



State of New Mexico

Board of Veterinary Medicine



MICHELLE LUJAN GRISHAM
Governor

Rebecca J. Washburn, DVM
Chair

Frances R. Sowers
Executive Director and CFO



APPLICATION FOR LICENSURE – EUTHANASIA INSTRUCTOR (PLEASE TYPE OR PRINT LEGIBLY)

Please read the entire form carefully and fill in as appropriate; incomplete applications will be returned. **Fee must accompany application.** Payment is accepted via personal check, money order or cashier's check in the amount of \$150 payable to BOARD OF VETERINARY MEDICINE. **Fee cannot be refunded, for any reason, once the application process has begun.** This application, all supporting documentation and materials submitted herewith become the property of the State of New Mexico and will not be returned. Any intentional omissions, falsifications or withholdings discovered during or after the licensing process and/or after license has been issued, shall be grounds for cancellation of application and/or revocation of said license.

You must notify the Board, in writing, of any changes to your name and/or address information. A Change of Address form is available at the Board's website: www.NMBVM.org.

PERSONAL INFORMATION:

FULL NAME (Last, First, Middle)
DOB
EMAIL ADDRESS

Attach 2" x 2" color head and shoulders photograph. Do not tape, glue or staple.

CURRENT MAILING ADDRESS INFORMATION:

BUSINESS NAME		
STREET or POST OFFICE BOX		
CITY	STATE	ZIP/POSTAL CODE
TELEPHONE	MOBILE TELEPHONE	
COUNTRY		
DATE ADDRESS EXPIRES?		

EMPLOYER INFORMATION:

BUSINESS NAME		
STREET or Post Office Box		
CITY	STATE	ZIP/POSTAL CODE
PHONE	EMAIL ADDRESS	
EFFECTIVE DATE OF ADDRESS?		

OFFICE USE ONLY	
Date of Application Fee	
Doc. No.	
Amount	
License No.	
Date of Issue	
Initials	
Date of License Fee	
Doc No.	
Amount	

Please read the following sections carefully and fill out as appropriate. Be thorough and accurate; incomplete information may delay or cancel the application process.

SECTION 1. Education

A. Name of high school attended and graduation date: _____	
B. GED certificate and award date: _____	
C. Euthanasia technician training course name: _____	Date(s) of course: _____
D. Training course company name: _____	Examination Score: _____

SECTION 2. Professional Experience

1. List all experience in shelter animal euthanasia. Experience should include dates of experience.	
2. List credentials in shelter animal euthanasia.	
3. Is an investigation or disciplinary action pending, related to a complaint made against you in any other state, territory, or district? <i>If yes, please explain on a separate sheet of paper.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever been convicted of a felony? <i>If yes, please explain on a separate sheet of paper.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever been convicted, entered a plea of guilty, or entered a plea of <i>no contest</i> in a case involving alleged animal abuse? <i>If yes, please explain on a separate sheet of paper.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby affirm that I understand fully all conditions, requirements, and/or statements set forth in this document. I further affirm if I did not understand any part or portion of this application, I requested and received from the NMBVM explanation(s) to my complete understanding.

SIGNATURE

DATE

NOTARY PUBLIC

STATE OF

COUNTY OF

SEAL

NOTARY SIGNATURE

DATE



Table of Licensure Requirements Euthanasia Technician



Required Documentation	Check List
Application for Licensure – Euthanasia Instructor	<input type="checkbox"/>
Copy of driver’s license or State-issued identification card. DO NOT SUBMIT A COPY OF BIRTH CERTIFICATE.	<input type="checkbox"/>
Two 2" x 2" color, head and shoulders photograph taken within the past six months	<input type="checkbox"/>
Notarized copy of diploma or GED certificate	<input type="checkbox"/>
Copy of completion certificate of euthanasia training course (must be completed within previous three years)	<input type="checkbox"/>
Certification(s) of licensure <i>(Only if applicant has been or is currently licensed in another state or states.)</i>	<input type="checkbox"/> (if applicable)
State Examination Fee (DO NOT SUBMIT ANY OTHER FEE WITH APPLICATION)	<input type="checkbox"/> \$150 <i>(Examination fee is not applied toward licensure.)</i>
Methods of Payment	Check, money order or cashier’s check payable to Board of Veterinary Medicine.