



**INSTRUCTIONS AND REQUIREMENTS
TO
PRACTICE AS A LICENSED VETERINARY TECHNICIAN**

APPLICATION

Complete and mail **application**; enclose **\$50.00** fee (check or money order payable to the SC Board of Veterinary Medical Examiners); and *one (1) recent passport size photograph* taken within the last six (6) months of application date to:

**S.C. Board of Veterinary Medical Examiners
PO Box 11329
Columbia, S.C. 29211-1329**

EDUCATION TRANSCRIPTS

- ***Certified transcripts*** must be mailed directly to the Board's office from the appropriate educational institutions. Student copies are not accepted.

NATIONAL EXAMINATION SCORE

- ***Veterinary Technician National Examination***: A certified copy of the Veterinary Technician National Examination results with a minimum passing score as set by the American Association of Veterinary State Licensing Boards (AAVSB). Results should be sent from the appropriate reporting services directly to the South Carolina Board of Veterinary Medical Examiners.

LICENSE VERIFICATION FOR ENDORSEMENT APPLICANTS

Licensure verification(s) is required from each state board by which you are now or have ever been licensed to practice as a licensed veterinary technician. Verification should be sent from the appropriate state board directly to the South Carolina Board of Veterinary Medical Examiners.

OTHER DOCUMENTS

- ***Copy of your current driver's license*** is required.
- ***Copy of your social security card*** is required.

IMPORTANT INFORMATION

FEES

- Fees are non-refundable. To determine applicable licensure fee, visit the Board's website at www.llr.state.sc.us/pol/veterinary.

APPLICATION STATUS

- You may check the status of your application online by visiting the Board's website at www.llr.state.sc.us/pol/veterinary.

APPLICATIONS

- Applications and accompanying documents will be valid for one (1) year from the initial application date. After one (1) year, a new application with attendant documents and appropriate fees must be submitted.

STATE JURISPRUDENCE EXAMINATION

- Upon completion of the applicant's examination file, the applicant will receive a letter from the Board to issue the applicant a UserId and password to be able to go online to take the State Jurisprudence Examination.
- As a study guide for the examination, the applicant should study the Statutes and Regulations of the Board found under Laws/Policies provided on the Board's website.
- Upon completion of taking the examination, the applicant receives his/her score immediately.
- If the applicant fails the examination, they may retake the exam after 24 hours. There is no limit to the number of times you may retake the exam.

Upon passing the examination and having met all requirements, the applicant is issued a license number.



Board of Veterinary Medical Examiners
 Synergy Business Park, Kingstree Building
 110 Centerview Drive
 Post Office Box 11329
 Columbia, SC 29211-1289
 Phone: (803) 896-4598 Fax: (803) 896-4719
 www.llr.state.sc.us/pol



APPLICATION TO PRACTICE VETERINARY TECHNOLOGY

Complete all sections of this application by providing all requested information. Please notify the Board, in writing, of any address changes.

I HEREBY MAKE APPLICATION for a Certificate of Licensure as a licensed veterinary technician in the state of South Carolina and submit for consideration the following proofs as required by the South Carolina laws governing the practice of veterinary medicine and by the regulations of South Carolina Board of Veterinary Medical Examiners.

PART I: Applicant Identifying Information

U.S. Citizen: Yes [] No []

Name in Full: _____

Maiden Name (if applicable): _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email Address: _____

Home Address (If different from mailing address): _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: (Home) _____ **(Work)** _____ **(Cell)** _____

Business Name: _____

Business Address: _____

Email Address: _____

Date of Birth: _____ **Place of Birth:** _____

Height _____ **Weight** _____ **Eye Color** _____ **Hair Color** _____

Last five digits of Social Security Number: _____

PART II: Education Information

Must be a graduate of an American Veterinary Medical Association (AVMA) accredited school of animal technology.

Institution	Attended From/To	Degree

PART III: Employment History in the Profession

List all related employment chronologically for the past five (5) years. If you have never been employed in the profession you are applying for, insert "N/A" for Not Applicable in Box 1. You may photocopy this form if additional space is required.

Dates of Employment	Name of Employer	Employer's Complete Address	Nature of Employer's Business	Position	Reason for Termination

PART IV: Record of Licensure Information

Complete the requested information below if you have ever been licensed, certified or registered to practice in any profession or occupation. You must identify the method by which you obtained your license(s). Include jurisdictions both within and outside the United States. Failure to disclose all licenses held may result in denial of your application or other appropriate action. (Attach additional sheets if necessary.)

Part V: Personal History Information

If you answer "yes" to any of the questions below (1-8), attach a written explanation.

1. Have you ever taken the South Carolina veterinary technician examination? Yes [] No []
2. Have you ever been convicted or found guilty, pled guilty or pled nolo contendere regardless of adjudication, of a crime (other than a minor traffic violation) in any jurisdiction – federal, state, local? Yes [] No []
3. Have you ever undergone treatment for the use of drugs, narcotics or intoxicating liquors, mental or emotional illness? Yes [] No []
4. Have you ever been denied the right to take a veterinary technician licensure examination in any state? Yes [] No []
5. Have you ever been refused a veterinary technician license, or any other license, or the removal or renewal thereof in any state? Yes [] No []
6. Do you have, or have you ever had, any other professional or occupational license? Yes [] No []
7. Have you ever had a license or certification of registration to practice veterinary technology, or any other licensed profession, revoked, suspended or otherwise acted against (including probation, fine, or reprimand) in a disciplinary proceeding in any state? Yes [] No []
8. Is there currently pending against you in any jurisdiction a complaint against your professional conduct or competence as a licensed veterinary technician? Yes [] No []

TEMPORARY LICENSE

Are you applying for a temporary license? Yes [] No []

If yes, please complete the Employment Verification Form and include an additional non-refundable fee of \$10.00 for temporary licensure.

South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.

**An important message about the American with Disabilities Act
from the South Carolina Department of Labor, Licensing and Regulation**

Title II of the ADA applies to state and local government programs and activities. A public entity, such as a state government, may not discriminate on the basis of disability in its licensing, certification and regulatory activities.

To help you better understand your rights and the requirements of the ADA, we have listed some organizations that can provide you with technical assistance and free publications.

We encourage you to call the following numbers about questions on:

**Serving Customers and Building or Altering
Facilities:**

U.S. Department of Justice
(800) 514-0301 (Voice)
(800) 514-0383 (TDD)

Employment Issues:

Equal Employment Opportunity Commission
(800) 669-4000 (Voice)
TDD – Use Relay Service

Transportation:

U.S. Department of Transportation
(202) 366-1656 (Voice)
(202) 366-4567 (TDD)

ADA Accessibility Guidelines:

Access Board
(800) 872-2253 (Voice)
(800) 993-2822 (TDD)

Tax Credit and Deductions:

Internal Revenue Service
(800) 829-1040 (Voice)
(800) 829-4059 (TDD)

General ADA Assistance:

Disability and Business Technical Assistance Centers
(800) 949-4232 (V/TDD)

Disability Rights Education and Defense Fund

(800) 466-4232 (V/TDD)

AFFIDAVIT

All statements contained in this application are made under oath or affirmation and all representations are true and correct to my best knowledge and belief and subject to penalties of making a false affidavit of declaration. Should I furnish any false information in this application, I hereby agree that such action shall constitute cause for denial, suspension or revocation of license as a licensed veterinary technician in South Carolina. This application and signature shall act as authorization of entities in possession of state files pertaining to my licensure and practice, law enforcement records, administrative records, motor vehicle records, and court documents to release such information to this licensing authority.

(Applicant's Signature)

(Date)

SWORN TO AND SUBSCRIBED before me this _____

day of _____, 20_____.

State of _____

My Commission Expires: _____

Attach Photo Here

(2x2)

No copies

Do Not Staple

COMPLETE THIS SECTION

The information required in this section is **not** used to evaluate your application, but is needed for State Research and Statistical Services reporting. Race: Caucasian/White___ African American/Black___ American Indian___ Oriental/Asian___ Hispanic/Spanish___ Other___

Male___ Female___ Residence: In-State___ Out-of-State___ Foreign___

FOR BOARD USE ONLY

Temporary License No. _____

Issue Date _____ Exp. Date _____

Permanent License No. _____

Issue Date _____

Amt. Rcvd. _____ Date Rcvd. _____

Deposit No. _____

Check/MO No. _____

Exam Date _____ Score _____



STATE OF SOUTH CAROLINA
DEPARTMENT OF LABOR, LICENSING AND REGULATION
VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES
AFFIDAVIT OF ELIGIBILITY



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

Section A: LAWFUL PRESENCE in the United States.

The undersigned _____, of _____
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)

being first duly sworn deposes and states as follows:

Check only one box:

1. I am a United States citizen; or
2. I am a Legal Permanent Resident of the United States eighteen years of age or older; or
3. I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.
4. Other: _____ Please submit any documentation that supports this status.

Date of Birth: _____

Alien Number: _____

I-94 Number: _____

(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See Instruction sheet for a list of accepted immigration documents.)

Section B: ATTESTATION.

I understand that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

I understand that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.

Signature of Affiant

SWORN to before me this _____ day of _____

Notary Public for _____

My Commission Expires: _____

INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

CHECK box 1:

If you are a United States Citizen by birth or naturalization

CHECK box 2:

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

CHECK box 3:

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

ACCEPTED IMMIGRATION DOCUMENTS:

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)



SOUTH CAROLINA BOARD OF VETERINARY MEDICAL EXAMINERS

Post Office Box 11329
Columbia, SC 29211-1329

Telephone (803) 896-4598
Fax (803) 896-4719

VERIFICATION OF LICENSURE

INSTRUCTIONS TO APPLICANT

Fill in your name in the space provided. Send a copy of this form to each Board in which you are, or have ever been, license to practice. You may make copies of this form as needed.

TO: _____
(State(s) where you hold a license)

(Applicant Name) (License Number)

The above named applicant has applied for licensure to practice as a licensed veterinary technician in South Carolina. Please provide the following information:

1. License Number: _____ Date Issued: _____

2. License Status: Current _____ Lapsed _____ Inactive _____

Expiration Date: _____

3. Basis for Issuance of License: _____ National Board Examination
_____ Reciprocity
_____ State Examination
_____ Other

4. Licensee is currently in good standing? _____ Yes _____ No

5. Has this applicant incurred any disciplinary action in your state? _____ Yes _____ No
(Please attach certified copies of any actions)

6. Has this applicant's license ever been limited, denied, surrendered, suspended or revoked?
(Please attach certified copies) _____ Yes _____ No

Date _____

Signed _____

(Seal)

Name _____
(Print Name)

Title _____

