

CHECKLIST FOR MILITARY SPOUSE TEMPORARY PROFESSIONAL LICENSE

Effective January 1, 2022. Act 18 SLH 2021

Please do not submit this form with your application. Keep it for your records.

Who: Spouses accompanying an active military member on an official permanent change of station to a military installation located in Hawaii, who possess a license to practice in another jurisdiction of the United States as one of the following:

Acupuncturist	Licensed practical nurse	Physician assistant
Audiologist	Registered nurse	Podiatrist
Behavior analyst	Nursing home administrator	Psychologist
Dentist	Occupational therapist	Respiratory therapist
Dispensing optician	Optometrist	Social worker
Hearing aid dealer and fitter	Pharmacist	Speech pathologist
Marriage and family therapist	Naturopathic physician	Veterinary technician
Mental health counselor	Osteopathic physician	
Certified nurse aide	Physician	

What: A temporary license to practice for the duration of the active-duty military member's service in Hawaii, not to exceed a five-year period

FEES	
<input type="checkbox"/> Application Fee	Refer to application
<input type="checkbox"/> License Fee	Refer to application
APPLICATION	
<input type="checkbox"/> Complete forms	Check the appropriate box on page 1 of application, indicating this application is for a temporary military spouse license.
CRIMINAL HISTORY RECORD CHECK	
<input type="checkbox"/> Electronic Fingerprinting	<u>Only</u> necessary for: Licensed practical nurse Registered nurse
Please contact Fieldprint, Inc. at http://fieldprinthawaii.com to make an appointment or inquire about other available site locations on the Continental United States, or call (877) 614-4361. The Fieldprint code that you must enter is: FPHIBrdNursing (not case sensitive). You will be required to submit a full set of electronic fingerprints for the purpose of obtaining federal and state criminal history record checks for processing with the Federal Bureau of Investigation. The applicant shall bear the cost of the fingerprint processing and the application shall NOT be considered complete until the results of the criminal history record check has been received by the Board. You must file your application for nurse license application within thirty (30) days of fingerprinting to ensure that the results can be obtained. If we are unable to obtain the results, you will have to go back and pay again to be re-fingerprinted. Questions may be directed to the Board's office at (808) 586-2695.	
PROOF OF ACTIVE DUTY MILITARY SPOUSE STATUS	
<input type="checkbox"/> PCS orders + <u>non</u> -military ID <u>OR</u> <input type="checkbox"/> Statement of Verification from personnel office + <u>non</u> -military ID	A military ID may be used as proof if presented for in person verification by licensing staff.

PROOF OF LENSURE IN ANOTHER JURSDICTION

☐ License verification is required to be sent directly to the Board from each state or province in which applicant holds or has held a license.

One year: The license or certification by another jurisdiction must have been held for at least one year

Good Standing: The license or certification must be current, active, and in good standing without conditions or restrictions in all jurisdictions in which the person holds a license or certification.

NATIONAL PRACTITIONER DATA BANK

☐ National Practitioner Data Bank (NPDB) Self-Query Response is required to be sent directly to the Board or Program. To obtain the report, go the NPDB website at: www.npdb.hrsa.gov, and click on **Perform a Self-Query**. If you are unable to go on-line, call the NPDB at 1-800-6732 for assistance. The NPDB is now making your NPDB report available for download. Either the ORIGINAL hard copy that is mailed to you or an electronic version of the report will be acceptable. To send the electronic version, please, save the report as a .pdf file, attach it to the ORIGINAL email from the NPDB and email to the respective board/program.

DISQUALIFIED

An applicant is ineligible for temporary licensure if:

- | | |
|--|---|
| <ul style="list-style-type: none">• Applicant's license in another jurisdiction is <u>not in good standing</u>.• Applicant's license in another jurisdiction is <u>under investigation</u> for licensing violations.• Applicant's application for license in another jurisdiction has been denied.• Applicant has been <u>censured</u>, or had <u>discipline imposed</u> by another licensing authority, the terms and conditions of which have not yet been satisfied. | <ul style="list-style-type: none">• Applicant has <u>surrendered membership</u> on any professional staff in any professional association, society, or faculty while under investigation or <u>to avoid adverse action</u> for acts or conduct that would constitute grounds for disciplinary action in this State.• Applicant has a <u>disqualifying criminal history</u> as determined by the State's licensing authority. <p>Applicants ineligible for temporary licensing may apply for licensure via the normal licensing process.</p> |
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A person licensed pursuant to this section shall be subject to the laws regulating the person's practice in this State and shall be subject to the jurisdiction of the licensing authority of this State.

REQUIREMENTS FOR REGISTRATION - 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)	<p>HAWAII REVISED STATUTES ("HRS"):</p> <p>§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</p> <p>§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).</p>
APPLICATION FEE	<p>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.</p>
EDUCATION	<p>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:</p> <p><u>https://www.avma.org/ProfessionalDevelopment/Education/Accreditation/Programs/</u></p>
EMPLOYER VERIFICATION	<p>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.</p>
EXAM APPROVAL	<p>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.</p>
VTNE	<p>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 <u>https://www.aavsb.org/vtneoverview</u>. The applicant is responsible for any fees incurred.</p>
EXAM SCORES	<p>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.</p>
REGISTRATION FEES	<p>NOTE: <i>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.</i></p>

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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
(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 \$162
(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. 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 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.

☐ (Check box only if applying for:)
Temporary Military Spouse License

Legal Name (First, Middle)		(Last)	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	
Residence Address (Include Apt. No., City, State & Zip Code)				Approved: <input type="checkbox"/> Initials/Date: _____	
				License No. VT - Effective Date: _____	
Mailing Address (ONLY if different from above)					
Other Names Used (Include maiden name)		Social Security No.	Phone No. (days) - Include area code		

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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: _____

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