

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: (608) 266-2112

Ship To: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

VETERINARY EXAMINING BOARD

INFORMATION FOR COMPLETING VETERINARY TECHNICIAN APPLICATION

APPLICATION: An applicant for licensure must complete the Application for Veterinary Technician Certification (Form #653), including applicable fees made payable to the Department of Safety and Professional Services.

CERTIFICATE OF TECHNICAL SCHOOL OR COLLEGE:

A certificate must be submitted for applicants who have completed a four (4)-semester course in veterinary technology. Forward this form to your veterinary technical school or college to be signed and sealed by the registrar of the school. Request that they submit this form directly to the Veterinary Examining Board.

AFFIDAVIT OF LICENSED VETERINARIAN EMPLOYER:

The affidavit must be submitted by those applicants for Veterinary Technician Certification who have not completed a four (4)-semester course in veterinary technology. Forward this form to your employer and request that they submit this form directly to the Veterinary Examining Board.

EXAMINATIONS:

The Veterinary Examining Board uses the Veterinary Technician National Exam (VTNE) as its written examination for veterinary technicians. To obtain "Information for Candidates on the VTNE," go to www.aavsb.org. The Board also utilizes an Examination on State Laws and Rules related to the practice of Veterinary Technology.

EXAMINATION ON WISCONSIN LAW:

An applicant for licensure shall successfully complete an online open book examination on Wisconsin Statutes and Rules relating to the practice of Veterinary Technology before a license can be issued. Online instructions will be provided to the applicant after the application and credentialing fees have been received.

VTNE EXAMINATION:

To schedule to take or retake this examination, register online directly with AAVSB at: www.aavsb.org. The Application for Veterinary Technician Certification (Form #653) must be complete and on file in the Board office at least **30-days prior** to the date of the examination, including applicable fees made payable to the Department of Safety and Professional Services.

Your VTNE score needs to be sent directly to the Wisconsin Department of Safety and Professional Services from AAVSB. The Online Score Transfer Request Application is online at: <http://aavsb.org/VTNE/Score%20Reporting/>. For additional questions, contact AAVSB at 1-877-698-8482 or vettech@aavsb.org.

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REPORTING OF RESULTS:

Candidates will receive notice by email of their performance on the VTNE approximately six (6) weeks after the administration of the exam. Please do not call the Board office for the results of your examination. This information will not be provided by phone.

Candidates will receive a numerical score and pass/fail notification. The passing score recommended by the Veterinary Examining Board will be reported as a scaled score out of 100, with 70 being required to pass. A score of 70 is equivalent to the VTNE scaled score of 425.

VERIFICATION OF CERTIFICATION OR LICENSURE IN OTHER STATES:

You are required to have each state board in which you have ever been certified or licensed submit letters of verification to the Wisconsin Veterinary Examining Board. The letters must indicate your date of birth, license number, date of issuance, and a statement regarding disciplinary actions. These letters will be required in order to complete your application for licensure.

SCHOOL CODE - TECHNICAL SCHOOL OR COLLEGE:

For a list of approved schools, please go to http://www.avma.org/education/cvea/vettech_programs/allprograms.asp.

MAILING INSTRUCTIONS:

Mail your application, the appropriate fee, and documentation to the address listed above, ATTN: Veterinary Examining Board.

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VETERINARY EXAMINING BOARD

APPLICATION FOR VETERINARY TECHNICIAN CERTIFICATION

Under Wisconsin law, the Department must deny your application if you are liable for delinquent State Taxes or Child Support (Wis. Stat. § 440.12).

PLEASE TYPE OR PRINT IN INK Your name and address are available to the public. Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14).

Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Former / Maiden Name(s) <input type="text"/>
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Address (street, city, state, zip) <input type="text"/>	Daytime Telephone Number <input type="text"/>
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Mailing Address (if different) <input type="text"/>	Date of Birth <input type="text"/>
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Social Security # <input type="text"/>	Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.
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Ethnicity/gender status information is optional.

Ethnicity: White, not of Hispanic origin American Indian or Alaskan Hispanic
 Black, not of Hispanic origin Asian or Pacific Islander Other

Sex: M F

Email Address: <input type="text"/>	Specialty: <input type="text"/>
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School Name: <input type="text"/>	For Receiving Use Only (55)
School Address: <input type="text"/>	
Degree: <input type="text"/>	
Date Degree Granted: <input type="text"/>	

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

Licensure by Examination (initial licensure) VTNE and State Law

\$ 75.00 Initial Credential Fee
 \$ 75.00 State Law Exam
 \$ 15.00 DSPS Contract Fee
\$ 165.00 Total DSPS Fee Attached

VTNE EXAM AND FEE You must register for the VTNE and pay the VTNE fee directly to the AAVSB at www.aavsb.org

Licensure by Endorsement of VTNE Scores (To qualify you have taken and passed the VTNE and you are currently licensed in another state.)

\$ 160.00 Initial Credential Fee
 \$ 75.00 State Law Exam
\$ 235.00 Total DSPS Fee Attached

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APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

- Fee(s) attached to this Application (Form #653)
- Wisconsin Statutes and Rules Examination (taken and passed)
- Letters from all state boards where licensed (include active and inactive licenses)
- Copies of malpractice suit(s)
- Certificate of Technical School or College (Form #2605)
- VTNE Examination pass and fail scores
- Affidavit of Licensed Veterinarian Employer (Form #2604) (for applicants who have not completed a 4-semester course in veterinary technology)

ANSWER THE FOLLOWING QUESTIONS: (Attach additional sheets if necessary)

1.	Have you taken and passed the VTNE Examination?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Have you requested the Interstate Reporting Service to report scores to Wisconsin?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Have you ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Have you ever failed to pass any State Board, National Board Examination? If yes, provide details below: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.	Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.	Have you ever been convicted of a misdemeanor or a felony, or do you have any felony or misdemeanor charges pending against you? If yes, submit Convictions and Pending Charges (Form #2252).	Yes <input type="checkbox"/> No <input type="checkbox"/>
8.	Are you incarcerated, on probation, or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	Yes <input type="checkbox"/> No <input type="checkbox"/>
9.	Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition and complete Malpractice Suits or Claims (Form #2829).	Yes <input type="checkbox"/> No <input type="checkbox"/>
10.	Have your hospital privileges ever been limited or removed? If yes, give details on an attached sheet.	Yes <input type="checkbox"/> No <input type="checkbox"/>
119.	Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what state(s): <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	Yes <input type="checkbox"/> No <input type="checkbox"/>
12.	Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

- A citizen or national of the United States, or
- A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Applicant Signature: _____ Date: _____