



**INSTRUCTIONS FOR VETERINARY TECHNICIAN REGISTRATION APPLICATION
READ CAREFULLY**

1. Fill out exactly as you wish your name to appear on your registration certificate. Maiden name is for our records only.
2. Be sure to use a complete and current address for the time of the application process. If more than one address will be used in the next 60 days, include the second address on an enclosure with an explanation.
3. List a phone number where you can be reached.
4. KSA 74-139 says that upon request of the Director of Taxation, the board is required to provide the name, social security number, and address of the certificate holders in the state. The social security numbers are used by this agency for identification and the VTNE asks for the social security numbers for their identification. You may legally decline to disclose this number.
5. Enclose photocopy of diploma.
6. This photo should have your face size a minimum of 1 inch and the overall photo size should not exceed 3x4 inches. Poor quality photos, snapshots, group pictures, caps or hats obscuring parts of the face, and colored glasses will cause photos to be rejected.
7. If not taken in Kansas, the scores from AAVSB must be forwarded to our office. Contact: American Association of Veterinary State Boards, 380 West 22nd Street, Ste. 101, Kansas City, MO 64108
Toll-free telephone: 877.698.8482; AAVSB website: <http://www.aavsb.org/>
8. Federal law prohibits state licensing agencies from licensing certain aliens. 8 U.S.C. § 1621.
9. Read the affidavit. It is your oath carrying with it the penalty of law, and must be witnessed.
10. When the application is completed and all materials are recorded in the board office, you will be sent a copy of the Kansas Practice Act, Kansas Administrative Regulations and applicable Federal Regulations handout, along with an exam over the Practice Act. You must correctly answer 90% of the questions on this open book exam. If you do not correctly answer 90% of the questions, you must retake the examination.
11. Attach application fee of \$20.00. No cash accepted. Make your check payable to: Kansas Board of Veterinary Examiners

APPLICATION FEE IS NOT REFUNDABLE.

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**KANSAS BOARD OF VETERINARY EXAMINERS  
1003 LINCOLN STREET, PO BOX 242  
WAMEGO, KANSAS 66547-0242  
PHONE: 785.456.8781**

AMOUNT PAID \_\_\_\_\_

EFFECTIVE DATE \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_

REGISTRATION # \_\_\_\_\_



**APPLICATION FOR KANSAS VETERINARY TECHNICIAN REGISTRATION**  
(Please Type or Print Legibly)

1. Name \_\_\_\_\_  
Last First Middle Initial Maiden

2. Renewal Address \_\_\_\_\_  
Street/Box City State Zip

Business Address \_\_\_\_\_  
Street/Box City State Zip

E-mail Address \_\_\_\_\_

3. Home Telephone # \_\_\_\_\_ Business Telephone # \_\_\_\_\_

4. Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ {MM/DD/Year}

5. ATTACH PROOF OF GRADUATION from an AVMA Accredited Veterinary Technician Program.

6. ATTACH A PHOTOGRAPH, taken within the last six months, to the left margin of this form at this level. Photo should have your face; size a minimum of 1 inch, the overall photo size should not exceed 3 x 4 inches.

7. TRANSFER SCORES, Veterinary Technician National Exam (VTNE)

8. Are you a U.S. citizen? [ ] YES [ ] NO If not, provide a copy of your alien registration.

9. AFFIDAVIT OF APPLICANT:

I solemnly swear that all information on this application is true, correct and complete in every respect and when granted a registration in the State of Kansas, I will abide by the Kansas veterinary law.

\_\_\_\_\_  
Signature of applicant DATE \_\_\_\_\_

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STATE OF _____ COUNTY OF _____ SS.
SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____.

(Notary Public)

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THIS APPLICATION SHALL EXPIRE ONE YEAR AFTER IT IS RECEIVED IN THE OFFICE OF THE BOARD OF EXAMINERS.

( ) Veterinary Technician Application fee \$20

Make check payable to: KANSAS BOARD OF VETERINARY EXAMINERS  
PO BOX 242  
WAMEGO, KANSAS 66547-0242

**This form is not applicable to students OR staff of Kansas State University**

Dear Applicant,

Once we receive your license/registration application and application fee we will send you, via U.S. Mail, an open-book jurisprudence examination for you to take and return to our office. The jurisprudence examination is a requirement for a Kansas veterinary license or veterinary technician registration. **Please sign and date this form which must accompany your application for licensure/registration.**

If you do not return this form with your application, you will be expected to schedule an appointment, to visit our Wamego Kansas office, to take the open-book jurisprudence examination.

**APPLICANT STATEMENT OF CONFIDENTIALITY  
TO THE KANSAS BOARD OF VETERINARY EXAMINERS**

I hereby attest that I will not copy or divulge the nature or content of any question on the Kansas Veterinary Jurisprudence examination to any individual or entity.

I understand that the Kansas Veterinary Practice Act statutes and regulations governing applications and professional conduct establish that my divulging the nature or content of any question on the examination could constitute the basis for denial of my application.

I understand that failure to sign and return this statement with my application will result in me not receiving the examination through the U.S. Mail and I will be required to schedule an appointment to appear, in person, at the Kansas Board of Veterinary Examiners Wamego Kansas office to sit for the jurisprudence examination.

\_\_\_\_\_  
**Applicant's Printed Name**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**