

# Veterinary Technician Form 1LL

The University of the State of New York  
THE STATE EDUCATION DEPARTMENT  
Office of the Professions  
Division of Professional Licensing Services  
www.op.nysed.gov

Department Use Only

## Application for a Three-Year Limited License and Extension

Applicants Must Complete both Pages of This Application ***In Ink***

**PLEASE NOTE:** If you are not a U.S. citizen or permanent resident alien, and otherwise meet all licensure requirements, you may apply for a three-year limited license before January 1, 2010 to practice veterinary technology. This limited license may be renewed for one year.

**INSTRUCTIONS:** Complete this form and sign and date the affidavit and have your signature notarized by a notary public. You must also file a complete New York State application for licensure as a veterinary technician (Form 1) with all required verifications; and submit that fee and your education credentials, in addition to the fee required for this limited license. A total fee of \$354 must accompany the applications.

1      77      \$177      ER

NYS Three-Year Limited License Number

Date Issued

Initials

6 Telephone/E-Mail Address

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

3 Birth Date    Month    Day    Year

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

Last  
First  
Middle

Daytime Phone

Area Code    Phone Number

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

Address 1  
Address 2  
Address 3  
City  
State    Zip Code  
Province/Country  
If not U.S.

E-Mail Address (Please print clearly)

7 This application is (please check one box):  
 an original application for a three-year limited license.  
 an application for a one year extension of my three-year limited license.

8 Have you previously applied for a New York State veterinary technician license or limited permit?     YES     NO

9 Do you now hold, or have you ever held, a license or certificate to practice any profession in any jurisdiction? (If so, list below and attach other pages as needed.)     YES     NO

Profession

License Number

Jurisdiction

10 Have you ever failed the Veterinary Technician National Examination (VTNE)?     YES     NO

11 Have you ever been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime (felony or misdemeanor) in any court?     YES     NO

12 Are criminal charges pending against you in any court?     YES     NO

13 Has any licensing or disciplinary authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license or certificate held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you?     YES     NO

14 Are charges pending against you in any jurisdiction for any sort of professional misconduct?     YES     NO

15 Has any hospital or licensed facility restricted or terminated your professional training, employment, or privileges or have you ever voluntarily or involuntarily resigned or withdrawn from such association to avoid imposition of such measures?     YES     NO

**NOTE:** If you answer "Yes" to any questions numbered 11-15, submit a letter giving a complete detailed explanation. Include copies of any court records (conviction records), and if you possess one, a copy of the "Certificate of Relief from Disabilities" or your "Certificate of Good Conduct."

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**CITIZENSHIP/IMMIGRATION STATUS:**

Federal law limits the issuance of professional licenses, registrations and limited permits to United States citizens or qualified aliens. To comply with this Federal law, complete this section of this form and check the appropriate box below which indicates your citizenship/immigration status.

**I AM: (Check one box)**

- A. A United States citizen or National.
- B. An alien lawfully admitted for permanent residence in the United States.
- C. An alien granted asylum under Section 208 of the Immigration and Nationality Act.
- D. A refugee granted asylum under Section 207 of the Immigration and Nationality Act.
- E. An alien paroled into the United States under Section 212 (d)(5) of the Immigration and Nationality Act for a period of at least 1 year.
- F. An alien whose deportation is being withheld under Section 243 (h) of the Immigration and Nationality Act.
- G. An alien granted conditional entry pursuant to Section 203 (a)(7) of the Immigration and Nationality Act as in effect prior to April 1980.
- H. Non Immigrant (Temporarily in U.S.)  
Please list Visa type or immigration status or attach a copy of your passport if you are not required to have a Visa to enter the United States:  
\_\_\_\_\_  
\_\_\_\_\_

If you checked any of the boxes from B – H, enter your alien registration number or control number issued by the United States Citizenship and Immigration Services (USCIS): \_\_\_\_\_  
*USCIS number*

**QUESTIONS ABOUT YOUR IMMIGRATION STATUS AND WHETHER OR NOT IT IS A QUALIFYING STATUS UNDER FEDERAL LAW SHOULD BE DIRECTED TO THE U.S. CITIZENSHIP AND IMMIGRATION SERVICES (USCIS) BY CALLING 1-800-375-5283, OR FOR ADDITIONAL INFORMATION YOU MAY VISIT THEIR WEB SITE AT WWW.USCIS.GOV.**

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**AFFIDAVIT**

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**PHOTOGRAPH REQUIREMENT**

I declare and affirm that the statements made in this application, including accompanying statements and transcripts, are true, complete and correct. I understand that any false or misleading information in, or in connection with my application may be cause for denial or loss of licensure and may result in criminal prosecution.

Likewise, I affirm that I am and will remain in compliance with U.S. Immigration and Naturalization Law.

Signature \_\_\_\_\_

**DO NOT STAPLE**

**ATTACH SECURELY IN THIS SPACE A 2" X 2" PASSPORT STYLE PHOTOGRAPH TAKEN WITHIN THE PAST YEAR**

Date of photo: \_\_\_\_\_

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**NOTARY CERTIFICATION OF IDENTIFICATION (Certification by Notary Public is required.)**

State of \_\_\_\_\_ County of \_\_\_\_\_

I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document. The statements on this document are subscribed and sworn to before me by the applicant on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public signature \_\_\_\_\_

Notary ID number \_\_\_\_\_ Expiration date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**Mail this form and appropriate fee to: New York State Education Department, Office of the Professions, PO Box 22063, Albany, NY 12201. DO NOT SEND CASH. Make check or money order payable to the New York State Education Department.**