



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE AND REGULATION
OFFICE OF HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE
NASHVILLE, TENNESSEE 37243

TENNESSEE BOARD OF VETERINARY MEDICAL EXAMINERS
(615) 532-5090 or 1-800-778-4123 ext. 5325090
<http://tn.gov/health/topic/vet-board>

APPLICATION INSTRUCTIONS FOR CERTIFICATION AS AN ANIMAL EUTHANASIA TECHNICIAN

Each applicant must submit the following documents to the board prior to licensure:

1. Completed application, signed in the presence of a Notary.
You must write your social security number on the application for it to be complete. State law requires social security numbers on this application. TCA § 36-5-1301(a), as authorized by 42 U.S.C. § 405(c)(2)(C)(i). The number will be used to verify your identity and for any other purpose allowed by state or federal law.
2. Check or money order payable to the Tennessee Board of Veterinary Medical Examiners.
Fee: Sixty Dollars (\$60.00) **All application fees are non-refundable.**
3. Tape to the first page of the application a passport-size photograph of yourself (taken within the last twelve months); then sign the front of the photograph.
4. Complete and submit the Declaration of Citizenship available online at <http://tn.gov/assets/entities/health/attachments/PH-4183.pdf>.
5. Include a notarized copy of the certificate of completion; or, an original certificate sent directly from the course provider to the Board's Administrative Office, showing completion of a Board-approved course on animal euthanasia.
6. Verification of licensure from each and every state where licensure is or has been held. The verification must be submitted directly to the Board's Office from the other state(s).
7. Criminal Background Check. For instructions to obtain a criminal background check, go to <http://tn.gov/health/article/CBC-instructions>.

Please allow four (4) weeks for all documents to be received in our office. After receipt of your application in this office, a letter will be sent to you noting any deficiencies.

Mail to:

Tennessee Board of Veterinary Medical Examiners
665 Mainstream Drive
Nashville, TN 37243

TAPE A CURRENT,
FULL-FACE
PHOTOGRAPH HERE

(SIGNED BY APPLICANT
ON THE FRONT
OF THE PHOTO)



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FOR OFFICIAL USE ONLY

2327-001 Application Fee \$ 50
2327-006 State Reg Fee \$ 10

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APPLICATION FOR CERTIFICATION AS AN ANIMAL EUTHANASIA TECHNICIAN

Please complete each question and return the form, supporting documents, and the application fee to the above address.

PERSONAL INFORMATION

Name: _____
Last First Middle Maiden (if not used as your middle name)

Social Security Number: _____ U.S. Citizen: Yes ___ No ___
All applicants must complete the Declaration of Citizenship form

Date of Birth: _____ Entitled to Live and Work in the U.S. Yes ___ No ___

Mailing Address: _____
_____ Zip _____

Practice Address*: _____
_____ Zip _____

E-mail address: _____

Do you wish to receive notifications, including renewal notification, from Department of Health via email? Please note, by opting in, all correspondence from the Department of Health will be delivered to the email address on file for you. You will no longer receive physical mail from our office. ___ Yes ___ No

Race: _____ Phone: Home: _____

Gender: Female ___ Male ___ Office: _____

Are you a member of the U.S. armed forces who has, within the preceding 180 days, retired from the armed forces, received any discharge other than a dishonorable discharge from the armed forces, or been released from active duty to a reserve component of the armed forces? (If yes, please provide proof of status.) Yes ___ No ___

Are you the spouse of a member of the armed forces who has been transferred by the military to Tennessee or who has, within the preceding 180 days, retired from the armed forces, received a discharge other than a dishonorable discharge from the armed forces or been released from active duty to a reserve component? (If yes, please provide proof of same.) Yes ___ No ___

Have you ever been known by any other names besides what is listed above? Yes ___ No ___

If yes, please state in full every other name by which you have been known, the reason therefore, and inclusive dates so known: _____

*If you have no practice address, notify the Board of your practice address within 30 days of obtaining a practice address. If you have multiple practice address, please attach an additional page listing all practice addresses.

EDUCATIONAL AND EMPLOYMENT INFORMATION

Please provide the following information for all educational institutions you have attended beyond high school. Use the back of [this page](#) if you need additional space.

From:	To:	Educational Institution	City, State	Degree Earned	Year Graduated
_____	_____	_____	_____	_____	_____
Mo./Yr.	Mo./Yr.				

Please complete your employment history for the past five (5) years starting with the most current position first. Dates of employment must be included.

<u>Company/ Employer:</u>	<u>Address:</u> (City, and State)	<u>Position:</u>	<u>Duties:</u>	<u>Dates</u>	
				<u>From:</u> Mo./Yr.	<u>To:</u> Mo./Yr.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

CERTIFICATION INFORMATION

	YES	NO
Are you or have you ever been licensed in this profession in another state?	_____	_____
Are you or have you ever been licensed in any other profession in Tennessee or another state?	_____	_____
<p>List below ALL STATES, COUNTRIES, OR PROVINCES IN WHICH YOU HAVE <u>EVER BEEN</u> OR ARE CURRENTLY LICENSED, PERMITTED, OR CERTIFIED. Additional pages may be added if necessary. Request that verification of licensure be submitted directly to the Board's Office from each state.</p>		
STATE	PROFESSION	LICENSE NUMBER
CURRENT STATUS		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

COMPETENCY INFORMATION

PLEASE ANSWER THE FOLLOWING QUESTIONS. If you answer "yes" to any of the questions in this part, you must supplement your affirmative response with a thorough explanation on a separate page. IN SUPPORT OF YOUR EXPLANATION, THE FINAL DOCUMENTS OR ORDERS FROM THE ISSUING STATES, COURTS, AND/OR AGENCIES MUST BE SUBMITTED ALONG WITH THIS APPLICATION. Additional information may be requested and/or required before a licensure decision may be made. For the purposes of these questions, the following phrases or words have the following meanings:

1. **"Ability to practice animal euthanasia"** is to be construed to include all of the following:
 - a. The cognitive capacity to exercise reasoned judgments;
 - b. The physical capability to perform professional tasks and procedures required of your profession with or without the use of aids or devices, such as corrective lenses or hearing aids.
2. **"Medical Condition"** includes physiological, mental or psychological conditions including, but not limited to: orthopedic, visual, speech and/or hearing impairments, emotional or mental illness, specific learning disabilities, drug addiction, and alcoholism.
3. **"Minor Traffic Offense"** generally means moving and non-moving violations punishable by fines only and does not include offenses such as driving under the influence or while intoxicated or reckless driving.
4. **"Chemical substances"** is to be construed to include alcohol, drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.
5. **"Currently"** does not mean on the day of or even in the weeks or months preceding the completion of this application. Rather it means recently enough so that the use of drugs or alcohol may have an ongoing impact on one's functioning as a licensee or within the past two (2) years.
6. **"Illegal use of illicit or controlled substances"** means the use of substances obtained illegally (e.g., heroin or cocaine) as well as the use of controlled substances that are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

QUESTIONS: Please respond to ALL questions. If you answer "YES" to any question, please attach a written explanation.

YES NO

- | | | | |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| 1. | Do you currently have any physical or psychological limitations or impairments caused by an existing medical condition which are reduced or ameliorated by ongoing treatment or monitoring, or the field of practice, the setting or the manner in which you have chosen to practice? | ___ | ___ |
| 2. | Do you currently use any chemical substances which in any way impair or limit your ability to practice your profession with reasonable skill and safety? | ___ | ___ |

If so, please list: _____

[If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individual assessment of the nature, the severity, and the duration of the risks associated with an ongoing medical condition to determine whether an unrestricted license should be issued, conditions should be imposed, or you are not eligible for licensure.]

COMPETENCY INFORMATION
(continued)

QUESTIONS: Please respond to ALL questions. If you answer "YES" to any question, please attach a written explanation. **YES NO**

- | | | | |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| 3. | At any time within the past two years, have you engaged in the illegal use of illicit or controlled substances? | ___ | ___ |
| 4. | Are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not engaged in the illegal use of illicit or controlled substances? | ___ | ___ |
| 5. | Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism or other diagnosis of a predatory nature? | ___ | ___ |
| 6. | Have you ever held or applied for a license, privilege, registration or certificate to practice veterinary medicine in any state, country, or province, that has been or was ever denied, reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action? | ___ | ___ |
| 7. | Have you ever had staff privileges at any hospital or health care facility that were ever revoked, suspended, curtailed, restricted, limited, otherwise disciplined, or voluntarily surrendered under threat of restriction or disciplinary action? | ___ | ___ |
| 8. | Have you ever applied for or held a state or federal controlled substance certificate that was ever denied, revoked, suspended, restricted, voluntarily surrendered or otherwise disciplined or surrendered under threat of restriction or disciplinary action? | ___ | ___ |
| 9. | Have you ever been convicted (including a nolo contendere plea or guilty plea) of a felony or misdemeanor (other than a minor traffic offense) whether or not sentence was imposed or suspended? | ___ | ___ |
| 10. | Have you ever been rejected or censured by a professional association or society? | ___ | ___ |
| 11. | In relation to the performance of your professional services in any profession: | | |
| a. | Have you ever had a final judgment rendered against you; | ___ | ___ |
| b. | Have you ever entered into any settlement of any legal action; or | ___ | ___ |
| c. | Are there any legal actions pending against you or to which you are a party? | ___ | ___ |
| 12. | Have you ever held a license, registration, privilege or certificate in any profession that has ever been reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action in any jurisdiction? | ___ | ___ |
| 13. | Has your name ever been placed on the registry of persons who have abused, neglected or misappropriated the property of vulnerable individuals (Tennessee abuse registry or an abuse registry in another state) | ___ | ___ |
| 14. | Have you ever been dropped, suspended, expelled, or disciplined by any school or college for any cause? | ___ | ___ |
| 15. | Have you ever failed a national licensure examination? | ___ | ___ |
| | If yes, which exam and how many times have you failed? _____ | | |

APPLICANT: FILL OUT THE FOLLOWING AFFIDAVIT IN THE PRESENCE OF A NOTARY PUBLIC

AFFIDAVIT AND RELEASE

I, _____, of _____,
(Applicant's Name) (City) (State)

being duly sworn and identified as the person referred to in this application attests to the truth of each statement made in said application. I further swear that I have read and understand the law and the Rules and Regulations regarding the practice of my profession, which are posted on the Board's Internet site and/or were provided to me by the Board office, and agree to abide by them in the practice as an animal euthanasia technician in the State of Tennessee.

I HEREBY:

SIGNIFY my willingness to appear to answer such questions as the Board may find necessary, which may include a full Board interview.

RELEASE to the Board, its staff, and their representatives, any and all documentation necessary now and in the future to establish my physical and mental capabilities to safely practice as an animal euthanasia technician.

AUTHORIZE the Board, its staff, and their representatives to consult with my prior and current associates and others who may have information bearing on my professional competence, character, health status, ethical qualifications, ability to work cooperatively with others, and other qualifications.

RELEASE from liability the Board, its staff, and all their representatives and any and all organizations which provide information for their acts performed and statements made in good faith and without malice concerning my competence, ethics, character, and other qualifications for licensure.

ACKNOWLEDGE that I, as an applicant for licensure, have the burden of producing adequate information for a proper evaluation of my professional, ethical, and other qualifications and for resolving any doubts about such qualifications.

AUTHORIZE release, use and disclosure of otherwise HIPAA protected health information to the limited extent necessary for my application to receive full consideration up to and including discussion in a public forum should that become necessary.

AFFIRM that I am accountable to the Board of Veterinary Medical Examiners for my compliance with all state statutes and regulations governing the practice of veterinary medicine in Tennessee.

THIS CERTIFIES THAT THE INFORMATION SUBMITTED BY ME IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE

DATE