



KENTUCKY BOARD OF VETERINARY EXAMINERS

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

Office: 502-564-5433

kbve.ky.gov • vet@ky.gov

Application for Certification as an Animal Euthanasia Specialist

Instructions: This application shall be completed by the individual seeking to be certified as an animal euthanasia specialist in Kentucky pursuant to KRS Chapter 321. Completion of all fields on this application are mandatory. Insufficient answers or omissions will be sufficient grounds for rejection of this application. **Review the check list at the end of the application to ensure your submission is complete. Print SINGLE SIDED; DO NOT staple.**

<u>OFFICIAL USE ONLY</u>

I. Contact Information				
First Name	Middle Name	Last Name		
Gender	Date of Birth (required) Format: MM/DD/YYYY	Social Security Number (required)		
Other Names Used, if any	Date(s) of Use for Other Names	U.S. Citizen?		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
U.S. Military Service Indicate Branch:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Military, indicate time frame served:	MM/YYYY – MM/YYYY	
Personal Email Address				
Business Email Address				
Cell Phone		Home Phone, if different		
Personal Address Type	Street	City	ST	Zip
Mailing Address				
Permanent Home Address, if different				
Name of Employing Registered Animal Control Agency				
Agency Address				
Manager Name			Business Phone	
Business Email Address				

Submit Complete Application to:
 Kentucky Board of Veterinary Examiners
 4047 Iron Works Parkway, Suite 104
 Lexington, Kentucky 40511



II. Background Information

1. **Have you ever previously applied for certification as animal euthanasia specialist with the Kentucky Board of Veterinary Examiners (KBVE) or another agency/organization in Kentucky?**

Yes or No If yes, provide the month and year applied. If approved, provide the certificate number formerly issued to you. If denied, provide the reason for denial.

2. **List all other jurisdictions in which you are certified / registered / licensed (collectively, “certified”) to practice as an animal euthanasia specialist.** If none, check here: N/A

Certificate Type	Jurisdiction / State	Certificate Number	Certificate Status <small>(active, lapsed, revoked, etc.)</small>	Discipline? <small>(Y / N)</small>	Date Issued	Expiration
Euthanasia Specialist						
Euthanasia Specialist						

NOTE: If you listed a jurisdiction(s), you must ensure a Certificate / Licensure Verification Letter (a.k.a., Letter of Good Standing) is sent from each jurisdiction’s certifying board **directly** to the Kentucky Board of Veterinary Examiners (i.e., letter does not route through non-agency address).

3. **Do you hold any other professional licenses in Kentucky or any other state or jurisdiction?**

Yes or No If yes, complete the table below.

License Type	Jurisdiction / State	License Number	Licensure Status	Discipline? <small>(Y / N)</small>	Date Issued	Expiration

4. **Have you ever had a license or certificate denied, suspended, or revoked in any jurisdiction, or have you ever received a reprimand as a result of unethical, immoral, or illegal conduct by any licensure board or agency?**

Yes or No If yes, explain. Attach supporting documents if necessary.

5. **Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation?**

Yes or No If yes, give details including dates, the court(s), reference to the court records, if any, and attach a copy of the disposition on the matter.



III. Education and Training Information

6. Complete the table below about your training as an animal euthanasia specialist. Attach a copy of your training certificate to this application.

Sponsoring Agency for 16-hour Euthanasia Course	Name of Trainer	Dates Completed (MM/DD-DD/YYYY)

7. Complete the table below about your education. Attach a copy of your diploma or certificate of completion showing the highest degree obtained.

School Type	School Name City, State	Dates of Attendance (MM/YYYY)		Graduation Date (MM/YYYY)	Degree Obtained
		To	From		
High School or G.E.D.					
Associates					
Undergraduate					
Other Specialty Training: _____					

IV. Experience

8. Detail your employment experience for the last two (2) years by completing the table below.

Company Name	City, State	Phone	Supervisor	Dates of Employment

V. Application Check List

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- Official copy of transcripts, or copy of applicant’s college or high school diploma or GED certificate.**
- Official copy of applicant’s animal euthanasia course completion certificate.**
- Background Check.** Complete and submit the official results of a background check to KBVE from a board approved provider. Visit www.kybve.com on the Applications and Forms page and look under the “Background Checks” heading for more information.

Date Requested: _____

- Disciplinary records.** If applicable, complete copies of any and all records of actions or circumstances listed in Section II, Questions 4 and 5. If no disciplinary records to disclose, check the box: N/A
- Certification Verification letters from all jurisdiction, past and current,** if you have held or currently hold a certificate as an animal euthanasia specialist. Documentation must be sent directly from the certifying jurisdiction to the Kentucky Board of Veterinary Examiners’ office. If no other certifications as an animal euthanasia specialist ever held anywhere, check the box: N/A
- Application fee - \$50.** Payable to the **Kentucky State Treasurer**. Checks may be personal, business, cashier’s check, or money order. Do not send cash.

I hereby state that the information contained herein is true and accurate to the best of my knowledge, and that should the Kentucky Board of Veterinary Examiners determine that any statement herein is false, I acknowledge the board may suspend, revoke, or terminate any certificate issued by the board.

Further, I understand I am required to abide by KRS Chapter 321 and 201 KAR Chapter 16. For direct links to the statutes and administrative regulations that shall govern my euthanasia activities, I am aware I can review the materials by visiting the KBVE website at www.kybve.com/practice-act.html.

Signature of Applicant

Date

Signature of Manager

Date

Printed Name of Manager

Email of Manager

Title of Manager

Phone of Manager

