State of Nevada Board of Veterinary Medical Examiners

4600 Kietzke Lane, Bldg. O, #265, Reno, NV 89502
(775) 688-1788 phone / (775) 688-1808 fax
Email: mail@vetboard.nv.gov
Website: nvvetboard.nv.gov

Application for Euthanasia Technician

(Cash is not accepted and all fees are non-refundable)

Fee*: ☐ July 1, Even Year-June 30, Odd Year: $250 ☐ July 1, Odd Year-June 30, Even Year: $500

PERSONAL INFORMATION

Name: _____
FIRST MIDDLE LAST
Address: _____
City: _____ State: ___ Zip: _____
Telephone: _____
Cell Phone: _____

Social Security Number/TIN: _____
Date of Birth: _____
Place of Birth: _____
E-Mail: _____
Other Name(s) used: _____

Are you a citizen of the U.S. ☐ Yes ☐ No
If no, you must provide proof that you are lawfully entitled to remain and work in the U.S.

Have you ever served in the military? ☐ Yes ☐ No
Branch(es) of Service: _____Dates of Service: From: _____ To: _____

Are you a spouse of an active-duty military member and are relocating to Nevada due to a permanent change of station (PCS)? ☐ Yes ☐ No
If yes, please attach a copy of your spouse's PCS as you may qualify for expedited processing of your application and waiver of a portion of your application fees.

EDUCATIONAL INFORMATION

High School: _____ Date Graduated: _____
Address: _____ City: _____ State:___ Zip:_____

EMPLOYER IN NEVADA (TO HOLD AN EUTHANASIA TECHNICIAN LICENSE, YOU MUST BE EMPLOYED BY AN AGENCY AS DEFINED BY NRS 574.620)

Employer Name: _____ Starting Date:_____
Address: _____ City: _____ State: ___ Zip: _____
Phone: ( ) _____ Fax: ( ) _____

Select your application fee based on the date of submission of your application.

IF YOU ANSWER IS 'YES' TO ANY OF THE FOLLOWING QUESTIONS, YOU MUST INCLUDE A SIGNED STATEMENT OF EXPLANATION. ADDITIONALLY, COPIES OF ANY DOCUMENTS THAT IDENTIFY THE CIRCUMSTANCES OR CONTAIN A COURT ORDER, AGREEMENT, OR OTHER DISPOSITION ARE REQUIRED.

1. **Have you previously filed an application with the Nevada State Board of Veterinary Medical Examiners? ..... Yes:_____ No: _____**
   If yes, when? _____
2. **Have you ever been charged, arrested or convicted of a felony or misdemeanor? * ..... Yes:_____ No: _____**
3. **Have you ever been found guilty, pleaded guilty, or entered a plea of nolo contendere to any administrative or legal offense in connection with the practice of services as a euthansia technician? * ..... Yes:_____ No: _____**
4. **Have you ever surrendered a professional license? * ..... Yes:_____ No: _____**
5. **Do you have a medical condition which in any way impairs or limits your ability to practice with reasonable skill and safety? ..... Yes:_____ No: _____**
6. **Do you take a chemical substance(s) which in any way impairs or limits your ability to practice with reasonable skill and safety? ..... Yes:_____ No: _____**

If yes to Question 6, please answer the following questions.

7. **Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program?**
   ..... Yes:_____ No: _____
8. **Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or the manner in which you have chosen to practice?**
   ..... Yes:_____ No: _____

Please include a passport sized photo of yourself. It must have been taken within 60 days preceding the date of this application.

Please Attach Photo Here

NEVADA BUSINESS LICENSE

NRS 353C requires all licensing boards to provide the following information to the State controller's office.

☐ I have a Nevada business license number assigned by the Nevada Secretary of State upon compliance with the Provisions of Chapter NRS 76. **My Nevada business license number is:_____**

☐ I do NOT have a Nevada business license number.

☐ I have applied for a Nevada business license with the Nevada Secretary of State upon compliance with the provisions of NRS chapter 76 and my application is pending

CHILD SUPPORT STATEMENT

PER NRS 638.103, YOU ARE REQUIRED TO SELECT ONE OF THE FOLLOWING STATEMENTS:

_____ I am not subject to a court order for the support of a child.

_____ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

_____ I am subject to a court order for the support of one or more children and am not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

AFFIRMATION:

I, _____ (Printed Name), do state, affirm, and depose that all representations I have made in this application are true and complete in every respect. I hereby authorize the State of Nevada Board of Veterinary Medical Examiners to make inquiries as it deems necessary to verify the accuracy and completeness of all representations I make as part of my application. In consideration for the services rendered by the State of Nevada Board of Veterinary Medical Examiners, I hereby release, discharge, and exonerate the State of Nevada Board of Veterinary Medical Examiners, its officers, directors, agents, and employees from any and all liability of every nature and kind arising out of the verification of information I have provided, or the State of Nevada Board of Veterinary Medical Examiners has obtained.

_____

Signature Date