

Examination History: Provide the following information regarding *every* Veterinary Technician National Examination you have taken, regardless of the score received. If you need additional space, copy this page and attach the copies.

Examinations	Dates Taken (month/day/year)	State/Province (where you took the exam or were authorized to take it)	Candidate ID#
VTNE	/ /		
VTNE	/ /		

Licensing History: List all the jurisdictions in which you have ever been licensed, registered or certified as a Veterinary Technician whether or not you have actually practiced there. Attach a sheet for additional explanation or more jurisdictions, if needed.

State, Province or Association	License, Registration or Certification #	Date of Issuance Month/year	Current Status	Date of Removal Month/year	Reason for Removal

Transfer Scores to the following:

_____ Name of state, province or association

_____ Name of state, province or association

Fees

Amount(s)

Paper/Fax Score transfer \$100 x _____ (number of places) =\$_____

Total amount due: \$_____

Payment *must* accompany this application. Make out your check or money order to AAVSB.

Authorize US Bank credit card charges by providing the following information and signing below:

Method of payment: Master Card ___ VISA ___ Certified Check ___ Money Order ___ Personal check ___

Card #: _____ 3 Digit Security Code on back: ___ Expiration date: _____

_____ Number and Street

_____ Apartment #

_____ City

_____ State (Province)

_____ ZIP/Postal Code (required)

Cardholder Name: _____ Cardholder Signature: _____

Authorization for Release

I, _____ (print name), by transmitting this application, hereby release, discharge and hold harmless the American Association of Veterinary State Boards, its agents or representatives of any and all liability relative to the release of my examination scores to the identified jurisdiction(s). This transmission constitutes authorization for the AAVSB to report the applicant's national examination scores to the identified veterinary regulatory board(s), agency (ies) or association(s) pursuant to this request.

_____ Applicant's Signature

_____ Date of Signature

Mail completed application with payment to:

**AAVSB
380 W. 22nd St., Ste. 101
Kansas City MO 64108**

or (credit cards only) Fax to: 816.931.1604