



State of Maine

STATE BOARD OF VETERINARY MEDICINE

Veterinarian Technician Reinstatement

Do not return the following three informational pages with your application; it is for your information only

Department of Professional and Financial Regulation
Office of Professional and Occupational Regulation
(Mailing address) 35 State House Station, Augusta, ME 04333
(Office location) Gardiner Annex, 76 Northern Avenue, Gardiner, Maine 04345

Office Direct Line (207) 624-8620 or Main Receptionist (207) 624-8603
TTY users call Maine relay 711
FAX (207) 624-8637

Web address: www.maine.gov/professionallicensing
Email: vetmed.lic@maine.gov

FAQ's

Have a question? Please visit our list of Frequently Asked Questions.

Can I come to Gardiner to drop off my application?

No, the Gardiner Annex is closed to the public until further notice due to the Covid-19 pandemic. Please mail your paper application to our mailing address
35 State House Station, Augusta, ME 04333

APPLICATION INSTRUCTIONS

Veterinarian Technician

This is an abbreviated checklist and does not replace the requirements outlined in the State Board of Veterinary Medicine Laws and Rules. Please review them carefully for more detailed and clarifying information.

Completed Application

Complete, sign and submit with the appropriate fees and documentation.

Proof of Education

Official transcripts.

Any other supporting documentation such as: verification of licensure or criminal conviction information.

Submit verification from every state in which you currently hold or have ever held any type of professional license (except Maine).

Please do not submit an application for licensure until you have taken and passed the VTNE exam. Visit www.aavsb.org for examination information.

Examination Scores

Submit proof of successfully passing the VTNE. You may contact the American Association of Veterinary State Boards at (877) 698-8482 or go to www.aavsb.org to have your scores forwarded directly to the Board.

PROCESSING TIME:

Your application has a greater chance of being processed expeditiously if it is complete and all supporting documents are attached. Please visit our website at www.maine.gov/professionallicensing to monitor your application's progress in real time in lieu of calling our office on receipt or status progress of your application. If the status appears as "PENDING," this means that your application was received by this office, and is pending or under review. Once reviewed, if your application is complete and complies with requirements, the license will be issued. The status online will show as "ACTIVE," If your application is incomplete, a letter will be sent to you by email.

APPLICATION INSTRUCTIONS

Veterinarian Technician

IMPORTANT INFORMATION REGARDING YOUR LICENSE

The Office no longer prints licenses. Your license will be sent to you at the email address you provide to us on your application. The license will arrive to your email box under this email address: **noreply@maine.gov**. The attachment with this email is your license where you may open it and print your license. A paper license will not be sent to you, your license is the document attached to the noreply@maine.gov email.

IMPORTANT TO RETAIN FOR FUTURE RENEWALS:

The noreply@maine.gov email with your license **will contain the password that is required to renew your license online when the time comes**. **Do not lose your password.** You may also update your contact information and email address on our website www.maine.gov/professionallicensing using your password. Please remember, that if you change your email address at any time, you must by law, update your email address online within 10 days of the change. Failing to maintain a current email will jeopardize any notices sent to you by this Office.

Approximately sixty (60) days prior to the expiration of your license a courtesy renewal reminder may be sent to you by email, which is the opening period you may begin to renew your license. Failure to receive a courtesy renewal reminder notice does not waive your responsibility to renew your license in a timely manner or to practice without a valid license in violation of laws.

VERIFICATION OF LICENSURE

**** A copy of your license is not considered a license verification ****

If you hold or have held a professional license in another state or jurisdiction, you must submit evidence from the State of licensure in the form of a License Verification.

You must contact the State Licensing Board or Jurisdiction that you currently hold a valid license to obtain a license verification. At a minimum, the license verification must include:

- Initial date of issuance
- Expiration date
- Current status, i.e. active, inactive, lapsed, probation, restricted, suspended, or revoked.
- Indication of discipline-yes/no, a checkbox, (no) files attached, etc.—if the State requires a separate search, such as New York State, submit the page where your name would be listed if you had discipline, but do not submit all the search results (could be 20-30 pages).

Please direct the licensing jurisdiction to send the License Verification report to you directly and in turn you must submit this verification with your completed Maine application.

A sample license verification is available on the Board's website in the applications and forms section.

IMPORTANT: Applications submitted without **all of the Verifications of Licensure** from the licensing jurisdiction(s) will not be accepted and your application returned as incomplete.

You may also obtain an electronically produced License Verification directly from the State Board website. For electronic License Verifications please be sure that it contains the State web-address and date the License Verification was printed, and any indication of disciplinary history.



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
INDIVIDUAL LICENSE APPLICATION**

APPLICANT INFORMATION (please print)

| | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------|-----------------------|------------------------------------------------|-----------------------|-------------|-----|
| FULL LEGAL NAME | | | | <i>FIRST</i> | <i>MIDDLE INITIAL</i> | <i>LAST</i> | |
| ANY OTHER NAMES EVER USED: | | | | | | | |
| DATE OF BIRTH | | | <i>mm / dd / yyyy</i> | SOCIAL SECURITY NUMBER | | | - - |
| CONTACT ADDRESS | | | | | | | |
| CITY | | STATE | | ZIP | COUNTY | | |
| PHONE # () | | FAX # () | | E-MAIL (Your license will be emailed) | | | |
| BACKGROUND CHECK NOTICE: Pursuant to 5 MRS §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants. | | | | | | | |

State Board of Veterinary Medicine
Veterinary Technician Reinstatement
Required Fees: \$141.00 (Non-Refundable)
(includes license and criminal records check fees)

License Number: _____

Date Licensed Expired: _____

| | |
|-------------------------|-------|
| <i>Office Use Only:</i> | |
| Check # | _____ |
| Amount: | _____ |
| Cash # | _____ |
| Lic. # | _____ |

| | |
|-------------------------|-----------------|
| Office Use Only: | |
| TC | 1421- \$20.00 |
| | 2090 - \$100.00 |
| | 2619 - \$21.00 |

PAYMENT OPTIONS:

Make checks payable to "Maine State Treasurer" - If you wish to pay by credit card, fill out the following:

| | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|----------------------------------|--------------|-----------------------|-------------|
| NAME OF CARDHOLDER (please print) | | | | <i>FIRST</i> | <i>MIDDLE INITIAL</i> | <i>LAST</i> |
| MAILING ADDRESS OF CARDHOLDER (please print) | | | | | | |
| I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS The following amount: \$_____ | | | | | | |
| <input type="checkbox"/> I understand that fees are non-refundable | | | | | | |
| Card number: | | | Expiration Date <i>mm / yyyy</i> | | | |
| SIGNATURE | | | | DATE | | |

SECTION 1: NOTICES

PLEASE NOTE - 10 Day Notification Requirement

Pursuant to 10 MRS §8003-G - any change in name, address, email address, criminal convictions, disciplinary actions, or any material change set forth in your original application for licensure must be reported to the Office within 10 days. You can access this Law for your review at: <http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

SECTION 2: EDUCATION

| | | |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|
| Please check all that apply: | | |
| <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Equivalent Program | | |
| Name of Educational Provider | | Date of Graduation |
| | | |
| Contact Address: | Street or P.O. Box | |
| | | |
| City | State | Zip Code |
| | | |
| Official transcript demonstrating your education must be submitted with your application. | | |

SECTION 3: LICENSE VERIFICATION

Provide evidence of licensure. Accepted forms of evidence are: 1) A copy of the State's or Jurisdiction's primary source online verification services or 2) report produced by the Licensing Board or Jurisdiction is acceptable.

DISCIPLINE: If discipline was imposed on any license, submit a copy of the Consent Agreement, Order or legal document from your State or Jurisdiction of licensure.

If you do not hold or have not held a professional license please check here

| State or Jurisdiction | License Type | License Number | Date Issued | Expiration Date | Was Discipline Ever Imposed - Answer (Yes or No) |
|-----------------------|--------------|----------------|-------------|-----------------|--------------------------------------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3 | | | | | |

SECTION 4: EXAMINATION

Have you ever taken the VTNE (Veterinary Technician National Examination)?
If you have not taken and/or passed the VTNE exam you are not eligible for licensure at this time. Do not file an application with the Board for licensure until you have passed the VTNE exam.

If yes, list the jurisdiction(s) where you took the examination, type of examination, date of examination and score:


| Jurisdiction | Examination Type | Date | Score |
|--------------|------------------|------|-------|
| | | | |
| | | | |
| | | | |

- Yes
- No

SECTION 5: APPLICANT’S CERTIFICATION AND SIGNATURE

Read the statement below and sign where indicated as your certification of the information provided on this application. Applications that are incomplete, altered (including use of any white out), defaced, or compromised will not be accepted and will be returned. This includes, but is not limited to, unanswered questions, lack of appropriate signature, illegible information, missing required supporting documents, and/or missing or wrong fee.

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application I understand that the State Board of Veterinary Medicine will rely upon this information for issuance of my license and that this information is truthful and factual. I further understand that discipline may be imposed, including denial, suspension or revocation of my license, if this information is found to be false.

| | |
|------------------------------------------------------------------------------------|-------|
| Printed Name of Applicant | Title |
| | |
| Signature of Applicant | Date |
|  | |