.00 plus $45.00 for each year lapsed. The fee for re-registration should be made to OSBVME and can be in the form of a personal check, money order, or cashier's check or submitted online through www.okvetboard.com. **ALL FEES ARE NON-REFUNDABLE.** Fees could change without notice. Contact the Board office for current fee schedule.

Additional requirements:

- All documents must be complete and accurate to the best of your knowledge. For those items which do not apply to you, mark N/A (not applicable) in the space provided.
- All forms must have original signatures. Stamped or initialed signatures are **NOT** acceptable.
- The office of the Board may contact other sources for verification of information contained in your application.
- Applications for reinstatement of registration are reviewed for content by Board staff. Complete applications are then forwarded to the Board President or Secretary/Treasurer for his/her approval/disapproval. If approved, your license will be reactivated that day. Your application will be placed on the next available Board agenda for Board ratification.
- Even though your application is complete and all requirements are satisfied, there is no guarantee that the Board will approve your application. The Board may find exceptions or make discoveries which will cause them not to approve an application. In such event, the Board will clearly state the basis upon which such exceptions have been made and you will be notified by mail. The Board may, at its discretion, require further proof of clinical competency. You will be notified if this applies to you.
- All applications for re-registration are submitted to the Board Secretary/Treasurer for approval prior to being submitted to the Board for ratification. This Board meeting, as well as all other Board meetings, is open to the public. You may appear in person before the Board in support of your application, have an attorney or representative appear for you or allow the Board to make the final determination of qualification by reviewing your written application. If you wish to appear in person, have an attorney or other representative appear before the Board, notify the office staff at least ten (10) days prior to the meeting to permit scheduling. Contact the Board office for the exact date and time of the scheduled meetings.
- Applicants will receive only one (1) notice as to any deficiencies in the application, if further information is needed, or if there is a negative Board decision. Absence of correspondence from this office indicates your application is progressing through the system without impediment.

******KEEP THIS OFFICE INFORMED OF YOUR CURRENT MAILING ADDRESS AT ALL TIMES. THIS OFFICE CAN NOT BE RESPONSIBLE FOR UNDELIVERABLE OR MISDIRECTED MAIL. THE OSBVME WILL, AT ALL TIMES USE THE ADDRESS ON THE APPLICATION UNLESS A WRITTEN CHANGE OF ADDRESS IS RECEIVED BY THIS OFFICE. THE OSBVME CONTINUOUSLY UPDATES ITS FORMS AND INSTRUCTIONS. IT SHALL BE THE APPLICANTS RESPONSIBILITY TO CONTACT THE BOARD OFFICE FOR CURRENT REVISIONS AND UPDATED FORMS******

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APPLICATION FOR VETERINARY TECHNICIAN REREGISTRATION

PRINT OR TYPE ANSWERS TO ALL QUESTIONS ON THIS FORM IN FULL

Name: - -
FIRST MIDDLE LAST MAIDEN SS#

Address:
NUMBER AND STREET CITY STATE ZIP EMAIL

( ) - ( ) - ( ) - / /
HOME PHONE CELL PHONE DAY PHONE DATE OF BIRTH BIRTH CITY STATE COUNTRY

Military Service: / / / /
BRANCH RANK FROM TO

EACH "YES" ANSWER TO QUESTIONS 1-10 MUST BE EXPLAINED IN DETAIL ON A SEPARATE PAGE.	YES	NO
1. Has your application for examination ever been rejected in any state, territory, province, or foreign country?		
2. Have you ever failed an examination for registration?		
3. Have you ever been the subject of any disciplinary action by any government, jurisdictional or licensing authority; federal, state or municipal?		
4. Have you ever been arrested for, charged with, or convicted of a felony or misdemeanor? (Do not include traffic offenses unless the original charge was DUI, DWI or APC)		
5. Are you now or have you in the past been addicted to or used in excess any drug or chemical substance, including alcohol, the excessive use of which has the potential to affect, or actually affected your abilities?		
6. Are you now being or have you in the past been treated through a drug or alcohol rehabilitation/recovery program?		
7. Are you now being or have you in the past been treated for emotional or mental disorder which affects or affected your abilities?		
8. Have you ever been charged with or convicted of a crime?		
9. Have you ever been denied membership or had your membership revoked in a state or other veterinary association?		
10. Have you ever been named as a defendant in a civil lawsuit?		
11. Are you a US Citizen? If no, list your I-94 number_____ and Alien Registration Number_____		

Previous Registration Number #_____ Registration Lapsed: ____/____/____

VETERINARY RELATED REGISTRATIONS OR CERTIFICATIONS IN OTHER STATES: Attach a separate page if necessary.

PROFESSION	STATE OR COUNTRY	NUMBER	DATE ISSUED	CURRENT STATUS
			__/___/___	
			__/___/___	
			__/___/___	
			__/___/___	

PHOTO
taken within
the past 12 months
(Tape - do not staple)

This is to certify that the photograph is a correct likeness of the applicant. Sworn before me on this _____day of _____, _____. My commission number is _____ and expires on ____/____/____.

Notary Public _____

Note: Notary seal must be impressed partially on the picture and partially on the form.

EMPLOYMENT: Account for ALL gaps of time in employment and/or education. Attach a separate page if necessary.

FROM	TO	EMPLOYER	CITY, STATE	JOB TITLE/ACTIVITY
___/___	___/___	_____	_____	_____
___/___	___/___	_____	_____	_____
___/___	___/___	_____	_____	_____
___/___	___/___	_____	_____	_____
___/___	___/___	_____	_____	_____
___/___	___/___	_____	_____	_____
___/___	___/___	_____	_____	_____
___/___	___/___	_____	_____	_____
___/___	___/___	_____	_____	_____
___/___	___/___	_____	_____	_____
___/___	___/___	_____	_____	_____
___/___	___/___	_____	_____	_____
___/___	___/___	_____	_____	_____
___/___	___/___	_____	_____	_____

APPLICANT'S AFFIRMATION
(including verification of lawful presence in the United States)

"The undersigned, of lawful age, being first duly sworn, upon oath state, under penalty of perjury, as follows: I am a United States Citizen, or I am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States. I further swear/affirm that I have fully read and understand the instructions for application. I hereby certify under oath or by affirmation that I am the person named in the application; that all statements I have made herein are true; that the photograph is a true resemblance of me and was made within the last twelve (12) months; that in consideration of this issuance to me of a registration in the State of Oklahoma I hereby pledge that I shall abstain from deceptive or fraudulent methods, from immoral, unprofessional and unethical conduct and hereby agree that violation of this pledge shall constitute cause for the revocation of my registration. I further state that I am not omitting any information which might be of value to the Board to determine my qualification or eligibility. I agree that any falsification, omission or withholding of pertinent information or facts, concerning my qualifications as an applicant for examination and/or registration shall be sufficient to bar me from further consideration for registration by the Oklahoma State Board of Veterinary Medical Examiners. Any such falsification, omission or withholding of pertinent information shall serve as sufficient grounds for fines, revocation, cancellation or suspension of my registration should it be discovered after my registration is granted. I hereby authorize all hospitals, clinics, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present), and all government agencies (local, state, federal or foreign) to release to the Oklahoma State Board of Veterinary Medical Examiners or its successors any information, files, or records requested by the Board in connection with this application. **By submitting this application, I am requesting the release of any and all disciplinary actions from any organizations, institutions, clinics or hospitals to the Oklahoma State Board of Veterinary Medical Examiners.** I further authorized the Oklahoma State Board of Veterinary Medical Examiners or its successors to release to the organizations, individuals or groups listed herein, information which is material to this application or any subsequent registration."

_____ ____/____/____

Signature of Applicant Date

Notary Seal

State of _____ County of _____. Sworn to before me on ____/____/____. My commission expires ____/____/____.

Notary Public _____Comm#_____

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VERIFICATION OF REGISTRATION

- This form must be completed by the state regulatory agency in each state in which you hold or have ever held a veterinary technician registration.
- The signature of the authorizing official must be original.
- A substitute form is acceptable provided it contains ALL the information described below and comes from that Board office or the official Board's website.

Name of applicant _____ Certificate # _____

Profession in which registration was issued _____

State issuing registration _____ Date Issued____/____/____

Registration issued on the basis of _____

Is registration current? Yes No If no, briefly explain _____

_____

Dates of disciplinary action (if applicable) _____

Reason for disciplinary action _____

_____

_____

If there has been disciplinary action, please attach a certified copy of the Final Order or charges of a pending case.

I hereby certify that this information is correct to the best of my knowledge and that based on records available to me the applicant was competent as a veterinary technician while registered in this state.

Agency Seal

_____/_____/_____ _____
Date Signature of Agency Official

_____ _____
Title

Printed name of signature

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RECOMMENDATION
(Veterinary Technician)

SECTION 1:
If you are a current member of your state professional association, an officer of the association may complete section one (1) in lieu of two (2) recommendations. If you are not a current member of your state professional association, two (2) recommendations must be submitted.

_____ is a member in good standing of the _____ located in
Name of Applicant Name of Association

_____, _____.
City State

_____/_____/_____ _____
Date Signature of Association Officer

_____ _____
Printed Name of Signature Title

SECTION 2:
This form is to be completed by a veterinarian who is personally acquainted with you. The certifying veterinarian must hold a current, unmodified license to practice veterinary medicine or a current veterinary technician registration. This form serves as one (1) of your required two (2) letters of recommendations. (This form may be copied as necessary).

I, _____ do hereby certify that I am personally
Name of Certifying DVM or RVT - Please type or print
and well-acquainted with the applicant, _____. The
Name of Applicant
following is my recommendation to the Oklahoma State Board of Veterinary Medical Examiners in support of his/her application for certification. (Give a brief narrative recommendation).

_____

_____

_____

_____

_____

_____

I further certify that I hold a current, unmodified veterinary license or veterinary technician's registration in the state of _____, license/registration number _____.

_____/_____/_____ _____
Date Signature

CONTINUING EDUCATION INFORMATION
FOR VETERINARY TECHNICIAN REREGISTRATION

Before any certificate is reinstated, the applicant must certify that he or she has obtained ten (10) hours of **CONTINUING EDUCATION** per year for each year the certificate has lapsed**.** These hours are not a cumulative total. If additional space is needed, please attach a separate sheet. Do not send verification of hours unless requested to do so.

COLLEGE AND EXTENSION SEMINARS: One hour of credit for each hour of attendance.

A. Meeting Title:_____ Date_____/_____/_____
Location:_____ CE Hrs:_____
B. Meeting Title:_____ Date_____/_____/_____
Location:_____ CE Hrs:_____

NATIONAL, REGIONAL, STATE, OR LOCAL SCIENTIFIC MEETINGS:
One hour of credit for each hours of attendance.

A. Meeting Title:_____ Date_____/_____/_____
Location:_____ CE Hrs:_____
B. Meeting Title:_____ Date_____/_____/_____
Location:_____ CE Hrs:_____

INTERACTIVE ONLINE COURSES: One hour credit for each Board approved hour of completed interactive online course. A copy of the certificate indicating the number of course hours must be submitted to qualify.

Title_____ CE Hrs:_____ Date ____/____/____
Title_____ CE Hrs:_____ Date ____/____/____

PRESENTATIONS AND PUBLICATIONS: One hour of credit for each hour spent developing or presenting original, peer-reviewed presentations or publications. You may submit a copy of the presentation or publication. (Max 2 hours for each year lapsed)

Title _____ Date_____/_____/_____
Presentation Given To _____ CE Hrs:_____
Where Presentation Was Given _____

AUTO-TUTORIAL TAPES: One hour of credit for each hour of study with auto-tutorial tapes of scientific material related to veterinary practice. (Max 2 hours for each year lapsed)

Title: _____ ___/___/___ CE Hrs____ Title: _____ ___/___/___ CE Hrs____
Title: _____ ___/___/___ CE Hrs____ Title: _____ ___/___/___ CE Hrs____

JOURNALS AND PERIODICALS: One hour of credit for each hour of study of scientific articles in veterinary journals or periodicals. (Max 2 hours for each year lapsed)

Title: _____ Yr _____ CE Hrs____ Title: _____ Yr _____ CE Hrs:____
Title: _____ Yr _____ CE Hrs____ Title: _____ Yr _____ CE Hrs:____

REVIEW OF CDS LAWS: One hour of credit for each hour of study encompassing state or federal controlled dangerous substance (CDS) laws or review of the Oklahoma Veterinary Practice Act and applicable rules. (Max 2 hours)

Title: _____ CE Hrs:_____(Max 2)

TOTAL HOURS ON THIS PAGE…… ☐

Under penalties of perjury, I do hereby attest that the above information on this form to be true and correct. A false statement on any part of this form may be grounds for disciplinary action.

Signature _____ Date ____/____/____

Printed Name_____

FOR OFFICE USE ONLY

Licensed lapsed 6/30/___ ❑ 10 hrs FYE___ ❑ 10 hrs FYE___ ❑ 10 hrs FYE___ ❑ 10 hrs FYE___ ❑ 10