

## REQUIREMENTS FOR REGISTRATION (SCORE TRANSFER) - VETERINARY TECHNICIAN

Access this form via website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl)

If you are applying to take the Veterinary Technician National Examination ("VTNE"), **DO NOT COMPLETE THIS APPLICATION**. Please see "Veterinary Technician Registration (Exam)". This application is to be used for individuals who meet the requirements for one of the following pathways:

- **(A) Education Pathway:**
  - i. Have successfully taken and passed the VTNE; and
  - ii. Completion of a course of study at a program for veterinary technology accredited by the American Veterinary Medical Association ("AVMA").
- **(B) Endorsement Pathway:**
  - i. Have successfully taken and passed the VTNE; and
  - ii. Is CURRENTLY licensed, certified, or registered as a veterinary technician in good standing in another jurisdiction having standards for registration comparable to those in this State.

### Requirements/Information

#### REGISTRATION

No individual may engage in the practice of veterinary technology or represent, advertise, or announce themselves, either publicly or privately, as a veterinary technician, or use in connection with the individual's name or place of business the words "veterinary technician", "registered veterinary technician", or shall append the letters "RVT" or "VT" or affix any other words, letters, abbreviations, or insignia indicating or implying that the individual is engaged in the practice of veterinary technology, unless the individual is registered with the Department of Commerce and Consumer Affairs ("DCCA").

### Filing Instructions

#### APPLICATION FORM

Complete the online fillable application form or print *legibly* in black ink and sign the application.

#### AGE OF MAJORITY & AUTHORIZATION TO WORK IN THE U.S.

Applicants shall be beyond the age of majority (18 years old) and a United States citizen, a United States national, or an alien authorized to work in the United States. If you are not a U.S. citizen, or U.S. national or an alien authorized to work in the U.S., your application may be denied.

#### SOCIAL SECURITY NUMBER

Your Social Security Number is used to verify your identity for licensing purposes and for compliance with the laws on page 2. **For a license to be issued, you must provide your Social Security Number or your application will be deemed deficient and will not be processed further.**

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**SOCIAL  
SECURITY  
NUMBER (cont'd)**

The following laws require that you furnish your Social Security Number to our agency:

FEDERAL LAWS:

**42 U.S.C.A. §666(a)(13)** requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and

If you are a licensed health care practitioner, **45 C.F.R., Part 61, Subpart B, §61.7** requires the Social Security Number as part of the mandatory reporting we must do to the Healthcare Integrity and Protection Data Bank (HIPDB), of any final adverse licensing action against a licensed health care practitioner.

HAWAII REVISED STATUTES ("HRS"):

**§576D-13(j), HRS** requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and

**§436B-10(4), HRS** which states that an applicant for license shall provide the applicant's Social Security Number if the licensing authority is authorized by federal law to require the disclosure (and by the federal cites shown above, we are authorized to require the Social Security Number).

**LICENSE  
VERIFICATION**

On the application (VT-01A), list **ALL** licenses, certifications, or registrations as a Veterinary Technician you hold or held.

Contact each jurisdiction that you hold or held a license, certification, or registration and request that they send a Verification of License **directly** to DCCA. You may utilize the "Verification of License" form (VT-03). The applicant is responsible for any fees incurred.

**(A)  
EDUCATION  
PATHWAY**

If you are qualifying through the Education Pathway, have the educational program you attended send your final official transcript to the AAVSB. The AAVSB will send the electronic, VAULT verified transcript directly to DCCA. Refer to the following website for a list of accredited programs:

**<https://www.avma.org/ProfessionalDevelopment/Education/Accreditation/Programs/>**

**(B)  
ENDORSEMENT  
PATHWAY**

If you are qualifying through the Endorsement Pathway, refer to **LICENSE VERIFICATION** above. At least one (1) license, certification, or registration must be current, valid, and in good standing to qualify through this pathway.

**SCORE  
TRANSFER**

Applicants qualifying through either pathway must submit a Veterinary Technician Online Score Transfer with the AAVSB.

Visit **<https://www.aavsb.org/VIVA/score-transfers>**. The applicant is responsible for any fees incurred.

**EMPLOYER  
VERIFICATION**

**ATTACH** the "Employer Verification" form (VT-02) completed and signed by you and your employer, who is a licensed veterinarian. This form may be duplicated as needed.

**FEES**

**NOTE:** *One of the numerous legal requirements that you must meet in order for your new registration to be issued is the payment of fees as set forth in this application. You may be sent a registration certificate before the payment you sent us for your required fees is honored by your bank. If your payment is dishonored, you will have failed to pay the required registration fee and your registration will not be valid, and you **may not** do business under that registration. Also, a \$25.00 service charge shall be assessed for payments that are dishonored for any reason.*

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**FEES  
(cont'd)**

The following fees are required with the first registration term beginning July 1, 2018.

If applying for registration between July 1, even-numbered year and June 30,  
odd-numbered year, pay ..... \$247  
(Application - \$20 + Registration - \$95 + CRF - \$35 + 1/2 Renewal - \$47 + Special Assessment - \$50)

If applying for registration between July 1, odd-numbered year and June 30,  
even-numbered year, pay ..... \$182  
(Application - \$20 + Registration - \$95 + CRF - \$17 + Special Assessment - \$50)

Make checks payable to: **COMMERCE AND CONSUMER AFFAIRS**. Check must be made in U.S. dollars and be from a U.S. financial institution.

The Compliance Resolution Fund (CRF) was established by the 1982 Legislature (Section 26-9(m), Hawaii Revised Statutes) to expedite resolution of consumer complaints filed with DCCA.

Upon the issuance of a new registration and at each registration renewal period, each registrant shall pay a special assessment fee of \$50 pursuant to Act 147, SLH 2016.

**Once you are registered as a veterinary technician, ALL FEES PAID are non-refundable.**

**INACTIVE  
STATUS**

DCCA shall maintain a current list of names and business addresses of veterinary technicians who register with DCCA pursuant to Act 147, SLH 2016. If you do not have an employer who is a licensed veterinarian, upon issuance of license your license will be placed on inactive status.

**REACTIVATION  
STATUS**

To reactivate your license from inactive status, complete and submit the "Reactivation" application, **ATTACH** reactivation fee of \$12, **AND** completed "Employer Verification - Veterinary Technician" form (VT-02). A fillable "Reactivation" application is available on the program's website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl)

**REGISTRATION  
DENIAL**

If for any reason you are denied the registration you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules ("HAR"), and/or Chapter 91 HRS.

**MAILING  
ADDRESS**

Mail complete application to:

*Veterinary Technician Program  
DCCA, PVL Licensing Branch  
P.O. Box 3469  
Honolulu, HI 96801*

**OR**

Deliver to office location at:

*335 Merchant Street, Room 301  
Honolulu, HI 96813  
Phone: (808) 586-3000*

**RELEASE OF  
INFORMATION**

If an agency or individual is assisting you with the registration process, we will not be able to release any information to them unless you provide us with authorization. If you wish to do so, please complete the portion on **Release of Information to Third Party**, sign, and date it.

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**BIENNIAL  
RENEWAL**

All veterinary technician registrations, regardless of issuance date, shall be renewed biennially on or before June 30, even-numbered years, with the first renewal occurring on June 30, 2020. Failure to renew a registration shall result in the forfeiture of the registration. A forfeited registration may be restored within one year from the expiration date upon payment of the renewal and restoration fees, including any penalty or delinquent fees. Failure to restore a forfeited registration within one year shall result in the automatic termination of the registration. A person whose registration has been terminated shall be required to reapply for a new registration as a new applicant. A person whose registration has been forfeited may not engage in the practice of veterinary technology or represent, advertise, or announce themselves as a veterinary technician, or use in connection with the individual's name or place of business the words "veterinary technician" or shall append the letters "RVT" or "VT" indicating the individual is engaged in the practice, until the registration has been restored.

**LAWS**

It is the responsibility of the veterinary technician to know and comply with the laws pertaining to the practice of veterinary technicians. To obtain a copy of the Veterinary Technician law, Act 147, SLH 2016, visit our website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl). Then click on "Statute/Rule" on the right. Chapter 436B, HRS, the Professional and Vocational Licensing Act, should be read in conjunction with Act 147, SLH 2016.

**CHANGE OF  
EMPLOYER,  
MAILING  
ADDRESS OR  
RESIDENCE  
ADDRESS**

Every veterinary technician shall notify DCCA of any change in employment, business, mailing and/or residence addresses within thirty (30) days of the change. **SUBMIT** a new "Employer Verification" form (VT-02) for each change in employer name and/or employer's business address.

**ABANDONMENT  
OF APPLICATION**

Pursuant to HRS §436B-9 your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years. The failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit any required information and documents requested by the licensing authority within two consecutive years from the last date the documents and information were requested, or (2) failure to complete any additional requirements for licensure that remain after approval of your application, such as attempting to complete an exam requirement, within two consecutive years from the date your application was approved, or (3) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process. If an application is deemed abandoned the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of the reapplication.

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## Instructions for "YES" Answers to Questions (5) through (7) of the Application for Registration.

The following documentation must be submitted with the registration application. Applications for registration will not be considered without this material.

1. Questions 5 and 6 refer to a denial of registration by any licensing jurisdiction, complaints, charges of unlicensed activity, pending disciplinary actions or any disciplinary actions taken by any state licensing jurisdiction for any profession, occupation, license or registration. If your answer is "YES" to any of these questions, you must **submit** the following:
  - i. A detailed statement **signed by you** explaining the underlying circumstances; and
  - ii. Copies of any documents from the agency, including final orders, petitions, complaints, findings of fact and conclusions of law, proof of payment of any fines, and any other relevant documents; and
  - iii. A resume of any employment, business activities, and education since the date of the action.
  
2. Question 7 refers to criminal convictions. If your application indicates a criminal conviction, you must **submit** the following for each conviction:
  - i. A detailed statement **signed by you** explaining the underlying circumstances leading to the conviction and detailing all activities since the conviction, including employment and business involvements. Include job title, periods of employment, employer's name, description of duties, training attended, and educational courses attended.
  - ii. A copy of all related court documents (i.e. indictments, judgments, guilty pleas, verdict, and terms of sentence), if applicable, proof of payment of any fines and/or proof of fulfillment of conditions of each sentence; and
  - iii. A copy of the terms of probation and/or parole **and** a statement from your probation or parole officer as to your compliance with the court orders (terms and conditions imposed including any court documentation evidencing completion or discharge), if applicable;
  - iv. Letters from any counselors or therapists discharging you from their programs(s) and providing their conclusions and recommendations as to the extent of your rehabilitation, if applicable;
  - v. A **current** criminal history record check in your name from the Hawaii Criminal Justice Data Center (HCJDC) dated within six months. Contact HCJDC at (808) 587-3100 or visit their website at: [ag.hawaii.gov/hcjdc](http://ag.hawaii.gov/hcjdc) to request a "Criminal History Record Check".
  - vi. A **current** criminal history record check from each state **AND** Hawaii if the conviction occurred in a state or states other than Hawaii. Contact the local authority or Board in each state for their forms, instructions and fees on obtaining criminal history record checks. In Hawaii, contact the HCJDC for procedures and fees related to this request.
  - vii. A **current** Federal Criminal History Record Check, if the conviction was under federal jurisdiction.

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

# APPLICATION FOR REGISTRATION (VTNE SCORE TRANSFER) - VETERINARY TECHNICIAN

Access this form via website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl)

Read "Requirements for Registration" before completing this form.  
Complete online fillable form OR print legibly in black ink.

Legal Name (First, Middle)	(Last)
Residence Address (Include Apt. No., City, State & Zip Code)	
Mailing Address ( <b>ONLY</b> if different from above)	
Other Names Used (Include maiden name)	Social Security No.
Phone No. (days) - Include area code	

<b>FOR OFFICE USE ONLY</b>	
<b>VT Checklist</b> <input type="checkbox"/> VTNE Exam <input type="checkbox"/> (A) Education <input type="checkbox"/> Fees: 247 / 182 <input type="checkbox"/> (B) Endorsement	
Approved: <input type="checkbox"/> Initials/Date:	
License No. <b>VT -</b>	Effective Date:

STATE REGISTRATION/LICENSE	Name of State (Attach additional sheets if needed)	License/Registration Number	Date Issued	Expiration Date	Provide date verification requested
Please have verification of your veterinary technician license, certification, or registration from the licensing authority of <b>EACH</b> state in which you hold or held a license, certification, or registration at any time sent <b>DIRECTLY</b> to the Director of DCCA.					

**ANSWER** all the following questions by checking your answers. **If response is "YES" to Questions 5 to 7, refer to the Instructions for additional documents that must be submitted with this application.**

1. Are you at least 18 years of age? .....  YES     NO
2. Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? .....  YES     NO

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Appl.....	662	.....	\$20
Reg.....	664	.....	\$95
CRF.....	663	.....	\$17/\$35
1/2 Renewal.....	660	.....	\$47
Service Charge.....	BCF	.....	\$25
Spec. Assess.....	665	.....	\$50

Print Name of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

3. Do you qualify through pathway A or B? .....  YES  NO

If "YES", **CHECK** corresponding box and provide applicable documentation.

(A) **Education** - I have successfully completed a course of study at a program for veterinary technology accredited by the AVMA and have forwarded my transcript to show proof of completion. Provide date you requested transcript to be sent to the DCCA: \_\_\_\_\_

(B) **Endorsement** - I currently hold a license, certification, or registration as a veterinary technician in good standing in another state having standards comparable to those in this State. I have thoroughly completed the "State Registration/License" section on Page 1.

4. Have you taken and passed the VTNE? .....  YES  NO

If "YES", provide date you requested an Online Score Transfer with AAVSB: \_\_\_\_\_

5. Has any license, recognition, authority, registration or certification ever been revoked, suspended, encumbered or otherwise subject to disciplinary action? .....  YES  NO

6. Are you presently being investigated or is any disciplinary action pending against your license, recognition, authority, registration or certification in this State or any other jurisdiction? .....  YES  NO

7. Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? .....  YES  NO

**AFFIDAVIT OF APPLICANT:**

I hereby certify that the statements, answers, and representations made in this application and in the documents attached are true and correct. I understand that any misrepresentation is grounds for refusal to grant or subsequent revocation of license/registration and is a misdemeanor (Section 710-1017, Sections 436B-19, and Act 147, SLH 2016).

I further certify that I have read and will abide by the provisions of Act 147, SLH 2016, Chapter 436B and the Hawaii Administrative Rules when they are promulgated.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Release of Information to Third Party:**

To assist me in the licensing process, I authorize DCCA's staff to release any and all information regarding my application (including, but not limited to application status) to the following third party:

Print Name of Individual who is assisting you: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date