

**APPLICATION FOR TEXAS LICENSED VET TECH EXAM (LVTE)  
Licensed Veterinary Technician (LVT)**

If you meet the following pre-requisites and criteria, you may download and fill out the Texas State Board Examination application attached to this notice:

- You are a **graduate** of an AVMA accredited Veterinary Technician Program. The Program **MUST** have held AVMA accreditation at time of your graduation **AND**
- You have passed the Veterinary Technician National Exam with a locally derived scaled minimum score of 75% (425 minimum raw score),

**IMPORTANT NOTICE**

A new law recently passed by the 83<sup>rd</sup> Legislature authorizes the Texas Board of Veterinary Medical Examiners (TBVME) to license and regulate veterinary technicians. After September 1, 2014, an individual may not use the term 'LVT' or refer to themselves as a 'Licensed Veterinary Technician' without a license issued by TVBME.

**ALL MATERIAL IS DUE NO LATER THAN  
February 20, 2015**

**Contact Information/Mailing Addresses You Will Need:**

**Texas Board of Veterinary Medical Examiners  
333 Guadalupe Suite 3-810  
Austin, TX 78701-3942  
512-305-7555  
www.tbvme.state.tx.us  
Email: vet.board@veterinary.texas.gov**

**AAVSB/VIVA  
380 West 22nd St, Suite 101  
Kansas City, MO 64108  
(877) 698-8482  
www.aavsb.org  
Email: aavsb@aavsb.org**



**TEXAS BOARD OF VETERINARY MEDICAL EXAMINERS  
LVT EXAMINATION/LICENSE APPLICATION**

**GENERAL INFORMATION**

All State Board Exams will be administered at participating COMIRA testing centers. Please read the deadline dates carefully. You must submit an application, all required documents and fee to TBVME for ALL exams to determine eligibility for a Veterinary Technician license in Texas.

**Examination Specifics:**

**Deadline for application, required documents and fee: February 20, 2015**

**Window for purchasing and scheduling exam: March 16 – 27, 2015**

**Window for taking the exam: April 6 – 17, 2015**

**Fee:** \$70 (Generally non-refundable depending on circumstances. Contact the office if you have questions.)

**Submit Applications To:**

Texas Board of Veterinary Medical Examiners  
333 Guadalupe Street, Suite 3-810  
Austin, Texas 78701

**Examination Description:**

You will be tested over the contents of all three of the following publications: (1) Veterinary Licensing Act (laws), (2) Texas Board of Veterinary Medical Examiners Rules of Professional Conduct, Chapter 573, and (3) Licensing Rules, Chapter 571. These publications will be mailed to you upon receipt of your application.

**Minimum Passing Score:** 85%

**Upon Attaining A Score Of 85% Or Better:**

If you meet all requirements to be licensed, your grade(s) on the examination(s), the license number assigned to you, and the authorization letter for you to practice will be mailed to you as soon as possible after the examination.

**Scores Below 85%:**

If you fail to pass any examination(s), a re-application with fee is required and must reach the Board office on or before the next application deadline.

**THE VETERINARY INFORMATION VERIFYING AGENCY – VIVA:**

The Texas Board of Veterinary Medical Examiners is a member of the American Association of Veterinary State Boards (AAVSB). AAVSB has created a division called the Veterinary Information Verification Agency (VIVA). VIVA provides a valuable service to veterinary technicians who want to be - or in the future may be - licensed in more than one state or Canadian province. **You must utilize VIVA for transfer of scores for the Veterinary Technician National Exam (VTNE).**

**YOU ARE RESPONSIBLE FOR THE TIMELY SUBMISSION OF ALL REQUIRED MATERIAL  
AND DOCUMENTATION.**

## LVT Examination Application Checklist

ALL Applicants Are Required To Furnish:

- Completed Application – Must be notarized on page 5. Do not leave blank spaces.
- Money Order or Cashier's Check for the \$70 application fee. **NOTE: Personal Checks and/or cash will NOT be accepted)**
- Certified Copy of Your Birth Certificate. Certified copies are usually obtained from the Health Department, Bureau of Vital Statistics, in the State where you were born. Most states charge a fee for this service, so contact them as soon as possible to avoid a delay in receiving your birth certificate. Hospital birth certificates and notarized copies are not acceptable. **If you are foreign born, you must submit a certified copy of your birth certificate from the country of birth.**

Foreign born individuals must also furnish documentation of legal status in the US. See the "Frequently Asked Questions" page of the application for list of acceptable documentation.

- Education/Evidence of Graduation  
Certified Transcript of all Veterinary Technician courses you attended, giving date and degree awarded.
- One Passport Type Picture
  - Must be 2" x 2";
  - Close-up photos only (Your face must fill most of picture);
  - Frontal face shots only;
  - May be black and white **OR** color;
  - No hats or sunglasses;
  - Must be signed and dated on back;
  - Not dog-eared, folded or bent.

You Must Utilize the Veterinary Information Verifying Agency (VIVA) for the following item:

- National Exam Scores
  - Veterinary Technician National Exam (VTNE). See contact information for AAVSB/VIVA on the front page of the application packet.  
**Applicants who took the VTNE in Texas, or had their score reported to Texas, will not need to transfer their score. The Board will be able to access those scores.**

Military Personnel Must Furnish:

- DD 214 (if discharged from the Armed Forces) for each period of service. Need copy of entire form showing "Type of Separation" (discharged) and "Character of Service" (honorable, dishonorable, etc.).

### Additional Items That May Be Applicable:

- Certificate of Valid License Issued (Need verification from any and all states you have ever been licensed **whether the license is current or not.**)

This form is included in this packet. You may use the form provided, or letters from the applicable authority will also be accepted. The applicant is responsible for contacting and submitting the forms to the appropriate entities. Most states require a fee for license verification and will not process your request until payment is received. You may discard the form if it does not apply to you.



**TEXAS STATE BOARD OF VETERINARY MEDICAL EXAMINERS  
LVT APPLICATION FOR EXAMINATION/ LICENSE**

**PURPOSE** This application is required for eligible persons to apply for and take the Texas LVT Examination for licensing.

**DEADLINE FOR APPLICATION** The completed application must be received in the Board office no less than FORTY-FIVE (45) DAYS before the date of the examination. The deadline for the April 2015 examination is February 20, 2015. There is no exception to this rule. If the application is incomplete, it will not be accepted.

**APPLICATION REQUIREMENTS** All required information must be either typed or printed in black or blue ink and in the English language. You must answer all items/questions completely and accurately. If some responses require more space than the form provides, attach additional sheets. Incomplete answers or failure to provide required data or documents by the deadline may be grounds for rejection of the application. Further, if, after licensing, responses are found to be false, inaccurate or incomplete, disciplinary action, including suspension or license revocation, may be initiated. The completed application must be sworn to and notarized. *Please mail all material to: Texas Board of Veterinary Medical Examiners, 333 Guadalupe Street, Ste. 3-810 Austin, Texas 78701.*

**APPLICATION FEE** The fee is \$70 payable at the time of application submission in the form of a money order or cashier's check made out to the TEXAS BOARD OF VETERINARY MEDICAL EXAMINERS or TBVME. The fee is generally non-refundable except for certain circumstances.

**I. GENERAL INFORMATION**

1. (a) Full Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_  
(b) Social Security Number \_\_\_\_\_  
(c) Maiden Name (If applicable) \_\_\_\_\_  
(d) Give your name the way you wish it to appear on the license when issued (nicknames are not permissible) \_\_\_\_\_  
(e) If married, husband's name or MAIDEN name of wife. \_\_\_\_\_  
(f) Have you ever used any other name or has your name ever been changed? \_\_\_\_\_ If "yes", attach a separate sheet giving full details and attach a copy of the legal document changing your name (e.g. marriage license, divorce decree, court order, etc.)  
(g) Have you ever applied to this agency before? \_\_\_\_\_ If "yes", please give the approximate date and name under which you applied. \_\_\_\_\_  
\_\_\_\_\_
2. Present Address: Street/apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Country if not U.S. \_\_\_\_\_
3. Phone Number: (a) Residence: \_\_\_\_\_ (b) Work: \_\_\_\_\_  
(c) Cell: \_\_\_\_\_ (d) E-mail address: \_\_\_\_\_
4. Driver's License Number and State in which issued: \_\_\_\_\_
5. Give **date and place** of birth. \_\_\_\_\_ Attach a certified copy of your birth certificate. Please refer to the instructions and "Frequently Asked Questions" for more detailed information.

6. Give accurately your present: Height \_\_\_\_\_ Weight \_\_\_\_\_ Color of Hair \_\_\_\_\_ Color of Eyes \_\_\_\_\_ Complexion \_\_\_\_\_ Distinguishing marks and/or scars, give location and description \_\_\_\_\_.
7. List chronologically each place of residence, post office addresses and date when you commenced and terminated each such residence for the last ten (10) years. Attach additional sheets, if needed.

Address	City/State	Mo. & Yr. Commenced	Mo. & Yr. Terminated

**II. EXAMINATION INFORMATION**

1. Please provide us with information regarding the VTNE. Fill out the grid below with the PASSING information only. If you took the VTNE more than once, please give only the data on the exam(s) which you passed.

NATIONAL BOARD EXAMINATION	
Date of Examination:	
State Administered:	
Exam ID Number:	

2. **Verification of VTNE scores** You must contact the American Association of Veterinary State Boards (AAVSB), Veterinary Information Verifying Agency (VIVA) and request that your VTNE score be transferred to this Board. Contact information for VIVA is provided the first page of this application.

**III. EDUCATIONAL HISTORY**

1. Give the date and school where you began your veterinary technician education:  
Date: \_\_\_\_\_ School \_\_\_\_\_ and
2. Give the date and school from which you graduated:  
Date \_\_\_\_\_ School \_\_\_\_\_
3. Attach a certified transcript of all veterinary technician courses you attended.

4. List all the high schools and colleges, period of attendance, dates of graduation, and degrees received, if any. Do not list veterinary technician schools. Attach additional sheet(s) if necessary.

Name of School	School Address	Mo.& Yr. Began	Mo.& Yr. Ended & Degree Earned

#### IV. PERSONAL BACKGROUND

1. (a) Have you ever been a party to, or a witness in, an administrative hearing or proceeding regarding the practice of veterinary medicine or veterinary education? This would include any hearings held before another board, racing commission, or other licensing jurisdiction. \_\_\_\_\_  
Please include information regarding **ANY** disciplinary action taken against you, including, but not limited to, Informal Settlements, Reprimands, penalties assessed or other Orders.
  - (b) Have you ever been a party to, or a witness in, any legal proceedings, either civil or criminal?  
\_\_\_\_\_
  - (c) Have you ever been charged with, convicted of, or indicted for a criminal offense not including violations of the transportation code? \_\_\_\_\_
  - (d) Have you ever had a license to practice as a veterinary technician revoked, suspended, canceled, or surrendered? \_\_\_\_\_
2. If the answer to (a), (b), (c) or (d) is "yes", please attach a separate sheet(s) giving a full explanation including dates, the court or courts, reference to the court records, if any, and the disposition of each such matter. Please submit court documents, if available. If no court records are available, give to the best of your ability the names and addresses of all persons involved, including any legal counsel.
  3. (a) Have you ever served in the Army, Air Force, Navy, Marine Corps, Coast Guard, or any other branch of the Armed Forces of the United States? \_\_\_\_\_
  - (b) If the answer to (a) is "yes", please attach form DD 214 for each period of service. If you are on active duty at this time, please indicate. \_\_\_\_\_
4. **If you are NOT a citizen of the United States or Canada**, or if you are **foreign born**, you must verify your legal status. See "Frequently Asked Questions" page for acceptable documentation.
  5. **Special Accommodations:** If you require ADA accommodations, please complete an ADA Accommodations Request Application. These are available at [www.tbvme.state.tx.us](http://www.tbvme.state.tx.us) or by calling our offices at 512-305-7555. Please note, there is a separate deadline for ADA accommodation requests that is earlier than the deadline stated on the application.

6. **Include one recent picture.** Please see checklist for specifications. Tape photo in the box on page 5.

7. Give name, address, phone number of father and mother. If deceased, please indicate:

Father	Mother

## V. EMPLOYMENT HISTORY

List the occupations and employment in which you have been engaged for the past 10 years, listing names of employers, their full addresses, and dates. (Attach additional sheet(s) if needed)

Name of Employer	Complete Address	Dates of employment

## VI. LICENSES AND CERTIFICATIONS

1. Are you now or have you ever been licensed as a Licensed Veterinary Technician in another state, country or jurisdiction? \_\_\_\_ If "yes", please complete the following: (attach additional sheet(s), if needed)

State*	License Number	Issue Date	Expiration Date	Active?	Years Practicing

\*If this applies to you, please have the attached verification form completed. You do not have to use the form. A letter of verification of license and good standing from the appropriate authority is also acceptable. The form may be reproduced if you need more than one. **The applicant is responsible for contacting and submitting the form to the appropriate entities. Most states require a fee for license verification and will not process your request until payment is received.**

2. (a) To your knowledge, have you ever failed a licensing examination? \_\_\_\_ If "yes", please give the state, country or jurisdiction, date, and the type of examination. \_\_\_\_\_

(b) Have you been refused or denied licensing or examination for licensing in any state, country or jurisdiction? \_\_\_\_ If the answer is "yes", please name state(s) and give approximate date(s) and reason(s) for refusal or denial. \_\_\_\_\_

## VII. SUBMITTING APPLICATION & PAYING FEE

1. Attach a **money order** or **cashier's check** in the amount of \$70. **Cash or personal checks are NOT accepted.** The ENTIRE fee must accompany this application. ***ALL MONEY ORDERS AND/OR CASHIER'S CHECKS MUST BE PAYABLE TO: THE TEXAS BOARD OF VETERINARY MEDICAL EXAMINERS OR TBVME.***
2. The application, fee, and related documents must be mailed to: TEXAS BOARD OF VETERINARY MEDICAL EXAMINERS, 333 Guadalupe Street, Ste. 3-810, Austin, Texas 78701. **If you are utilizing VIVA, you MUST indicate this. (See VIVA information on the front page.) THIS APPLICATION AND FEE MUST BE MAILED TO THE BOARD OFFICE.**

**VIII. AFFIRMATION**

In addition to the foregoing:

- (a) I understand and agree that this application and all supporting information, documents, and instruments submitted herewith become the property of the State of Texas, and will not be returned in whole or in part.
- (b) I hereby give my permission to the Texas State Board of Veterinary Medical Examiners to secure additional information concerning me or any of the statements in this application from any person or any source the Board may desire, and I hereby authorize any person, firm, company or organization to furnish any information requested by the Board.
- (c) I further agree to submit to questioning by the Board or its staff to substantiate my statements.
- (d) I further state that the photograph(s) submitted as part of this application is a true likeness of me and I am the person in said photograph(s).

I, \_\_\_\_\_, the applicant herein state that all facts, statements, and answers contained in this application are true and correct. I am not omitting any information which might be of value to this Board in determining my qualifications. I agree that any falsification, omission, or withholding of pertinent information or facts concerning my qualifications as an applicant shall be sufficient to bar me from this or any future examination given by the Texas State Board of Veterinary Medical Examiners and any such falsifications, omission, or withholding shall serve as sufficient grounds for disciplinary actions by the Texas State Board of Veterinary Medical Examiners.

\_\_\_\_\_  
APPLICANT SIGNATURE DATE

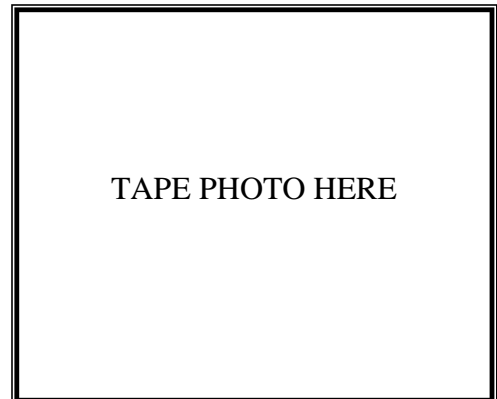
THE STATE OF \_\_\_\_\_ \*

COUNTY/PARISH OF \_\_\_\_\_ \*

BEFORE ME, the undersigned authority, on this day, personally appeared \_\_\_\_\_ who being by me duly sworn upon oath says that all the facts, statements, and answers contained in this application are true and correct and that all questions have been answered fully and frankly.

Signed this the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC







**TEXAS BOARD OF VETERINARY MEDICAL EXAMINERS  
CERTIFICATE OF VALID LICENSE ISSUED**

**TO THE APPLICANT:**

Please complete the top section of this form and mail it to the Board of each state in which you are now or have ever been licensed to practice as a Licensed Veterinary Technician. Some states may charge for this service.

**TO WHOM IT MAY CONCERN:**

I am applying for a veterinary technician (LVT) license in the State of Texas. Completion of this form is a requirement in order that I may be eligible to sit for the examination. This is your authority to release any information in your files concerning me, favorable or otherwise, to the Texas State Board of Veterinary Medical Examiners.

_____ TYPE OR PRINT YOUR FULL NAME	_____ SIGNATURE	_____ DATE
_____ LICENSE NUMBER AND ISSUE DATE	_____ ADDRESS	
	_____ CITY/STATE/ZIP CODE	

**THE SECTION BELOW IS TO BE COMPLETED BY AN OFFICIAL OF THE BOARD**

Please complete this section and return to:  
Texas Board of Veterinary Medical Examiners  
333 Guadalupe Street, Tower 3, Suite 810  
Austin, Texas 78701-3942  
(512) 305-7555

Re: \_\_\_\_\_

This is to certify that the records of the State Board of Veterinary Medical Examiners in the State of \_\_\_\_\_ indicate that the above named individual was issued license number \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ on the basis of:

\_\_\_\_ Reciprocity/Endorsement from (Name of State) \_\_\_\_\_  
 \_\_\_\_ State Board Examination \_\_\_\_\_ Grade  
 \_\_\_\_ Oral Examination  
 \_\_\_\_ National Board Examination (VTNE)

**Please answer the following questions:**

- |    |   |                    |
|----|---|--------------------|
| 1. | Is this license current?  | _____ YES _____ NO |
| 2. | Is this license in good standing at this time?                  | _____ YES _____ NO |
| 3. | Has this individual ever been warned or reprimanded?            | _____ YES _____ NO |
| 4. | Has this individual's license ever been revoked?                | _____ YES _____ NO |
| 5. | Has this individual's license ever been suspended?              | _____ YES _____ NO |
| 6. | Has this individual's license ever been placed on probation?    | _____ YES _____ NO |
| 7. | Has this individual's license ever been restricted in any way?  | _____ YES _____ NO |
| 8. | Has this individual ever had any charges filed against him/her? | _____ YES _____ NO |
| 9. | Do your files indicate any derogatory information whatsoever?   | _____ YES _____ NO |

\_\_\_\_\_  
DATE  
(Official Seal)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
NAME OF BOARD

\_\_\_\_\_  
TITLE AND TYPED NAME OF OFFICIAL

**NOTE TO THE BOARD OFFICIAL COMPLETING THIS FORM:** If the answer to 1 & 2 is no, or 3 through 9 is yes, please explain and attach certified copies of any certified copies of any pertinent material, such as Notice of Hearing, Final Decision, Consent Order/Agreement, etc.

## FREQUENTLY ASKED QUESTIONS

*How will my name appear on my license?*

Your legal name, as it appears on your birth certificate, will be used, unless you have a legal document showing a change in your name. This includes marriage license, divorce decree, or court order. Nicknames are not allowed. While first and middle names cannot be dropped, you may use initials.

*If I have the scores from my national exam, can I just send them to you?*

No. These **must** be submitted through VIVA.

*I have been discharged from the military. What documentation do you need?*

If you have been discharged from the Armed Forces, copies of all separation papers (DD 214) are required. If you are on active duty at this time, please indicate. A copy of entire Form DD 214 showing "Type of Separation" (discharged) and "Character of Service" (honorable, dishonorable, etc.) is required.

*What if I was not born in the United States or Canada?*

If you are currently a United States or Canadian citizen, but born in a foreign country, you must provide the following information:

1. Certified copy of your birth certificate from country of birth, **AND**
2. Current notarized copy of United States passport **OR** notarized copy of naturalization certificate.

If you are **NOT** a United States or Canadian citizen, you must provide the following information:

1. Certified copy of your birth certificate from country of birth, **AND**
2. Documentation of your legal status. According to information received from the U.S. Citizenship and Immigration Services, the following items are acceptable as evidence of legal status.
  - (a) Notarized copy of valid Alien Registration Card with photo; **OR**
  - (b) Notarized copy of valid Resident Alien or Permanent Resident Card; **OR**
  - (c) Notarized copy of valid VISA Waiver Travel Authorization; **OR**
  - (d) Notarized copy of valid Certificate of Eligibility for Nonimmigrant Student.

*I need an auxiliary aid or services to take the examination. What do I need to do?*

Persons with disabilities who plan to attend this examination and who may need auxiliary aids or services (interpreters for hearing impaired, readers, braille, etc.) are requested to contact the Board office (512) 305-7555 or Relay Texas (1-800-877-8973 TDD) prior to submitting your application. If you find that you are unable to participate in the examination once you have actually applied, please contact us so that we may avoid paying for services not needed.

*I am using VIVA, will they take care of everything for me?*

**YOU MAY UTILIZE VIVA.** HOWEVER, even if you utilize VIVA, we still need ONE picture as described in the application checklist. VIVA requires 45 days to gather all of your documents. **It is your responsibility to ensure that all required documents are submitted timely. If your file is not complete by the deadline, you will not be scheduled for the exam.**

*How much does it cost to take the examination?*

**The fee for taking the LVT Examination is \$70.00.** The examination fee must accompany the completed application, and must be in the form of **money order** or **cashier's check**. **Personal checks or cash are NOT accepted.** Make all money orders or cashier's checks payable to the Texas Board of Veterinary Medical Examiners or TBVME.

**DON'T FORGET TO HAVE PAGE 5 OF THE APPLICATION NOTARIZED.**