

BOARD OF VETERINARY MEDICINE

INSTRUCTIONS/CHECKLIST FOR COMPLETING AN APPLICATION FOR REGISTRATION TO PRACTICE AS AN EQUINE DENTAL TECHNICIAN IN VIRGINIA

BEFORE YOU PROCEED, READ THE FOLLOWING INFORMATION CAREFULLY:

- **Laws and Regulations:** The Virginia laws and regulations pertaining to the practice of veterinary medicine may be viewed at <http://www.dhp.virginia.gov/vet/>. The application requires an attestation to having read the applicable laws and regulations;
- **Application documentation:** Required documentation must be submitted directly from the source of the information by postal mail, email or fax. Application and documentation processed through the American Association of Veterinary State Boards is accepted. The applicant is responsible for notifying the source to submit required documentation. Additional forms for licensure and employment verification are attached;
- **Application processing:** Please allow 21 business days from initial mailing for board staff to receive and process an application. An initial email will be forwarded that provides a list of any missing application documentation;
- **Application and Fee:** Application and fee must be submitted together by postal mail. An application fee of \$100.00 is required; make check or money order payable to the "Treasurer of Virginia." Application and fee must be submitted together. **All fees are nonrefundable;**
- **License expiration dates:** Licenses issued prior to October 1 expire on December 31 of the current year. Licenses issued on or after October 1 expire December 31 of the following year;
- **Retention of Application Documents:** Applicant documentation (includes exam scores) is maintained for one year and then destroyed; and
- **Board Communication:** Upon receipt of an application, the Board's preferred method of communication is via email.

REGISTRATION REQUIREMENTS.

OPTION 1

- Recommendations from two veterinarians licensed in Virginia attesting to the following ([Recommendation Form](#)):
 - A minimum of 50% of of their practice is equine; and
 - Observed the applicant within the past 5 years and can attest to his competency to be registered.
- Current certification from the International Association of Equine Dentistry.

OPTION 2

- Recommendations from two veterinarians licensed in Virginia attesting to the following ([Recommendation Form](#)):
 - A minimum of 50% of of their practice is equine; and
 - Observed the applicant within the past 5 years and can attest to his competency to be registered.
- Certificate of a board-approved certification program or training program (no approved programs at this time).

OPTION 3

- Recommendations from two veterinarians licensed in Virginia attesting to the following ([Recommendation Form](#)):
 - A minimum of 50% of of their practice is equine; and
 - Observed the applicant within the past 5 years and can attest to his competency to be registered.
- Certificate of completion of a veterinary technician program that includes equine dentistry in the curriculum.

OPTION 4

- Recommendations from two veterinarians licensed in Virginia attesting to the following ([Recommendation Form](#)):
 - A minimum of 50% of of their practice is equine; and
 - Observed the applicant within the past 5 years and can attest to his competency to be registered.
- Evidence of equine dental practice for at least 5 years. Employment may be verified on the Board's optional *Employment Verification Form* or on company letterhead;
- Copies of continuing education certificates in the subject of equine dentistry totalling 16 hours completed within 5 years preceding application for registration in Virginia; and
- Licensure verification of all licenses, certifications or registrations ever held, including expired, in another jurisdiction of the U.S. or its territories and District of Columbia.

Certification Contact Information:

- International Association of Equine Dentistry <http://www.iaedonline.com/certification>;

Board of Veterinary Medicine Contact Information

Address: 9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

Webpage: <http://www.dhp.virginia.gov/vet/>

Email: vetbd@dhp.virginia.gov

Phone: (804) 597-4133

Fax: (804) 527-4471

APPLICATION FOR REGISTRATION AS AN EQUINE DENTAL TECHNOLOGIST

Full Name (Please Print or Type)

Last	First	Middle Initial

Have you ever been known by any other name? Yes No If yes, state, in full, every name by which you have been known, the reason therefore, and dates so used. Include a copy of court order or marriage certificate with application.

Other Names:

Public Address for Disclosure	City	State	Zip Code	Telephone No.
Address of Record (Mailing Address)	City	State	Zip Code	Telephone No.

ADDRESS: Virginia law allows persons regulated by boards within the Department of Health Professions to provide an alternative address for public disclosure if they want their address of record to remain confidential, used only for agency purposes. Health professionals may choose to provide a work address, a post office box, or a home address as the public address. **If an alternative public address is not provided, the address of record will also be used as the public address and may be disclosed if specifically requested.** Addresses of individuals are not posted on the "License Lookup" program available through the board's website.

*Social Security No. or Virginia DMV No.	Date of Birth (mm/dd/yyyy)	Email Address

Are you active-duty military?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Are you the spouse of a member of the U.S. military who has been transferred to Virginia and who had to leave employment to accompany your spouse to Virginia?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Graduation Date (mm/dd/yyyy)	Professional Degree(s)	School	State

*In accordance with §54.1-116 Code of Virginia, you are required to submit your Social Security Number or your control number** issued by the Virginia Department of Motor Vehicles. If you fail to do so, the processing of your application will be suspended and fees will not be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided by law. Federal and state law requires that this number be shared with other state agencies for child support enforcement activities. In order to obtain a Virginia driver's license control number, it is necessary to appear in person at an office of the Department of Motor Vehicles in Virginia. A fee and disclosure to DMV of your Social Security Number will be required to obtain this number.

APPLICANTS DO NOT USE SPACES BELOW THIS LINE – FOR OFFICE USE ONLY

APPLICANT #	FEE	RECEIPT #	EXAM SCORE	LICENSE #	ISSUE DATE

1. Do you have a current certification from the International Association of Equine Dentistry?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. Have you completed a veterinary technician program accredited by the AVMA that includes equine dentistry in the curriculum?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. Have you completed 16 hours of continuing education in equine dentistry within the past 5 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. Have you been actively engaged in equine dental practice for at least 5 years prior to seeking registration in Virginia?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

5. List all professional practice in reverse chronological order for the past 5 years.

Begin Date (mm/yyyy)	End Date (mm/yyyy)	Name and Address of Business	Type of Activity	Status of Applicant (Employee, Partner, Owner)

6. List all jurisdictions (U.S. states or its territories, District of Columbia) in which you have ever held a license, including expired, to practice equine veterinary technology. If more space is needed, please record on separate paper.

Jurisdiction	License #	Issue Date (mm/dd/yyyy)	Years of Practice	License Status (expired/active/inactive/revoked/suspended)

QUESTIONS MUST BE ANSWERED. If any of the following questions (7-11) are answered **yes**, explain and substantiate with documentation. Letters must be submitted by your attorney regarding malpractice suits.

7. Have you ever been convicted of a violation of, or pled Nolo Contendere to, any federal, state or local statute, regulation or ordinance, or entered into any plea bargaining relating to a felony or misdemeanor, to include convictions for driving under the influence (DUI) and excludes traffic violations. Attach your original criminal history record, a certified copy of any final order, decree, or case decision by a court or regulatory agency with lawful authority to issue such order, decree, or case decision and any other information you wish to be considered with your application (i.e. information on the status of incarceration, parole, or probation, reference letters, documentation of rehabilitation, etc.).	YES <input type="checkbox"/>	NO <input type="checkbox"/>
8. Have you ever had any of the following disciplinary actions taken against your license to practice veterinary medicine in any jurisdiction? (a) suspension/revocation (b) probation (c) reprimand/cease and desist (d) had your practice monitored (e) monetary penalty? If yes , the regulatory agency authorized to take such action(s) must submit documentation of any disciplinary action taken against your license to include notices, orders, details, etc.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
9. Are you currently under disciplinary investigation by any jurisdiction? If yes , give jurisdiction.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
10. Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice in a competent and professional manner? (A) Please provide a full explanation (B) Within the past five years, have you sought or been directed to seek treatment for your conduct or behavior? <input type="checkbox"/> Yes <input type="checkbox"/> No	YES <input type="checkbox"/>	NO <input type="checkbox"/>
11. Within the past five years, have you been disciplined by any entity? (A) Please provide a full explanation and any associated orders or letters from the entity. (B) Within the past five years, have you sought or been directed to seek treatment for your conduct or behavior? <input type="checkbox"/> Yes <input type="checkbox"/> No	YES <input type="checkbox"/>	NO <input type="checkbox"/>

<p>12. Do you currently have any physical condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? “Currently” means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing equine dental technologist.</p> <p>If yes, please provide a full explanation. (NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board.)</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>13. Do you currently have any mental health condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? “Currently” means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing equine dental technologist.</p> <p>If yes, please provide a full explanation. (NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board.)</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>14. Do you currently have any condition or impairment related to alcohol or other substance use that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? “Currently” means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing equine dental technologist.</p> <p>If yes, please provide a full explanation. (NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board.)</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>15. Within the past 5 years, have any conditions or restrictions been imposed upon you or your practice to avoid disciplinary action by any entity?</p> <p>If yes, please provide a full explanation and any associated orders or letters from the entity. (NOTE: The Board may request a copy of a current participation contract and summary of compliance and/or documentation of successful completion. You may consider providing this documentation with your application, or have the program send this documentation directly to the Board.)</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>16. AFFIDAVIT OF APPLICANT</p> <p>I have carefully read all applicable laws and regulations related to the practice of veterinary equine technology. I hereby agree to abide by and remain current with the applicable laws and regulations which are available on www.dhp.virginia.gov.</p> <p>I certify by entering my signature below: I am the person applying for licensure/certification/registration and meet the qualifications required by Virginia law and regulations. Further, I certify the information provided in this application has been personally provided and reviewed by me, and that statements made on the application are true and complete. I understand that providing false or misleading information, as well as omitting information, in response to information requested in this application or as part of the application process are considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing license/certificate/registration.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature of Applicant</p>		