Veterinary Technician Form 2

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
Division of Professional Licensing Services
89 Washington Avenue
Albany, NY 12234-1000
www.op.nysed.gov

CERTIFICATION OF PROFESSIONAL EDUCATION

APPLICANT INSTRUCTIONS

1. Complete Section 1 in ink. Enter your name as it appears on your Licensure Application (Form 1). Be sure to sign and date item 9.
2. Send this form to the professional school you attended to complete Section II and attach an official transcript if required. Be sure to include any fee required. If you attended a school that has been closed, send this form to the official repository of the records for that school.
3. This form must be signed by the registrar or designated official of the school and sent back directly to the Office of the Professions by that individual or other designated school official in an official school envelope. Forms returned by the applicant will not be accepted.

SECTION I: APPLICANT INFORMATION

1 Social Security Number ___ - __ - ____

(Leave this blank if you do not have a U.S. Social Security Number)

2 Birth Date __ __ __ __ __ __

Month Day Year

3 Print Full Name Exactly As It Appears On Your Licensure Application (Form 1)

Last

First

Middle

4 Mailing Address (You must notify the Department promptly of any address or name changes.)

Line 1

Line 2

Line 3

City

State Zip Code

Country/ Province

5 Telephone/E-Mail

Daytime Phone

Area Code Phone Number

E-Mail Address (Please print clearly)

6 Print name under which your degree or diploma was awarded *(if different from above)* : _____

7 Institution attended: _____

Address: _____

8 Name of degree/diploma: _____ Date awarded: _____

9 I request and give my permission to the institution listed in item 7 above to complete the information on this form and send any documentation requested, including that requested on this form (e.g. an official transcript), to the NYS Education Department.

Applicant's signature: _____ Date: _____ / _____ / _____
mo. day yr.

SECTION II : CERTIFICATION OF PROFESSIONAL EDUCATION

INSTRUCTIONS TO REGISTRAR:

1. If the applicant completed a New York State licensure qualifying program or a program accredited by the American Veterinary Medical Association Committee on Veterinary Technician Education and Activities (CVTEA), you must complete Part A and Part C.
2. All other programs – You must complete Part B and Part C.

Please return this form directly to the Office of the Professions at the address at the end of this form. DO NOT RETURN THIS FORM TO THE APPLICANT.

Applicant name: _____
(See Section I, item 6)

PART A – PROGRAMS REGISTERED AS LICENSURE QUALIFYING BY THE NEW YORK STATE EDUCATION DEPARTMENT OR ACCREDITED BY THE CVTEA. To be completed only by those institutions where the applicant completed a veterinary technology program registered by the New York State Education Department as qualifying for licensure or accredited by CVTEA.

1. Applicant's entrance date: _____ / _____ / _____ (mo. day yr.) Completion/withdrawal date: _____ / _____ / _____ (mo. day yr.)

2. Degree/diploma conferred: _____ Date of conferral: _____ / _____ / _____ (mo. day yr.)
(Include major; eg., AAS in Veterinary Technology)

The curriculum completed at the time the degree was awarded was:

☐ registered by the New York State Education Department as licensure qualifying; or

☐ accredited by the CVTEA.

PART B – ALL OTHER PROGRAMS To be completed only by those institutions **not** registered by the New York State Education Department as qualifying for licensure or **not** accredited by CVTA.

1. Applicant's entrance date: _____ / _____ / _____ (mo. day yr.) Completion/withdrawal date: _____ / _____ / _____ (mo. day yr.)

2. Degree/diploma conferred: _____ Date of conferral: _____ / _____ / _____ (mo. day yr.)

How many years of education and what credential is required for admission into your program? _____

_____

What pre-professional credential/degree was submitted by the applicant for admission into your school? _____

_____

Submit with this form:

A. An official transcript (course record, index, or marksheets) showing courses taken at your institution (and any courses accepted from other institutions for transfer of credit or convalidation, if appropriate).
The transcript must bear the original signature of the registrar or designated official and original seal of the school.

B. A copy of documentation from your files to support the granting of transfer credit or convalidated courses.

PART C – CERTIFICATION (Note: Certification is not acceptable unless dated and submitted after the applicant's graduation.)

I certify that the information shown above is true and correct, according to the records of this institution.

Signature of Registrar: _____ Date: _____ / _____ / _____ (mo. day yr.)

Type or print name: _____

Title: _____

Institution: _____

Address: _____

_____

Telephone: _____ Fax: _____

E-mail address: _____

(INSTITUTION SEAL)

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Veterinary Technology Unit, 89 Washington Avenue, Albany, NY 12234-1000.