LICENSED VETERINARY TECHNICIANS
APPLICATION INSTRUCTIONS AND REQUIREMENTS

(For Faster Application Processing, Please Go to the Application Portal and Submit Your Application, Payment, And Required Documentation Online)

1. A completed application with payment of application fee:
    a. This application fee covers the expense of application, jurisprudence exam administration, and licensing fees.Because licenses are issued on a biannual bases, applicants with less the 1 year prior to renewal will pay a reduced application fee.
    b. You will <u>not</u> be required to submit continuing education upon your first renewal.
    c. Please make check or money order payable to the Nevada State Veterinary Board.
    d. WE DO NOT ACCEPT CASH.
    e. You MUST complete the child support information portion of the application even if you are not under a court order for child support.

2. A 2-inch by 2-inch photograph (Facing forwards, no sunglasses, no hats, or other items covering the face)

3. If licensed or registered in another state, Letters of Good Standing from the licensing agency of each state in which you <u>are currently</u> licensed or have <u>ever</u> been licensed.

4. <u>Graduates of AVMA Accredited Veterinary Technician Program</u>
    a. An official copy of your transcripts showing the completion of your education or a notarized copy of your diploma.
        1. We accept digital versions of documents provided they are sent directly from the school.
        2. If you are having a transcript sent, it must indicate that you have been awarded the degree.

5. <u>Graduates with a Bachelor of Science in an Animal Science Related Field</u>
    a. An official copy of your transcripts showing the completion of your education or a notarized copy of your diploma.
    b. <u>Veterinary Technician Qualification List signed off by a supervisor and 4000 hours of supervised clinical experience in a veterinary practice. To demonstrate all skills listed on the qualification list in a Nevada facility, a licensee must first register as a VTIT. Please contact our office with any questions regarding this requirement.</u>

6. <u>Letter of recommendation</u> from an individual who has observed your skills in a veterinary practice and supports your licensure as an LVT.

7. <u>Passing score of a 90% on the Nevada State Jurisprudence Examination</u>.
    a. You will receive an email with instructions to complete the exam once we have received all other components of your application. Once you have received a passing score, your license will be automatically completed, and you will receive information regarding your credentials.

Checklist for your Nevada LVT Application:

Application	
Photo	
Payment (select correct fee using date of submission)	
Letter of Good Standing from each state in which you have ever been licensed (if applicable)	
Official Passing NAVLE Score	
Letter of Recommendation	
Official Transcript or Notarized Copy of Diploma	
Successful Completion of Jurisprudence Exam	

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 Veterinary Technician

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

Fee*: ☐ July 1, Even Year-June 30, Odd Year: $125 ☐ July 1, Odd Year-June 30, Even Year: $250

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.

Post Graduate information

School Name: _____Date Graduated or Graduating:_____
Address: _____ City: _____ State:___ Zip:_____
Type of Degree_____

If you are licensed as a veterinary technician or ever have been licensed as a veterinary technician in another state, you must submit a letter of good standing directly from the licensing Board or Agency.

State	License Number	Date Issued
State	License Number	Date Issued
State	License Number	Date Issued

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

EMPLOYER IN NEVADA, IF APPLICABLE		
Employer Name: _____		Starting Date:_____
Address: _____	City: _____	State: ___ Zip: _____
Phone: ( ) _____	Fax: ( ) _____	

EMPLOYMENT HISTORY FOR THE LAST 5 YEARS	
Employer Name: _____	Employer Name: _____
Address: _____	Address: _____
City: _____ State: ___ Zip: _____	City: _____State: ____Zip: ____
Start Date_____ Termination Date_____	Start Date_____ Termination Date_____

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 /services of an veterinary 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

NAC 638.053 Licensed veterinary technician: Prohibited tasks; tasks requiring immediate, direct or indirect supervision. (NRS 638.070, 638.124)

1. A licensed veterinary technician may not perform the following tasks of animal health care:

(a) Surgery.

(b) Diagnosis and prognosis of animal diseases.

(c) Except as authorized by a veterinarian, administer, prepare to dispense or dispense drugs, medicines or appliances.

(d) Any other activity which represents the practice of veterinary medicine or which requires the knowledge, skill and training of a licensed veterinarian.

2. A licensed veterinary technician may perform the following tasks under the immediate supervision of a supervising veterinarian:

(a) Application of casts or splints for the immobilization of fractures.

(b) Removal of:

(1) Teeth that have extreme mobility and stage 4 periodontal disease; and

(2) Retained deciduous teeth other than retained deciduous canine teeth.

(c) Assisting a licensed veterinarian in surgery.

(d) Euthanasia.

(e) Fluid aspiration from a body cavity.

(f) Suturing an existing surgical skin incision or gingival incision.

3. A licensed veterinary technician may perform the following tasks under the immediate or direct supervision of a supervising veterinarian:

(a) Induction of anesthesia.

(b) Endotracheal intubation.

(c) Blood administration.

(d) Internal anal gland expression.

(e) Application of casts and splints.

(f) Tasks listed in subsection 4, if the animal is anesthetized.

(g) External noninvasive ultrasonography and ultrasonography for the purpose described in paragraph (h).

(h) Cystocentesis to obtain a urine specimen, performed with or without the aid of ultrasonography.

(i) Dental prophylaxis.

(j) Physical therapy.

4. A licensed veterinary technician may perform the following tasks under the immediate, direct or indirect supervision of a supervising veterinarian:

(a) Administration of enemas.

(b) Administration of an electrocardiogram.

(c) Application of bandages.

(d) Catheterization of an unobstructed bladder.

(e) Introduction of a stomach tube.

(f) Ear flushing with pressure or suction.

(g) Positioning of animals for radiographs or other diagnostic images.

(h) Operation of radiographic or other diagnostic imaging machines.

(i) Administration of oral and rectal radio-opaque materials.

(j) Administration of oral and topical medications, including controlled substances.

(k) Starting and restarting of intravenous fluids.

(l) Collection of a laboratory specimen for analysis, including, but not limited to, blood, urine, skin, parasites and microorganisms.

(m) Collection of tissue during or after a postmortem examination by a licensed veterinarian.

(n) Administration of intramuscular, subcutaneous or intravenous injections.

(o) Placement of an intravenous catheter.

(p) Implantation of a subcutaneous identification microchip into the animal.

(q) Monitoring of vital signs.

(r) External anal gland expression.

(s) Collection of skin scrapings.

(t) Administration of a therapeutic laser.

➥ No examination within the previous 12 hours is required for the collection of laboratory specimens.

5. As used in this section, “other diagnostic image” has the meaning ascribed to it in NAC 638.0475.