



Veterinary Technician Application Packet

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Important Social Security Number Information:

If you have a Social Security Number, the law requires you to disclose it on your application for a professional or occupational license. [42 U.S.C. § 666\(a\)\(13\)](#); [RCW 26.23.150](#). It will be used under the state’s child support enforcement program to locate individuals for purposes of establishing paternity and establishing, modifying, and enforcing support obligations. You are not required to have or obtain a Social Security Number to apply for or obtain a license from the Department of Health. If you do not have a Social Security Number, you are still eligible to apply for and obtain a credential if you meet the requirements. Please see the [Declaration of No Social Security Number Form](#). Please call the Customer Service Center at 360-236-4700 if you have questions.

In order to process your request:

Mail your application with initial documentation and your check or money order payable to:

Department of Health
P.O. Box 1099
Olympia, WA 98507-1099

Send other documents not sent with initial application to:

Veterinary Board of Governors
Credentialing
P.O. Box 47877
Olympia, WA 98504-7877

Contact us:

360-236-4700

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

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Application Instructions Checklist

Important background check Information: Washington State law authorizes the Department of Health to obtain fingerprint-based background checks for licensing purposes. This check may be through the Washington State Patrol and the Federal Bureau of Investigation (FBI). This may be required if you have lived in another state or if you have a criminal record in Washington State. This would be at your own expense.

All information should be printed clearly in blue or black ink. It is your responsibility to submit the required forms.

Application Fee. This fee is non-refundable. You can check the online [fee page](#) for current fees.

Check if either apply:
Request for Military Training and Experience Evaluation
Spouse or Registered Domestic Partner of Military Personnel

1. Demographic Information:
Social Security Number: You must list your social security number on your application. You are not required to have or obtain a Social Security Number to apply for or obtain a license from the Department of Health. Please see the [Declaration of No Social Security Number Form](#). Please call the Customer Service Center at 360-236-4700 if you do not have one.

Legal Name: List your full name: first, middle, and last.

Definition of legal name: “Legal name” is the name appearing on your official certificate of birth or, if your name has changed since birth, on an official marriage certificate or an order by a court. The court must have the legal authority to change your name. We may ask you to prove your legal name. If you use any name other than your legal name on this form, your application may be denied.

Birth date: Provide the month, day and year of your birth.

Address: List the address we should use to send any information on your license. Be sure to include the city, state, zip code, county, and country. This will be your permanent address with the Department of Health until we have been notified of a change. See [WAC 246-12-310](#).

Phone, Fax and Cell Numbers: Enter your phone, fax and cell numbers, if you have them.

Email: Enter your email address, if you have one.

Other Name(s): Indicate whether you are known or have been known under any other names. If you have a name change, you must notify the Department of Health in writing. You must include proof of this change. See [WAC 246-12-300](#).

2. Personal Data Questions:
All applicants must answer the same personal data questions. They are focused on your fitness to practice the essential skills of this profession.

If you answer “yes” to any questions in this section, you must provide an appropriate explanation. You must also provide the documentation listed in the note after the question. If you do not provide this, your application is incomplete and it will not be considered.

- Question 5 includes misdemeanors, gross misdemeanors and felonies. You do not have to answer yes if you have been cited for traffic infractions. You can get copies of court records through the county courthouse where the conviction, plea, deferred sentence, or suspended sentence was entered.
- If you have been granted certificate(s) of restoration of opportunity, please provide a certified copy of each certificate.
- Another jurisdiction means any other country, state, federal territory, or military authority.

3. Education:

List in date order all your educational preparation and post-graduate training. Attach additional completed pages if you need more space.

4. Examination Data:

Check yes or no if you have taken the Veterinary Technician National Exam. List months and years.

5. Experience:

List in date order all your professional experience and practice from date of graduation from professional college. Attach additional completed pages if you need more space.

6. Other License, Certification, or Registration:

List all states, including Washington, where credentials are or were held. Attach additional completed pages if you need more space. You must also print the [Verification Form](#) and provide it to each state or jurisdiction that you have listed, requesting that they complete and submit the form directly to the Department of Health.

7. Applicant’s Attestation:

You must sign and date this for us to process the application.

You may not provide services as a “Licensed Veterinary Technician” until you receive your Washington State Veterinary Technician License. Please be advised during the application process information pertaining to the status of an application is available only to the applicant.

For Spouses and Registered Domestic Partners of Military Personnel Being Transferred or Stationed in Washington:

Under state law, if you are the spouse or state-registered domestic partner of a servicemember of any branch of the U.S. Military, to include Guard or Reserve, and are applying for a health care professional credential in this state, you may be eligible to have the processing of your application expedited to receive your credential more quickly.

Documents to submit with your application should include the following:

- A copy of your spouse's or registered domestic partner's military transfer orders to Washington State.
- One of the following:
 - A copy of your marriage certificate to show proof of marriage; or
 - A copy of a state's declaration or registration showing you are in a state registered domestic partnership with a member of the U.S. military.

For Current and Former Servicemembers Requesting Evaluation of Military Training and Experience

Under state law, your military education, training, and experience may count towards attaining certain civilian health care profession credentials in Washington State.

Submitted information will be reviewed by the Department of Health to determine substantial equivalency for meeting the credentialing requirements in this state.

Documents to submit with your health care professional credential application should include the following:

- If applicable, a copy of your DD214 Certificate of Release or Discharge from Active Duty, Member-4 or service 2 copy, or NGB-22 for National Guard.

Please note:

- A copy of your DD214 can be downloaded from the [EBenefits website](#).
- You can request a replacement copy of your NGB-22 on the [National Archives website](#).
- Official Joint Service Transcript (JST) or Community College of the Air Force (CCAF) Transcripts.
Please note:
 - JST can be sent electronically by visiting the [JST website](#) and selecting Washington State Department of Health.
 - CCAF transcripts cannot be sent electronically. See the [CCAF website](#) for transcript information.
- Verification of Military Experience and Training (VMET) or DD Form 2586. See the [DoDTAP website](#).
- If applicable, application for the Evaluation of Learning Experiences During Military Service (DD Form 295). See the [Military Resources website](#).

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License Requirements

Thank you for applying to become a veterinary technician in Washington State. Please submit the following:

- Complete and submit the application, with a original signature, date, and [fee](#).
- Education and Training:**
Successful completion of one of the following:
 - Completion of an approved postsecondary educational program for animal or veterinary technology.
 - Graduation from a two-year curriculum in animal health or veterinary technology which is not accredited by the CVTEA or AHT/VTPAC plus a minimum of thirty-six months of full-time experience under the supervision of a licensed veterinarian(s) who must attest to the completion of that experience.
 - Award of a D.V.M. or V.M.D. degree or equivalent from an American Veterinary Medical Association accredited or listed college of veterinary medicine.
 - Registration, certification, or licensure as an animal health or veterinary technician in one or more states and thirty-six months of full-time experience under the supervision of a licensed veterinarian(s).
 - Completion of a course in veterinary technician education as a member of the United States military and completion of a tour of active duty as a veterinary technician or specialist
- Official Transcripts:** Your transcripts must indicate the date your degree was conferred in Animal or Veterinary Technology and will only be accepted if sent directly from your school to the Department of Health, Veterinary Board of Governors, Credentialing PO Box 47877, Olympia, WA 98504-7877. Transcripts will only be accepted if mailed directly to this office from your school.
- National exam scores:** If you have previously taken and passed the Veterinary Technician National Examination, your score needs to be sent to the Department of Health directly from AAVSB. The passing score for the National Examination is the criterion-referenced passing point scaled score established by the Veterinary Technician Testing Committee (VTTC).
- Letter from your school:** If you are an exam applicant and your transcripts are not yet available, you may be permitted to take the exam if your program director submits a letter stating your current enrollment and expected date of graduation. You must be within six months of graduation. Your license will not be issued until an official transcript has been received.

- Credential evaluation:** If you were foreign trained, you must have your transcripts evaluated by a credential evaluation service and sent directly to the Department of Health, Veterinary Board of Governors Credentialing, PO Box 47877, Olympia, Washington 98504-7877.
- Out-of-State Credential Verification:** If you hold a credential in another state, jurisdiction, or country, and are taking the Veterinary Technician National Examination, (VTNE) or applying for your initial Washington credential, you will need to request written verification of your credentials be sent to the Department of Health, Veterinary Board of Governors. Verification will only be accepted if mailed to this office directly from the state Board/jurisdiction office(s).
- State Examination:** The State Examination is a state law and rule, mail-home/ open book exam. This exam can be taken after receipt of the state exam fee. You must obtain a 90 percent score on the state exam. There are fifty questions and each questions is worth two points.

National Examination applicants:

Examination results are sent in writing only.

To ensure the necessary fees and documentation have been submitted or requested by you, we encourage you to use the following checklist:

- You must register and pay the fee for the Veterinary Technician National Examination, (VTNE) online at www.aavsb.org.
- The (VTNE) is held during three testing periods each year. Check the AAVSB Web site for important registration deadlines.
- The Washington State Veterinary Technician Application and fees must be received at the Department of Health no later than 90 days prior to the first day of each testing period.

Date
Stamp
Here

Revenue 0283020000

Veterinary Technician License Application

Please print clearly. It is the responsibility of the applicant to submit or request to have submitted all required supporting documents. Failure to do so may result in a delay in processing your application.

Select if either apply: Request for Military Training and Experience Evaluation
 Spouse or Registered Domestic Partner of Military Personnel

1. Demographic Information

Social Security Number (SSN)
 (If you do not have a SSN, see instructions)

Name	First	Middle	Last
------	-------	--------	------

Birth date (mm/dd/yyyy)

Address

City	State	Zip Code	County
------	-------	----------	--------

Country

Phone (enter 10 digit #)	Fax (enter 10 digit #)	Cell (enter 10 digit #)
--------------------------	------------------------	-------------------------

Email address

Mailing address (if different from above)

City	State	Zip Code	County
------	-------	----------	--------

Country

Note: The mailing and email addresses you provide will be your addresses of record. It is your responsibility to maintain current contact information with the department.

Have you ever been known under any other name(s)? Yes No

If yes, list name(s):

Will documents be received in another name? Yes No

If yes, list name(s):

2. Personal Data Questions

Yes No

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please attach explanation.....

“Medical Condition” includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disabilities, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

If you answered yes to question 1, explain:

- 1a. How your treatment has reduced or eliminated the limitations caused by your medical condition.
1b. How your field of practice, the setting or manner of practice has reduced or eliminated the limitations caused by your medical condition.

Note: If you answered “yes” to question 1, the licensing authority will assess the nature, severity, and the duration of the risks associated with the ongoing medical condition and the ongoing treatment to determine whether your license should be restricted, conditions imposed, or no license issued.

The licensing authority may require you to undergo one or more mental, physical or psychological examination(s). This would be at your own expense. By submitting this application, you give consent to such an examination(s). You also agree the examination report(s) may be provided to the licensing authority. You waive all claims based on confidentiality or privileged communication. If you do not submit to a required examination(s) or provide the report(s) to the licensing authority, your application may be denied.

2. Do you currently use chemical substance(s) in any way which impair or limit your ability to practice your profession with reasonable skill and safety? If yes, please explain.

“Currently” means within the past two years.

“Chemical substances” include alcohol, drugs, or medications, whether taken legally or illegally.

3. Have you ever been diagnosed with, or treated for, pedophilia, exhibitionism, voyeurism or frotteurism?.....

4. Are you currently engaged in the illegal use of controlled substances?

“Currently” means within the past two years.

Illegal use of controlled substances is the use of controlled substances (e.g., heroin, cocaine) not obtained legally or taken according to the directions of a licensed health care practitioner.

Note: If you answer “yes” to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders. The department does criminal background checks on all applicants.

5. Have you **ever** been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred or suspended as an adult or juvenile in any state or jurisdiction? ...

Note: If you answered “yes” to question 5, you must send certified copies of all court documents related to your criminal history with your application. If you do not provide the documents, your application is incomplete and will not be considered.

If you have been granted certificate(s) of restoration of opportunity, please provide a certified copy of each certificate.

To protect the public, the department considers criminal history. A criminal history may not automatically bar you from obtaining a credential. However, failure to report criminal history may result in extra cost to you and the application may be delayed or denied.

2. Personal Data Questions (cont.)

Yes No

6. Have you ever been found in any civil, administrative or criminal proceeding to have:
- a. Possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes?
 - b. Diverted controlled substances or legend drugs?
 - c. Violated any drug law?
 - d. Prescribed controlled substances for yourself?
7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If "yes", please attach an explanation and provide copies of all judgments, decisions, and agreements?
8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority?
9. Have you ever surrendered a credential like those listed in number 8, in connection with or to avoid action by a state, federal, or foreign authority?
10. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence, or malpractice in connection with the practice of a health care profession?
11. Have you ever been disqualified from working with vulnerable persons by the Department of Social and Health Services (DSHS)?

3. Education

List in date order your educational preparation and post-graduate training. Attach additional completed pages if you need more space.

Full name, city and state of schools attended	Degree earned	Attendance	
		Start date	End date

4. Examination Data

Have you taken the Veterinary Technician National Examination (VTNE) Yes No

If yes, list month(s) _____ and year(s) _____

Approximate date _____. Under what name did you apply? _____

5. Experience

List in date order all of your professional experience and practice from date of graduation from professional college. Include the month/day/year in date order. Attach additional pages if you need more space.

Begin Date	End Date	Employer/Activities	Address/Telephone number	Title

6. Other License, Certification, or Registration

List all states where credentials are or were held. Attach additional completed pages if you need more space.

State	Profession	License Type	License		Method of License	Currently in Force
			YR issued	Number		
						<input type="checkbox"/> No <input type="checkbox"/> Yes
						<input type="checkbox"/> No <input type="checkbox"/> Yes
						<input type="checkbox"/> No <input type="checkbox"/> Yes
						<input type="checkbox"/> No <input type="checkbox"/> Yes
						<input type="checkbox"/> No <input type="checkbox"/> Yes
						<input type="checkbox"/> No <input type="checkbox"/> Yes
						<input type="checkbox"/> No <input type="checkbox"/> Yes

7. Applicant's Attestation

I, _____, declare under penalty of perjury
(Print applicant name clearly)

under the laws of the state of Washington the following is true and correct:

- I am the person described and identified in this application.
- I have read [RCW 18.130.170](#) and [RCW 18.130.180](#) of the Uniform Disciplinary Act.
- I have answered all questions truthfully and completely.
- The documentation provided in support of my application is accurate to the best of my knowledge.
- I have read all laws and rules related to my profession.

I understand the Department of Health may require more information before deciding on my application. The department may independently check conviction records with state or federal databases.

I authorize the release of any files or records the department requires to process this application. This includes information from all hospitals, educational or other organizations, my references, and past and present employers and business and professional associates. It also includes information from federal, state, local or foreign government agencies.

I understand I must inform the department of any past, current or future criminal charges or convictions. I will also inform the department of any physical or mental conditions that jeopardize my ability to provide quality health care. If requested, I will authorize my health providers to release to the department information on my health, including mental health and any substance abuse treatment.

Dated _____ By: _____
(mm/dd/yyyy) (Original signature of applicant)

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Washington State Department of

Health

Veterinary Board of Governors

Credentialing

P.O. Box 47877

Olympia, WA 98504-7877

360-236-4700

Employment Reference Request

This form is for employment verification to complete the requirements for license in the state of Washington as a Veterinary Technician. As a previous employer of mine would you please complete this reference request and return it to the address shown above. Thank you.

Name of Candidate _____ Telephone _____

Address _____

Name of employing veterinarian _____

License number of veterinarian _____

Address of Facility _____

Approximate dates of full time employment _____

Duties/responsibilities of employee named above. _____

Describe the in-house training that was provided and completed by the employee named above.

Please provide a brief overall evaluation of performance, care, safety and competence for the employee named above. _____

Signature of employing veterinarian _____ Date _____

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RCW/WAC and Online Website Links

RCW/WAC Links

[Uniform Disciplinary Act, RCW 18.130](#)

[Administrative Procedure Act, RCW 34.05](#)

[Administrative Procedures and Requirements, WAC 246-12](#)

[Veterinary Medicine, Surgery and Dentistry, RCW 18.92](#)

[Veterinary Board of Governors, WAC 246-933](#)

On-Line

[Veterinary Board of Governors, Web page](#)