MONTANA BOARD OF VETERINARY MEDICINE
301 SOUTH PARK, 4th FLOOR - Delivery
PO BOX 200513
Helena, Montana 59620-0513
(406) 841-2394 or 2331 FAX (406) 841-2305
EMAIL: dlibsdvet@mt.gov **WEBSITE:** www.vet.mt.gov

EMBRYO TRANSFER CERTIFICATION IN MONTANA

THIS IS AN INFORMATION SUMMARY SHEET ONLY. THE APPLICANT IS RESPONSIBLE FOR READING THE COMPLETE STATUTES AND RULES FOUND ON OUR WEBSITE PRIOR TO MAKING APPLICATION.

AVERAGE APPROVAL TIME, AFTER RECEIPT OF A COMPLETED APPLICATION, IS 14 DAYS.

CERTIFICATION REQUIREMENTS:
EMBRYO TRANSFER TECHNICIAN APPLICANT MUST:

1) be at least 18 years of age;
2) have successfully completed at least 6 semester hours of 300 level or higher reproductive physiology and endocrinology courses from an accredited college or university;
3) pass the written examination administered by the Board with a score of 70% or better and pass the practical examination administered by the Board;
4) have submitted a complete application no later than August 1 to be eligible for the fall examination, accompanied by the appropriate fee and all supporting documents.

FEES: **$450.00 Application Fee**

PHOTOS: Please place recent photo on the first page of application. Passport size is preferable.

DOCUMENTS: Completed application and all supporting documents submitted by you are due in the office by the current deadline date for the examination. SEE EXAMINATION INFORMATION ON THE WEB PAGE FOR THE CURRENT EXAMINATION DATES AND DEADLINES.

The following documents must be submitted to the Board office in order to complete your application:

1) Application fee of $450 (non-refundable) made payable to the Board of Veterinary Medicine.

2) Photograph approximately 2"x 2" taken within 2 years of the date of application and certified by a notary.

3) Certified copy of transcript sent directly from an accredited college or university verifying the successful completion of 6 semester hours of 300 level or higher reproductive physiology and endocrinology courses.

4) Board-generated supervision form signed by applicant and a veterinarian licensed to practice in and residing in Montana on which the veterinarian agrees to supervise the possession of and administration of specific drugs necessary for embryo transfer procedures.

APPLICATION PROCEDURES

- When the application file is complete, it will be processed and considered for scheduling for the written and practical examinations. The applicant may be notified if additional information is required.
- All verifications of licensure must be sent directly from each state board in which the applicant is currently or has ever been certified. Some states may charge a fee for verifications. Contact each state board prior to sending the request.
- Keep the Board office informed at all times of any address changes, changes in license status and complaints or proposed disciplinary action. This is essential for timely processing of applications and subsequent licensure.

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AFFIX RECENT PHOTO HERE PASSPORT SIZE

Application for Licensure as Embryo Transfer Technician

1. FULL NAME: _____

2. OTHER NAME(S) KNOWN BY: _____

3. BUSINESS NAME: _____

4. BUSINESS ADDRESS: _____
Street or PO Box Number City and State Zip Country

5. HOME ADDRESS: _____
Street or PO Box Number City and State Zip Country

PREFERRED MAILING ADDRESS:
☐ Business ☐ Home _____
EMAIL ADDRESS

6. TELEPHONE _____ _____ _____
Business Home Fax

7. SOCIAL SECURITY NUMBER _____ FOREIGN ID NUMBER _____

8. DATE OF BIRTH _____ PLACE OF BIRTH _____
City/State

☐ MALE
☐ FEMALE

9. CERTIFICATE NAME _____
(State your name as it should appear on the license if granted.)

10. Academic Degrees received: (Include certificates equivalent to degrees. (List latest degree first).

Degree	Date Received	Institution	Major	Minor(s)

11. Professional Experience as an Embryo Transfer Technician. List all experience of professional consequence including unpaid as well as paid, concurrent as well as consecutive, starting at date of application and working back to graduation.

Dates (from/to) _____

Exact Title: _____

Hours per week: _____ Paid: ☐ Yes ☐ No

Name, title and present address of immediate supervisor _____

Description of work:

Dates (from/to) _____

Exact Title: _____

Hours per week: _____ Paid: ☐ Yes ☐ No

Name, title and present address of immediate supervisor _____

Description of work:

Dates (from/to) _____

Exact Title: _____

Hours per week: _____ Paid: ☐ Yes ☐ No

Name, title and present address of immediate supervisor _____

Description of work:

12. List all professional licenses or certifications you hold or **ever** have held. Verification must be sent directly to Montana from each state/province/territory.

State	License #	Issue Date	Expiration Date	License Method	Requested State Verification
				Examination	☐ Yes ☐ No
				Examination	☐ Yes ☐ No
				Examination	☐ Yes ☐ No
				Examination	☐ Yes ☐ No

Please answer the following questions. If you answer yes, give specific details (names of organizations, dates reasons, and outcome) on a Supplementary Sheet.

13. Have you ever had an application for a professional or occupational license refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source. ☐ Yes ☐ No

14. Have you ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source. ☐ Yes ☐ No

15. Have you ever been denied the privilege of taking an examination required for any professional or occupational license? If yes, please attach a detailed explanation and provide supporting documentation from the source. ☐ Yes ☐ No

16. Have you ever withdrawn or been suspended, placed on probation, expelled or requested to resign from any postsecondary educational program? If yes, please attach a detailed explanation and provide supporting documentation from the source. ☐ Yes ☐ No

17. Have you ever requested temporary or permanent leave of absence, been placed on probation, restricted, suspended, revoked, allowed to resign, or otherwise acted against by any professional or occupational education program (i.e., residency, internship, apprenticeship, etc)? If yes, please attach a detailed explanation and provide supporting documentation from the source. ☐ Yes ☐ No

18. Has a licensing agency initiated or completed disciplinary action against any professional or occupational license you have held? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source. ☐ Yes ☐ No

19. Have you ever voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupational license in anticipation of or during an investigation or disciplinary proceeding or action? If yes, please attach a detailed explanation and provide supporting documentation from the source. ☐ Yes ☐ No

20. Has a complaint ever been made against you with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source. ☐ Yes ☐ No

21. Have you ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding hospital, facility or staff privileges; health maintenance organization participation, third party provider or Medicare/ Medicaid participation; or any other privileges? If yes, please attach a detailed explanation and provide supporting documentation from the source. ☐ Yes ☐ No

22. Have you ever been censured, expelled, denied membership or asked to resign from a professional organization related to your profession or occupation? If yes, please attach a detailed explanation and provide documentation from the source. ☐ Yes ☐ No

23. Have you ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding your ability to prescribe, dispense or administer drugs including controlled substances? If yes, please attach a detailed explanation and provide documentation from the source. ☐ Yes ☐ No

24. Do you have any initiated or completed action against you by any state, federal, tribal, or foreign licensing jurisdiction? (For example: Drug Enforcement Agency; Alcohol, Tobacco and Firearms; Homeland Security; Indian Health Service, etc) If yes, please attach a detailed explanation and provide documentation from the source. ☐ Yes ☐ No

25. Have any civil legal proceedings been filed against you by a (patient/client), (former patient/client) or employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition. ☐ Yes ☐ No

26. Do you have any criminal charges pending or have you ever pled guilty, forfeited bond, or been convicted of a crime (whether or not sentence was suspended or deferred), or have you pled no contest or had prosecution deferred whether or not an appeal is pending? If yes, attach a detailed explanation and documentation from the source. You must report but may omit documentation for: (1) misdemeanor traffic violations resulting in fines of less than $100; and (2) charges or convictions prior to your 18th birthday unless you were tried as an adult. ☐ Yes ☐ No

27. Have you ever been diagnosed with chemical dependency or another addiction, or have you participated in a chemical dependency or other addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source. ☐ Yes ☐ No

28. Have you ever been diagnosed with a physical condition or mental health disorder involving potential health risk to the public? If yes, please provide a detailed explanation. ☐ Yes ☐ No

29. Have you ever been court-martialled or discharged other than honorably from any branch of the armed service? If yes, attach a detailed explanation and documentation for the source. ☐ Yes ☐ No

DECLARATION

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information to the Montana Board of Veterinary Medicine.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current laws and rules that govern my practice.

_____ _____

Signature of Applicant Dated

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EMBRYO TRANSFER SUPERVISION RECORD

Date: _____

Embryo Transfer Technician: _____

Pursuant to and under the terms of 37-18-104(3), MCA, I agree to supervise the above-named individual for the performance of bovine, non-surgical embryo transfer in the State of Montana. This supervision will remain in effect until I withdraw it in writing.

*Supervising Veterinarian:
(Legal Signature) _____

Location: _____

_____

_____

Montana License Number: _____

*** Any change in supervision will require completion of a new supervision form by the supervising veterinarian.**