



**WEST VIRGINIA BOARD OF VETERINARY MEDICINE
CERTIFICATION RENEWAL FOR ANIMAL EUTHANASIA TECHNICIANS**

Animal Euthanasia Technician Certification Renewal received prior to December 31 - \$50.00

Animal Euthanasia Technician Certification Renewal received after to December 31 - \$62.50

All questions must be answered completely and precisely. Misstatements, fraudulent, or insufficient answers and data required will be reason for rejection of your renewal.

RENEWAL APPLICANT					
Full Legal Name First		Middle Initial	Last		Maiden/Former
Social Security xxx-xx-	CAET #	Email Address		Home Phone	Cell Phone
Home Street Address		City	State or Province	Zip Code	County

FACILITY INFORMATION				
Facility Name			Mailing Address	
City		State or Province	Zip Code	County
Facility Email Address		Facility Phone		Director's Name
Facility DEA Registration #	DEA Registration Expiration Date	Primary CAET at this facility listed on DEA Registration		
Facility Physical Address		City	State or Province	Zip Code
WV Board of Pharmacy Controlled Substance Permit #			Controlled Substance Permit Expiration Date	

**PUBLIC RECORD NOTICE
REGARDING YOUR PROVIDED INFORMATION**

The WV Board of Veterinary Medicine is a public government agency and, as such, the records of the board are considered to be public records. Some or all of the information in these applications may be disclosed to any person under the WV Freedom of Information Act (FOIA). The board's records may also be subject to review by other government authorities or subject to disclosure in court or administrative proceedings by subpoena. In addition, the board is required by law to publish an annual roster of all licensees.

For these reasons, the board **cannot and does not** guarantee confidentiality of this information.

- For your public information preference, if you do not wish to disclose your personal contact information, you should use your business information.
- Any document, correspondence, or records submitted in connection with your application may be open to public inspection.
- Criminal background records are **not** subject to the WV Freedom of Information Act (FOIA).

PUBLIC INFORMATION PREFERENCE			
Facility Name (if applicable)		Street Address:	
City	State or Province	County	Zip
Phone:	Email:		

PREFERRED BOARD OFFICE COMMUNICATION – This information will only be available to the Board office		
Mailing Address ☐ Home ☐ Business ☐ Public	Email ☐ Home ☐ Business ☐ Public	Phone ☐ Home ☐ Business ☐ Public

PERSONAL INFORMATION

Please submit details and/or documentation to explain each question below that you responded to with a "yes" answer. If further information is required, you will be notified.

1. Have you ever been convicted of a felony in any jurisdiction? ☐ Yes ☐ No

Pursuant to West Virginia Code §48-15-303, each applicant for renewal must answer the following questions and certify, under penalty of false swearing, that these answers are true and correct.

1. Do you have a child support or medical obligation? ☐ Yes ☐ No
2. If the answer to question 1, above, is yes, are you in arrears? ☐ Yes ☐ No
3. If the answer to question 2, above, is yes, do your arrears equal or exceed
the amount of child or medical support payment for six (6) months? ☐ Yes ☐ No
4. Are you the subject of a child support related subpoena or warrant? ☐ Yes ☐ No

CONTINUING EDUCATION

List below Board approved classroom or webinar continuing education classes and hours that you completed this year. **Incomplete information will be cause for rejection.** The classes must be approved by the WV Board of Veterinary Medicine. *If you acquired your certification this year, you are exempt from CE for this year's renewal.*

You must specify actual class names, CE organization (not speakers), location, the number of hours and dates. All dates entered must be in a valid format with a month, a day, and a year. If the course was one day long, please use the same date for Start Date and End Date.

State Date	End Date	Class Name	Organization (no Acronyms)	Location (City and State)	Hours

EXTENSION – Please provide documentation (such as doctor's statement or military order) to support your request for hardship extension.

I am requesting a continuing education hardship extension due to verified medical or military emergencies beyond my control or in situations where I am on active duty or just returning from active duty. ☐ Yes ☐ No

My reason(s) for failing to complete mandatory continuing education is:

I understand that if the extension for completion of continuing education hours is approved, it shall not be applied toward satisfaction of continuing education in the year completed and shall be separate from continuing education required and completed for the current renewal year.

☐ Yes ☐ No

CERTIFICATION

If I acquired my certification prior to this year, I have completed a minimum of six (6) hours of continuing education in Board approved classroom or webinar programs.

I have personally completed this renewal form, and that I have read and understand all questions and statements on this renewal form. I further declare under penalty of perjury that the foregoing submissions and answers are true and correct.

I further acknowledge and accept that any false statement may subject my certification to disciplinary action including, but not limited to, immediate revocation or suspension of my certification.

Signature

Date

Mail renewal and fees to:

West Virginia Board of Veterinary Medicine

5509 Big Tyler Road, Suite 3

Cross Lanes, WV 25313

Phone (304) 776-8032

Fax (304) 776-8256

E-mail: patricia.a.holstein@wv.gov Website: www.wvbvm.org