

REQUIREMENTS FOR REGISTRATION (EXAM) - VETERINARY TECHNICIAN

Access this form via website at: cca.hawaii.gov/pvl

If you have already taken the Veterinary Technician National Examination ("VTNE"), **DO NOT COMPLETE THIS APPLICATION**. Please see "Veterinary Technician Registration (Score Transfer)". This application is to be used for individuals who have not yet taken the VTNE.

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 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 below laws. **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.**

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.

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

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).

**APPLICATION
FEE**

ATTACH the \$20 application fee (non-refundable) to your initial application. Make checks payable to: **COMMERCE & CONSUMER AFFAIRS**. Check must be in U.S. dollars and be from a U.S. financial institution.

EDUCATION

Have the 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/>

**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.

**EXAM
APPROVAL**

SUBMIT your application along with the **(1)** \$20 application fee and **(2)** the "Employer Verification" form (VT-02) to DCCA. Your application will be reviewed for eligibility to take the VTNE.

VTNE

If your application is approved, you will be sent a letter instructing you to apply for the VTNE administered by the American Association of Veterinary State Boards ("AAVSB"). For more information on the VTNE, visit <https://www.aavsb.org/vtneoverview>. The applicant is responsible for any fees incurred.

EXAM SCORES

After you have successfully passed the VTNE, official VTNE scores are **AUTOMATICALLY** provided to DCCA for applicants who take the VTNE and select "Hawaii" as the jurisdiction in the VTNE Online Application. **DO NOT** submit an "Application for Veterinary Technician Registration (Score Transfer)". After we have received your score transfer, you will be sent a notice to pay the registration fees due.

**REGISTRATION
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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REGISTRATION FEES (cont'd)

After passing the exam, the following fees are required.

If applying for registration between July 1, even-numbered year and June 30, odd-numbered year, pay	\$227
<i>(Registration - \$95 + CRF - \$35 + 1/2 Renewal - \$47 + Special Assessment - \$50)</i>	
If applying for registration between July 1, odd-numbered year and June 30, even-numbered year, pay	\$162
<i>(Registration - \$95 + CRF - \$17 + Special Assessment - \$50)</i>	

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

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. 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.

NOTIFICATION OF CHANGE OF EMPLOYER, MAILING ADDRESS AND RESIDENCE ADDRESS REQUIRED

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 any 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 (4) through (6) 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 4 and 5 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 6 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 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 EXAM REGISTRATION - VETERINARY TECHNICIAN

Access this form via website at: 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 (ONLY if different from above)	
Other Names Used (Include maiden name)	Social Security No.

FOR OFFICE USE ONLY	
VT Checklist <input type="checkbox"/> App Fee: 20 <input type="checkbox"/> VTNE Exam <input type="checkbox"/> Fees: 227 / 162 <input type="checkbox"/> Transcripts	
Approved: <input type="checkbox"/> Initials/Date:	
License No. VT -	Effective Date:

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

Print Name of Applicant: _____

Date: _____

ANSWER all the following questions by checking your answers. **If response is "YES" to Questions 4 to 6, 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
- 3. Have you completed course of study at a program for veterinary technology accredited by the AVMA? YES NO

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

Provide date you requested transcript to be sent to the AAVSB: _____

- 4. Has any license, recognition, authority, registration or certification ever been revoked, suspended, encumbered or otherwise subject to disciplinary action? YES NO
- 5. 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
- 6. 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