How to Apply for Certification:

1) Complete and notarize the application form. Attach proof of required Continuing Education that is current at the time of application. Have an official school transcript sent to the address below, or include a sealed transcript with your application. Graduates of AVMA-accredited schools need not complete section 6 on the application form.

NOTE: If you did not graduate from an AVMA-accredited school, complete sections 1-6 on the application form. You are eligible for licensure if you:

A) Have been actively licensed in good standing as a CVT, RVT or AHT in another state or states for a period of at least four years and:

B) Have been employed as a licensed or registered veterinary or animal health technician or instructor of veterinary technology for a minimum of four years; and

C) Pass the examinations referred to in OAR 87-030-0020 (VTNE and JPE/RDT), and

D) Provide notarized confirmation of clinical competency as a veterinary technician or instructor from at least one veterinarian or school official (dean or program head) who supervised you pursuant to B of this section. Confirmation must be provided in section 6 of the application form, and must match the information provided pursuant to E below; and

E) Provide W2 federal tax forms or other Board-approved proof of employment as a licensed veterinary technician or instructor; and

F) Provide proof of CE as required in OAR 875-010-0090 that is current at the time of application.

2) If you took the VTNE elsewhere, have your score transferred to Oregon. Contact the American Association of Veterinary State Boards (AAVSB) at www.aavsb.org to arrange score transfer.

3) Arrange for license verification letters to be sent to Oregon from states where you are or ever have been licensed as a veterinary technician. Contact AAVSB or each state board individually.

4) All applicants must complete the Juris Prudence Exam/Regional Disease Test (JPE/RDT). This exam will be sent to you after your application has been approved. It is a multiple choice exam, and a link to the Veterinary Practice Act is provided for reference.

Fees are NOT REFUNDABLE
Make sure you meet all eligibility criteria before submitting this application with $35 check or MO to:

Oregon Veterinary Board
800 NE Oregon St., Ste. 407
Portland, OR 97232

Contact the Board if you have any questions. 971-673-0224 or ovmeb.info@state.or.us
CERTIFIED VETERINARY TECHNICIAN
APPLICATION

Name:

Social Security #:

Mailing Address (street, city, state, zip):

Phone:

Email:

Birthdate:

School, degree & year of graduation:

Date and place you took the VTNE:

Note: You must have your VTNE score transferred by VIVA (www.aavsb.org) unless you took the VTNE in Oregon.

Are you or have you ever been certified as a veterinary technician or AHT in another state or country? □Yes □No

If you answered “yes” to either of the above, you must ask each jurisdiction to send a letter of license verification and status directly to the Oregon Veterinary Board.

Type of License

State

License #

Date Issued

Have you ever been convicted of a felony or misdemeanor? ................................................................. □Yes □No

Have you ever been treated for controlled substance or alcohol abuse? ................................................ □Yes □No

Have you ever had a veterinary technician or other professional license suspended or revoked or been issued other disciplinary action in any state or country? ............................................................. □Yes □No

Are there facts not disclosed by your previous answers that might bear adversely on your eligibility and competence to practice as a veterinary technician? .............................................................. □Yes □No

If any answers above are “yes” you must provide explanations on a separate sheet.

Failure to provide explanations could result in denial of application.

Do you agree that, if there be any other matter(s) that occur hereafter, before you receive your certification as a veterinary technician, which might adversely bear on your eligibility to perform veterinary technology duties, such matter(s) will be disclosed immediately to the Oregon Veterinary Medical Examining Board? ............................................................. □Yes □No

List 3 references below. Two must be veterinarians.

Name

Address/Phone Number

Occupation
Continuing Education *(Not applicable to new graduates.)*

CVT licensure in Oregon requires reporting 15 hours of CE every two years. Attach proof of completed CE with this application. The Board may waive the CE requirement for good cause. For more information, including a list of approved CE, go to our website, www.oregon.gov/ovmeb, click on ‘Veterinary Practice Act,’ then click on ‘Oregon Administrative Rules’ and see 875-010-0090, Continuing Education Requirements.

AFFIDAVIT OF APPLICANT

I, ___________________________________________, depose and say that all statements herein and photograph are true and correct, and that I am the person described and identified on this Application Form for the Veterinary Technician National Examination and/or Certification.

____________________________________________________________
Signature of applicant

NOTARY PUBLIC:
In the State of _______________________, County of _______________________

Subscribed and sworn to before me this __________ day of ___________________, 20___.
Signed ___________________________________________________________________
Commission expires _______________________

(NOTARY SEAL HERE)

AFFIDAVIT OF VETERINARIAN or SCHOOL OFFICIAL

For applicants who did not graduate from an AVMA-accredited veterinary technology program.

I, ___________________________________________, a veterinarian in the state of _______________________, license number _________, OR a Dean or Program Head at ________________________________________, in the state of ___________, depose and say that the above named applicant worked under my supervision for three of the last five years, and demonstrated competency as a veterinary technician or veterinary technology instructor.

___________________________________________________________
Signature of veterinarian or school official

NOTARY PUBLIC:
In the State of _______________________, County of _______________________

Subscribed and sworn to before me this __________ day of ___________________, 20___.
Signed ___________________________________________________________________
Commission expires _______________________

(NOTARY SEAL HERE)