



KENTUCKY BOARD OF VETERINARY EXAMINERS

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

Office: 502-564-5433 • Fax: 502-573-1458

kbve.ky.gov • [vet@ky.gov](mailto:veter@ky.gov)

Application for Licensure as a Veterinary Technician

OFFICIAL USE ONLY

Instructions: This application must be completed by the individual seeking to be licensed as a veterinary technician in Kentucky pursuant to KRS Chapter 321. Completion of all fields on this application is 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.**

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		
		Foreign Graduate?	<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					
Cell Phone		Home Phone, if different			
Personal Address Type	Street	City	ST	Zip	Country
Mailing Address					
Permanent Home Address, if different					
Business / Employer Name					
Business Address					
Office 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 applied for registration/certification/licensure** (collectively, “licensure”) **as a veterinary technician 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 license number formerly issued to you. If denied, provide the reason for denial.
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2. **List all other jurisdictions in which you are licensed to practice as a veterinary technician, veterinary technologist, or veterinary nurse.** If none, check here: N/A

License Type (LVT, RVT, CVT, or Veterinary Technician)	Jurisdiction / State	License Number	Licensure Status <small>(active, lapsed, revoked, etc.)</small>	Disciplinary action on license? <small>(Y / N)</small>	Dates of Licensure MM/DD/YYYY	
					Issued	Expiration

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

3. **Do you hold any other professional licenses (non-veterinary medicine) 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	Disciplinary action on license? <small>(Y / N)</small>	Dates of Licensure MM/DD/YYYY	
					Original Issuance	Expiration

4. **Have you ever had a license 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.
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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.
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III. Education and Testing Information

6. Have you ever taken the Veterinary Technician National Exam (VTNE, 1990 or later), the Animal Technician National Exam (ATNE, 1986-1989), or a jurisdictional competency exam (prior to 1986)? Yes or No If yes, complete the table below.

Exam Name	Jurisdiction / State	Date (MM/DD/YYYY)	Exam Results (Pass or Fail)

7. Complete the table below about your education. Attach additional pages as necessary.

School Type	School Name & Location (City, State)	Dates of Attendance, (MM/YYYY)		Graduation Date (MM/YYYY)	Degree Obtained
		From	To		
Associates					
Undergraduate					

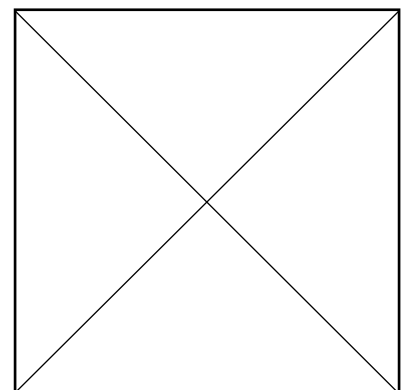
IV. Experience

8. Detail your employment experience for the last three (3) years by completing the table below. Attach additional pages as necessary.

Company Name	City, State	Phone	Supervisor	Dates of Employment

V. Current Photograph

9. Attach a **COLOR** photograph of the applicant taken in the last 6-months; or provide a clear **COLOR** copy of applicant’s current driver’s license or passport. Electronically insert or tape the image (on all four sides) in the space provided; DO NOT STAPLE; DO NOT PAPERCLIP. Minimum requirements for the photograph are a 2” x 2” portrait (size of square next to this paragraph), or a color copy of applicant’s current driver’s license or passport with photo. If the image exceeds the space available, attach the image on a separate sheet of paper, and include the applicant’s full name printed below the image.



VI. Application Check List

- Portrait image.** A current COLOR image of applicant, attached in Section V or on a separate page.
- Transcripts or Diploma.** Official copy of applicant’s transcripts, or a copy of applicant’s diploma from an approved veterinary technician program. If you have not yet graduated, be advised that your application will not be considered by the KBVE until your official transcripts or a copy of your diploma is received in the Board’s office. For approved veterinary technician programs, please visit: www.avma.org/education/accreditation/programs/veterinary-technology-programs-accredited-avma-cvtea
- Score Report.** Official copy of the applicant’s VTNE Score Report (or exam results for the ATNE, if between 1986-1989, or a jurisdictional competency exam, if prior to 1886) sent directly to the Board. Personal score reports are not accepted. If Kentucky was not designated for the applicant’s initial score transfer, or you tested more than one year ago, visit the American Association of Veterinary State Boards (AAVSB) to initiate a score transfer: www.aavsb.org/licensure-assistance
- 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 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
- Licensure Verification Letters from all jurisdictions, past and current,** if you have ever held or currently hold a license in another jurisdiction. Letters must be sent directly from the licensing jurisdiction to the KBVE’s office or come through AAVSB’s Transfer Services at www.aavsb.org/licensure-assistance. If no other veterinary technician / technology / nursing licenses ever held anywhere by applicant, check the box: N/A
- Foreign graduate.** Score Report or Letter of Completion showing the successful completion of the Program for the Assessment of Veterinary Education Equivalence (PAVE) for veterinary technicians or equivalent program of the AAVSB sent directly to the Board’s office. N/A
- Application fee* - \$50.** Payable to the **Kentucky State Treasurer**. Checks may be personal, business, cashier’s check, money order, bank draft, etc., in U.S. dollars. Send check attached to the application to the KBVE. Do not send cash.

* Military personnel are eligible for a discounted rate in accordance with 201 KAR 16:512, Section 8 with the submission of a DD-214 or current military assignment details.

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 license 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 laws and regulations which shall govern my professional activities, I am aware I can review the materials by visiting the Board’s website at www.kybve.com.

Signature of Applicant

Date

