

AMOUNT PAID _____

EFFECTIVE DATE _____

DATE RECEIVED _____

REGISTRATION # _____

APPLICATION FOR KANSAS VETERINARY TECHNICIAN REGISTRATION

(Please Type or Print Legibly)

1. Name _____
Last First Middle Initial Maiden

2. Renewal Address _____
Street/Box City State Zip

Business Address _____
Street/Box City State Zip

3. Home Telephone # _____ Business Telephone # _____

4. Social Security # ___-___-___ Birth date ___/___/___ {MM/DD/Year}

5. ATTACH PROOF OF GRADUATION from an AVMA Accredited Veterinary Technician Program.

6. ATTACH A PHOTOGRAPH, taken within the last six months, to the left margin of this form at this level. Photo should have your face; size a minimum of 1 inch, the overall photo size should not exceed 3 x 4 inches.

7. TRANSFER SCORES, Veterinary Technician National Exam (VTNE)

8. Are you a U.S. citizen? [] YES [] NO If not, provide a copy of your alien registration.

9. AFFIDAVIT OF APPLICANT:

I solemnly swear that all information on this application is true, correct and complete in every respect and when granted a registration in the State of Kansas, I will abide by the Kansas veterinary law.

Signature of applicant DATE _____

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STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_ SS.  
SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

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THIS APPLICATION SHALL EXPIRE ONE YEAR AFTER IT IS RECEIVED IN THE OFFICE OF THE BOARD OF EXAMINERS.

() Veterinary Technician Application fee \$20 () Veterinary Technician Written Exam fee (VTNE) \$130

Make check payable to: KANSAS BOARD OF VETERINARY EXAMINERS
PO BOX 242
WAMEGO, KANSAS 66547-0242