

MONTANA BOARD OF VETERINARY MEDICINE
PO BOX 200513
(301 S PARK, 4th FLOOR - Delivery)
Helena, Montana 59620-0512
(406) 841-2331 or 841-2394 FAX (406) 841-2305
EMAIL: dlibsdrvvet@mt.gov WEBSITE: www.vet.mt.gov

EUTHANASIA TECHNICIAN CERTIFICATION

THIS IS AN INFORMATION SUMMARY SHEET ONLY. THE APPLICANT IS RESPONSIBLE FOR READING THE COMPLETE STATUTES AND RULES PRIOR TO MAKING APPLICATION. AVERAGE APPROVAL TIME, AFTER RECEIPT OF A COMPLETED APPLICATION, IS 14 DAYS.

CERTIFICATION REQUIREMENTS:

EUTHANASIA TECHNICIAN

Applicant must:

1. have successfully completed a board-approved training program taken within three years from the application date;
2. have successfully completed a board-approved written and practical exam;
3. be currently employed by a certified agency as a CET;
4. have completed a Montana Department of Justice background check;
5. verify that the applicant is at least 18 years of age or an emancipated minor;
6. have license verifications from other states where certified as an euthanasia technician;
7. have submitted a completed application accompanied by the appropriate fee to the Board office.

The Board may allow submission of a current euthanasia technician license from another state or province to meet requirements for the training program and examinations, if the Board determines that the other state's or province's standards for the euthanasia certification are substantially equivalent to or greater than Montana's euthanasia standards.

FEES \$80.00 Application Fee

Make check or money order payable to the Board of Veterinary Medicine
(All fees are non-refundable)

PHOTOS Please place recent (within two years) photo on the first page of the application. Passport size is preferable.

DOCUMENTS The following documents must be submitted to the Board office in order to complete your license application. **The completed application and all supporting documents submitted by you must be received in the Board office before your application can be reviewed.**

1. Submit the application fee.
2. Photograph approximately 2"x2" taken within 2 years of the date of application, certified by a notary.
3. Documentation of successful completion of a board-approved training program taken within three years from the application date.
4. Documentation of successful completion of a board-approved written and practical exam.
5. Verification of all current employment at certified agencies.
6. Verification of a completed Montana Department of Justice background check. Contact Department of Justice, 303 N. Roberts, Helena, MT 59620-1403 or 1-406-444-3625 for background check procedures.
7. Verification that the applicant is at least 18 years of age or an emancipated minor established by an official copy of a birth certificate or driver's license.
8. If certified in another state as a euthanasia technician, letter of good standing (with official state seal) from other state(s). **The candidate will be responsible for contacting these jurisdictions and paying any fees that are required.**

APPLICATION PROCEDURES

- ◆ If the application is considered a non-routine application, there may be a delay in processing of the application. You may be requested to provide additional information. Non-routine applications may take up to 120 days to process.
- ◆ 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.

For further information visit our website at www.vet.mt.gov

If you have any questions please contact the Board office at (406) 841-2331 or 2394 or email us at dlibsdrvvet@mt.gov

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Application for Licensure as: Euthanasia Technician

1. FULL NAME: _____
Last First Middle

2. OTHER NAMES KNOWN BY: _____

3. BUSINESS NAME: _____

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

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

PREFERRED MAILING ADDRESS:

Home Business EMAIL ADDRESS: _____

6. TELEPHONE: _____ HOME _____ FAX _____
Business

7. SOCIAL SECURITY NUMBER: _____ FOREIGN ID NUMBER: _____

8. DATE OF BIRTH: _____ PLACE OF BIRTH: _____ MALE
 FEMALE

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

10. Euthanasia Examination Taken:

Dates Taken	Location	State	Candidate Identification Number

11. Academic Degrees Received: List latest degree first. (Include certificates equivalent to degrees.)

Degree	Date Received	Institution	Major	Minor(s)

12. Professional Experience as a Euthanasia 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. Attach additional sheet if necessary. Applicant should follow the same format as below in each case.

Dates: (From - To)	
Organization/Address:	
Exact Title:	
Number of hours per week and indicate if you received payment	
Name, Title and present address of immediate supervisor:	
Description of work:	

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Organization/Address:	
Exact Title:	
Number of hours per week and indicate if you received payment	
Name, Title and present address of immediate supervisor:	
Description of work:	

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

State	License Number	Issue Date	Expiration Date	License Method	Requested State Verification
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

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

14. 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
15. 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
16. 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
17. 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
18. 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
19. 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
20. Have you ever voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupational license in anticipation of or during an investigation or disciplinary proceedings or action? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No

21. 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
22. 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
23. 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
24. 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
25. 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
26. 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
27. 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
28. 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
29. 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
30. 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 Department of Labor and Industry, Healthcare Licensing Bureau, 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 licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

Signature of Applicant

Date