

## BOARD OF VETERINARY MEDICINE

### INSTRUCTIONS/CHECKLIST FOR COMPLETING AN APPLICATION FOR REGISTRATION TO PRACTICE AS AN EQUINE DENTAL TECHNICIAN IN VIRGINIA

#### READ THE FOLLOWING INFORMATION CAREFULLY BEFORE PROCEEDING

- **Laws and Regulations:** Application requires an attestation to having read the applicable [laws and regulations](#).
- **Application processing and documentation:** Applicant is responsible for notifying the source of the required documents to submit information directly to the board office by email, fax or postal mail. Optional forms for [licensure](#) and [employment](#) verification are available, if needed. Please allow 21 business days from initial mailing for board staff to receive and process an application. An initial email will be forwarded that provides a list of any missing application documentation.
- **Application and Fee:** Application and fee must be submitted together by postal mail. An application fee of **\$100.00** is required; make check or money order payable to the “Treasurer of Virginia.” **All fees are nonrefundable.**
- **Application payment receipt:** A receipt may be requested by email to [vetbd@dhp.virginia.gov](mailto:vetbd@dhp.virginia.gov).
- **License expiration dates:** Registrations issued prior to July 1 expire on December 31 of the current year. Registrations issued on or after July 1 expire December 31 of the following year.
- **Board Communication:** The Board’s method of communication to applicants is via email.

#### REGISTRATION REQUIREMENTS.

##### OPTION 1

- Recommendations from two veterinarians licensed in Virginia attesting to the following ([Recommendation Form](#)):
  - A minimum of 50% of their practice is equine.
  - Observed the applicant within the past 5 years and can attest to his competency to be registered.
- Current certification from the International Association of Equine Dentistry.

##### OPTION 2

- Recommendations from two veterinarians licensed in Virginia attesting to the following ([Recommendation Form](#)):
  - A minimum of 50% of their practice is equine.
  - Observed the applicant within the past 5 years and can attest to his competency to be registered.
- Certificate of completion of a veterinary technician program that includes equine dentistry in the curriculum.

##### OPTION 3

- Recommendations from two veterinarians licensed in Virginia attesting to the following ([Recommendation Form](#)):
  - A minimum of 50% of their practice is equine.
  - Observed the applicant within the past 5 years and can attest to his competency to be registered.
- Evidence of equine dental practice for at least 5 years. Employment may be verified on the Board’s optional [Employment Verification Form](#) or on company letterhead.
- Copies of continuing education certificates in the subject of equine dentistry totaling 16 hours completed within 5 years preceding application for registration in Virginia.
- [Licensure](#) verification of all licenses, certifications or registrations ever held, including expired, in another U.S. jurisdiction. (**NOTE:** Staff will obtain licensure verification from the U.S. jurisdictions that provide online primary source verification that includes disciplinary history.)

## APPLICATION FOR REGISTRATION AS AN EQUINE DENTAL TECHNICIAN

Full Name (Please Print or Type)

<b>Last:</b>	<b>First:</b>	<b>Middle Initial:</b>			
Have you ever been known by any other name? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, state, in full, every name by which you have been known, the reason therefore, and dates so used. If the name stated above does not match name on required documentation, a copy of court order or marriage certificate with application.					
Other names:					
<b>Public Address for Disclosure:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>Telephone Number:</b>	
<b>Address of Record: (Mailing Address)</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>Telephone Number:</b>	
<b>ADDRESS:</b> Virginia law allows persons regulated by boards within the Department of Health Professions to provide an alternative address for public disclosure if they want their address of record to remain confidential, used only for agency purposes. Health professionals may choose to provide a work address, a post office box, or a home address as the public address. If an alternative public address is not provided, the address of record will also be used as the public address and may be disclosed if specifically requested. Addresses of individuals <b>are not posted</b> on the " <a href="#">License Lookup</a> " program available through the board's website.					
<b>*Social Security No. or Virginia DMV Control No.:</b>	<b>Date of Birth: (mm/dd/yyyy)</b>	<b>Email Address:</b> Public <input type="checkbox"/> Private <input type="checkbox"/>			
Are you active-duty military?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you the spouse of a member of the U.S. military who has been transferred to Virginia and who had to leave employment to accompany your spouse to Virginia?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you relocating to Virginia or an adjoining state or the District of Columbia with a spouse who is:				YES <input type="checkbox"/>	NO <input type="checkbox"/>
1) On federal active duty orders; or				YES <input type="checkbox"/>	NO <input type="checkbox"/>
2) A veteran who has left active duty service within one year of submission of this application?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Graduation Date: (mm/dd/yyyy)</b>	<b>Professional Degree(s):</b>	<b>School:</b>	<b>City:</b>	<b>State:</b>	

\*In accordance with §54.1-116 Code of Virginia, you are required to submit your Social Security Number or your control number\*\* issued by the Virginia Department of Motor Vehicles. If you fail to do so, the processing of your application will be suspended and fees will not be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided by law. Federal and state law requires that this number be shared with other state agencies for child support enforcement activities. In order to obtain a Virginia driver's license control number, it is necessary to appear in person at an office of the Department of Motor Vehicles in Virginia. A fee and disclosure to DMV of your Social Security Number will be required to obtain this number.

### APPLICANTS DO NOT USE SPACES BELOW THIS LINE – FOR OFFICE USE ONLY

APPLICANT #	FEE	RECEIPT #	APPROVAL/DATE	LICENSE #	REINSTATE DATE

1. Do you have a current certification from the International Association of Equine Dentistry	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
2. Have you completed a veterinary technician program accredited by the AVMA that includes equine dentistry in the curriculum?	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
3. Have you completed 16 hours of continuing education in equine dentistry within the past 5 years?	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
4. Have you been actively engaged in equine dental practice for at least 5 years prior to seeking registration in Virginia?	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
<b>5. List all professional practice in reverse chronological order. A resume or CV is acceptable.</b>		
Begin Date (mm/yyyy)	End Date (mm/yyyy)	Name and Address of Business
<b>6. List all U.S. jurisdictions in which you have ever held a license, including expired, to practice equine veterinary technology. If more space is needed, please record on separate paper.</b>		
Jurisdiction	License Number	Issue Date(mm/dd/yyyy)
<b>QUESTIONS MUST BE ANSWERED.</b> If any of the following questions (7-13) are answered <b>yes</b> , explain and substantiate with documentation. Letters must be submitted by your attorney regarding malpractice suits.		
7. Have you ever been convicted of a violation of, or pled Nolo Contendere to, any federal, state or local statute, regulation or ordinance, or entered into any plea bargaining relating to a felony or misdemeanor, to include convictions for driving under the influence (DUI) and excludes traffic violations? Attach your original criminal history record, a certified copy of any final order, decree, or case decision by a court or regulatory agency with lawful authority to issue such order, decree, or case decision and any other information you wish to be considered with your application (i.e. information on the status of incarceration, parole, or probation, reference letters, documentation of rehabilitation, etc.).	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
8. Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice in a competent and professional manner? (A) Please provide a full explanation (use separate page). (B) Within the past five years, have you sought or been directed to seek treatment for your conduct or behavior? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
9. Within the past five years, have you been disciplined by any entity? (A) Please provide a full explanation and any associated orders or letters from the entity (use separate page). (B) Within the past five years, have you sought or been directed to seek treatment for your conduct or behavior? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>

<p><b>10.</b> Do you currently have any physical condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? “Currently” means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing equine dental technician.</p> <p>If yes, please provide a full explanation (use separate page). (<b>NOTE:</b> The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board.)</p>	<p><b>YES</b> <input type="checkbox"/></p>	<p><b>NO</b> <input type="checkbox"/></p>
<p><b>11.</b> Do you currently have any mental health condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? “Currently” means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing equine dental technician.</p> <p>If yes, please provide a full explanation (use separate page). (<b>NOTE:</b> The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board.)</p>	<p><b>YES</b> <input type="checkbox"/></p>	<p><b>NO</b> <input type="checkbox"/></p>
<p><b>12.</b> Do you currently have any condition or impairment related to alcohol or other substance use that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? “Currently” means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing equine dental technician.</p> <p>If yes, please provide a full explanation (use separate page). (<b>NOTE:</b> The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board.)</p>	<p><b>YES</b> <input type="checkbox"/></p>	<p><b>NO</b> <input type="checkbox"/></p>
<p><b>13.</b> Within the past 5 years, have any conditions or restrictions been imposed upon you or your practice to avoid disciplinary action by any entity?</p> <p>If yes, please provide a full explanation (use separate page). (<b>NOTE:</b> The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board.)</p>	<p><b>YES</b> <input type="checkbox"/></p>	<p><b>NO</b> <input type="checkbox"/></p>
<p><b>14. AFFIDAVIT OF APPLICANT</b></p> <p>I have carefully read all applicable <a href="#">laws and regulations</a> related to the practice of equine veterinary technology. I hereby agree to abide by and remain current with the applicable <a href="#">laws and regulations</a> which are available on the Board’s <a href="#">website</a></p> <p>I certify by entering my signature below: I am the person applying for licensure/certification/registration and meet the qualifications required by Virginia law and regulations. Further, I certify the information provided in this application has been personally provided and reviewed by me, and that statements made on the application are true and complete. I understand that providing false or misleading information, as well as omitting information, in response to information requested in this application or as part of the application process are considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing license/certificate/registration.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature of Applicant</p>		