

## KENTUCKY BOARD OF VETERINARY EXAMINERS

4047 Iron Works Parkway, Suite 104, Lexington, KY 40511

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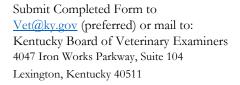
## Request for a New AAHP Manager

**Instructions:** This request form shall be completed by the registered AAHP facility who must report a new AAHP manager or to update the contact information for the AAHP manager in accordance with 201 KAR 16:777. Completion of all fields on this application is mandatory. Insufficient answers or omissions will be sufficient grounds for rejection of this request. **Review the check list on the last page to ensure your request is complete. Print SINGLE SIDED; DO NOT staple.** 

OFFICIAL USE ONLY								

KRS 321.181(3) states, "Allied animal health professional manager' or 'AAHP manager' means at least one (1) board-permitted AAHP who registers to assume responsibility for the registration, management, and operation of a registered allied animal health professional facility;"

I. Registered Facility Information									
Name of Registered AAHP Facility									
Facility Website									
Facility Phone Number									
Facility Email Address									
Address Type	Street		City	Zip	County				
Mailing Address									
Physical Address									
Current AAHP Manager									
Full Name									
Permit Number									
Email Address									
Phone Number									





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II. New AAHP Manager									
First Name Mi		Middle Name		Last Name					
Date of Birth (required)			Social Security Number (required)						
KY License Number									
Address Type	Street		City ST Zip Coun						
Personal Mailing Address									
Cell Phone			Business Phone						
Personal Email Address	ress								
Business Email Addres	s								
<ol> <li>Does this individual manage other AAHP facilities in Kentucky?</li> <li>☐ Yes or ☐ No If yes, list the registration numbers of all other managed facilities.</li> </ol>									
2. State the number of hours per month the AAHP manager shall be on the premises of this registered AAHP facility. Attach supporting documents if necessary.									
III. Application Check List									
AAHP manage and look under Date Requester I hereby state that the that should the Kentu	er from a the Bac d: e inform acky Boa	Complete and submit the board approved provide kground Checks heading ation contained herein ard of Veterinary Examay suspend, revoke, or to	r. Visit kt for more is true ar iners dete	ove.ky.gov on the information.  Ind accurate to the common that any	he best of	ntions and Fo of my knowl ent herein is	edge, and		
Further, I understand any, are required to a administrative regula	that the bide by tions the	e AAHP facility and all KRS Chapter 321 and 2 at shall govern the regisov/Pages/practice-act.	employe 01 KAR ( stered fac	es, contractors, Chapter 16. For	and vol	unteers at thanks to the s	ne facility, if tatutes and		
Signature				Date					
Printed Name Submit Completed Form	to:		<u> </u>	Title					

Submit Completed Form to:

Vet@ky.gov (preferred) or mail to

Kentucky Board of Veterinary Examiners
4047 Iron Works Parkway, Suite 104

Lexington, Kentucky 40511

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