



Application for Veterinary Technician Licensure in Nebraska

General Requirements:

- Pass the Veterinary Technician National Examination; and
- Be a graduate of an AVMA accredited Veterinary Technician School or program.

How to apply: The following items must be submitted to this Department.

- ❑ **A completed *Application for License to Practice as a Veterinary Technician***
- ❑ **Official documentation of passing VTNE scores.** If you took the VTNE in Nebraska, we already have your scores on file. If you took the VTNE in another state, contact the American Association of Veterinary State Boards (AAVSB) to have your scores transferred to Nebraska. A score transfer application can be obtained online at www.aavsb.org. The phone number for the AAVSB is (877) 698-8482.
- ❑ **Proof of Age.** A copy of applicant's birth certificate, driver's license, or other valid verification of age. Applicants must be at least 19 years of age.
- ❑ **Proof of citizenship/legal residency.** Citizenship, lawful permanent residence, and/or immigration status Information: You must submit a **copy** of at least one of the following documents:
 1. A U.S. Passport (unexpired or expired);
 2. A birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal;
 3. An American Indian Card (I-872);
 4. A Certificate of Naturalization (N-550 or N-570);
 5. A Certificate of Citizenship (N-560 or N-561);
 6. Certification of Report of Birth (DS-1350);
 7. A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);
 8. Certification of Birth Abroad (FS-545 or DS-1350);
 9. A United States Citizen Identification Card (I-197 or I-179);
 10. A Northern Mariana Card (I-873);
 11. An Alien Registration Receipt Card (Form I-551, otherwise known as a "Green Card");
 12. An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
 13. A document showing an Alien Registration Number ("A#"); or
 14. A Form I-94 (Arrival-Departure Record)
- ❑ **Official final transcripts** Applicants must request that these be sent from your veterinary technician program *directly* to our office. Transcript must show your date of graduation and degree awarded.
 - ❑ **Information Relating to Military Education, Training, or Service:**
If you have completed education, training, or service that you believe is substantially similar to the education required for this credential while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state, you may submit such evidence with your application for review.

The department, with the recommendation of the appropriate board, will review to determine if the education, training or services are substantially similar and will advise you if they can be used toward the education required for the credential.

- **Licensing Fee.** Checks should be made payable to *DHHS – Licensure Unit*. The fee is \$100.00. If license will expire within six months, the fee is reduced to \$25. (All veterinary technician licenses expire April 1 of even years.) To determine the amount you should submit, find the box below corresponding to the year and month in which you are submitting your application.

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Odd	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$25	\$25	\$25
Even	\$25	\$25	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100

When we receive all required materials, we will do a final review of your application and issue you a license if you qualify. You may be required to submit additional information in order to determine your eligibility.

* Required Misdemeanor/Felony Conviction Information

If you have had any misdemeanor or felony CHARGES or CONVICTIONS you must submit:

- [1] Official Court Record, which includes charges and disposition;
- [2] Copies of Arrest records;
- [3] A letter from the applicant explaining the nature of the conviction;
- [4] All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required; and
- [5] A letter from the probation officer addressing probationary conditions and current status, if the petitioner is currently on probation.

Statutes and Regulations: The following statutes and regulations govern your profession: (1) Regulations Governing the Practice of Veterinary Medicine and Surgery, (2) Statutes Relating to Veterinary Medicine and Surgery (Veterinary Technicians), (3) Regulations Governing Mandatory Reporting by Health Care Professionals, Facilities, Peer and Professional Organizations, and Insurers, and (4) Statutes Relating to Licenses, Professional and Occupational (Uniform Licensing Law). You can access these documents at

<http://dhhs.ne.gov/publichealth/pages/cr/VetAppsRegsStats.aspx>

If you do not have web access you may obtain copies by contacting us. You will need to be familiar with these statutes and regulations before you begin practicing as a veterinary technician.

Where to Send Materials: Department of Health and Human Services
 Division of Public Health
 Licensure Unit
 301 Centennial Mall South 3rd Floor
 PO Box 94986
 Lincoln NE 68509-4986

If you need additional information, contact our office at (402) 471-2118 or e-mail us at dhhs.medicaloffice@nebraska.gov

Lic# _____
 Date: _____
 Office Use Only
 Revised 10/2018

APPLICATION FOR VETERINARY TECHNICIAN LICENSE
Fee: \$100.00
PLEASE PRINT OR TYPE

Check here if you are the spouse of an active duty member of the U.S. Armed Forces stationed in Nebraska.

Section A – Personal Information: (All applicants must complete this section) Items 1 and 2 are public information. Name and Licensure information will be displayed on the INTERNET at <http://www.nebraska.gov/LISSearch/search.cgi>

NOTE: All mailings will be sent to the address you indicate below– if you change your address, you must advise this office.

1	Legal Name	First:	Middle Name:	Last:
	Maiden Name	Other Names you are known as (AKA):		
2	Mailing Address	Street/PO/Route:		
		City:	State or Country:	Zip:
3	Date of Birth: Month/Day/Year:	Place of Birth (city/state/country):		Gender: M F
4	Check the Appropriate Box(es)	<input type="checkbox"/> Social Security Number (SSN);	SSN#	
		<input type="checkbox"/> Alien Registration Number ("A#");	A#	
		<input type="checkbox"/> Form I-94 (Arrival-Departure Record) number	I-94 #	
If you have both a SSN and an A# or I-94 number, you must report both. Neb. Rev. Stat. §38-123 mandates disclosure of your social security number to DHHS. Although your number is not public information, DHHS may disclose it for child support enforcement purposes and to the Nebraska Department of Revenue.				
	Phone	Fax (optional)		
	Licensee E-mail Address	Credentialing contact e-mail Address (optional)		

Section B – Education

Accredited Veterinary Technician Program	Name	Location	Date Completed (mm/dd/yyyy)
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Military: Did you complete education, training, or service that you believe is substantially similar to the education or training (pick either education/training as required by profession) required for this credential while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state?

Yes No
If yes, include evidence with this Application.

Section C – Examination		
Veterinary Technician National Examination	Month/Year Taken:	State Taken:
Applicants that did not take the Veterinary Technician National Examination (VTNE) in the State of Nebraska must contact the American Association of Veterinary State Boards (AAVSB) to forward their VTNE scores directly to the State of Nebraska.		

Section D – Conviction and Licensure Information Failure to disclose any such conviction or disciplinary action, regardless of when the action occurred, could result in disciplinary action, including, but not limited to, payment of civil penalty.	
NOTE: If you have any criminal charges or license disciplinary actions pending that result in conviction or license discipline, you are required to report such actions to the Investigations Unit within 30 days at the following website http://dhhs.ne.gov/Pages/reg_invest-p.aspx or by telephone at 402-471-0175	
Answer the following questions either yes or no by placing a (✓) in the appropriate box. All 'yes' responses MUST be explained in detail and you must submit the requested documentation (see cover letter). Additional documentation may be requested by the Board/Department after submission of initial information.	

Section I			
1	Have you ever had any disciplinary or adverse action imposed against a health care credential in any state or jurisdiction?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2	Have you ever voluntarily surrendered or voluntarily limited in any way a credential issued to you by a licensing or disciplinary authority?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3	Have you ever been requested to appear before any licensing agency?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4	Have you ever been notified of any charges, complaints or other actions filed against you by any licensing or disciplinary authority?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5	Are you aware of any pending disciplinary actions or of any on-going investigations of a complaint against your credential in any jurisdiction?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6	Have you been asked to and/or permitted to withdraw an application for a credential with any Board or jurisdiction?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7	Has any state or jurisdiction refused to issue, refused to renew or denied you a credential to practice?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Section II			
1	Are you currently, or have you ever been, addicted to, dependent upon or chronically impaired by alcohol, narcotics, barbiturates, or other drugs which may cause physical and/or psychological dependence?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2	Within the past 5 years, have you received any therapy/treatment or been admitted to any hospital or other in-patient care facility for reasons relating to your use/abuse of alcohol, narcotics, barbiturates, or other drugs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3	Within the past 5 years, have you had any physical, mental or emotional condition which impaired, or does impair your ability to practice your health care profession safely and competently?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4	Within the past 5 years, has any licensing agency or credentialing organization initiated any inquiry into your physical, mental or emotional health?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Section III			
1	Have you ever been restricted, suspended, terminated, requested to voluntarily resign, placed on probation, counseled, received a warning or been subject to any remedial or disciplinary action during veterinary technician school?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Section IV			
1	Have you ever been convicted of a felony?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2	Have you ever been convicted of a misdemeanor?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3	Have you ever been notified of any charges, complaints or other actions filed against you by any criminal prosecution authority?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Section E – Licensure in Other States/Provinces

Have you ever been licensed as a veterinary technician in another state, province or jurisdiction?

YES

NO

If yes, list all states, provinces and jurisdictions where you have been or are currently license, and include license number and expiration date.

State	License Number	Initial Issue Date	Expiration Date

Section F – Practice Prior to Credential

An individual who practices prior to issuance of a credential is subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, or such other action as provided in the statutes and regulations governing the credential.

Effective July 1, 2004, the Department is authorized to assess an Administrative Penalty in the amount of \$10.00 per day, not to exceed a total of \$1000.00 when evidence exists that a person has practiced as a veterinary technician prior to being issued a license. ***Have you actively practiced as a veterinary technician in Nebraska prior to being issued a license?***

YES

NO

If yes, how many days have you actually practiced as a veterinary technician in Nebraska?

of days: _____

Name of Business:

City:

Telephone #:

SECTION G - ATTESTATION

Lawful Presence in the United States Attestation:

For the purpose of complying with Neb. Rev. Stat. §38-129, I attest as follows:

Please check ONLY ONE of the boxes below:

- I am a citizen of the United States; or
- I am an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act;
or
- I am a non-immigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.

Alien or Non-Immigrant Status: If you are a qualified alien lawfully admitted into the United States OR a non-immigrant lawfully present in the United States, you must submit evidence of lawful presence which may include a copy of:

1. A "Green Card" otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card; or
2. An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport; or
3. A document showing an Alien Registration Number ("A#"), an Employment Authorization Card/Document is **NOT** acceptable; or
4. A Form I-94 (Arrival-Departure Record).

If you are an Alien or Non-Immigrant, your credential will **NOT** be issued until such proof is received by our office and your documents are verified by our office through the Department of Homeland Security. This process may take four to six weeks.

Application Attestation: I further attest that:

1. I have read the application or have had the application read to me;
2. All statements on the application are true and complete;
3. I am of good character; and
4. I have not committed any act that would be grounds for denial under Neb. Rev. Stat. §§38-178 and/or 38-179. If you have committed an act(s), you must provide an explanation of all such act(s).

Print Name: _____ Signature: _____ Date: _____