



State of New Mexico

# Board of Veterinary Medicine



MICHELLE LUJÁN GRISHAM  
Governor

Rebecca J. Washburn, DVM  
Chair

Frances R. Sowers  
Executive Director and CFO



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

Please read the entire form carefully and fill in as appropriate; incomplete applications will be returned. **Examination fee must accompany application.** Payment is accepted via personal check, money order or cashier's check in the amount of \$100 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.

**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](http://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?     |                  |                 |

### FUTURE MAILING ADDRESS: Same as above

|                            |               |                 |
|----------------------------|---------------|-----------------|
| 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. Qualifications

|    |   |  |
|----|---|--|
| 1. | A. Are you a high school graduate?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|    | B. Completed a GED certificate?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|    | Are you using, or have you ever used, any name other than the name which appears on your diploma or GED certificate? If yes, what name(s) and when? | _____<br>_____   |
|    | C. Euthanasia technician training course name:<br>_____   | Date(s) of course:<br>_____                              |
|    | D. Training course company name:<br>_____   |  |

### SECTION 2. Licensure Background

|    |  |  |
|----|--|--|
| 1. | In what states, territories, or districts are you, or have you ever been a registered, certified, or licensed euthanasia technician (or equivalent state designation)?<br>a) _____ b) _____ c) _____ d) _____  |  |
| 2. | Have you ever been officially reprimanded, formally disciplined, had your euthanasia registration, certification, or license suspended or revoked, or been refused an examination for a euthanasia technician registration, certification, or license? <i>If yes, please explain on a separate sheet of paper.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 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 |

**SECTION 3. Permissions and Statements**

By affixing my signature to this document, I am affirming that I agree with the facts that follow, and I am granting the New Mexico Board of Veterinary Medicine permission to proceed in the following manner as necessary:

- ❖ I give permission to the Board to secure or request additional information which may be required with regard to this application.
- ❖ I have read and understand the New Mexico laws that pertain to veterinary medicine in New Mexico, and the rules promulgated by the NMBVM which include the standards for professional conduct. I intend to perform my duties as a registered euthanasia technician consistent with the laws and rules, and all pertinent laws and rules that may be enacted in the future.
- ❖ I agree to be examined and/or submit to questioning by the NMBVM to substantiate any and all claims or representations in this application
- ❖ All facts, statements and answers contained in this application are true and correct to the best of my recollection. Any intentional omission, falsification or withholding of the aforementioned concerning my qualifications as an applicant, shall be sufficient grounds to bar me from obtaining this license and/or any other licenses issued by the NMBVM.
- ❖ 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.

*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 Technician<br><b>MUST BE SIGNED, DATED AND NOTARIZED.</b>                               | <input type="checkbox"/>  |
| Copy of driver’s license or State-issued identification card.<br><b>DO NOT SUBMIT A COPY OF BIRTH CERTIFICATE.</b>             | <input type="checkbox"/>  |
| One 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"/>  |
| Certification(s) of licensure<br><i>(Only if applicant has been or is currently licensed in another state or states.)</i>      | <input type="checkbox"/><br>(if applicable)   |
| Copy of certificate of completion of Board-approved euthanasia training course (must be completed within previous three years) | <input type="checkbox"/>  |
| State Examination Fee - <b>DO NOT SUBMIT ANY OTHER FEE WITH APPLICATION.</b>   | <input type="checkbox"/> \$100<br><i>(Examination fee is not applied toward licensure.)</i> |
| Methods of Payment   | <b>Check, money order or cashier’s check payable to Board of Veterinary Medicine.</b>       |

**\*The *Authorization for Release of Information* form must be completed and forwarded to the Department of Public Safety, P. O. Box 1628, Santa Fe, New Mexico 87504-1628 ATTN: RECORDS. A \$15 fee must be remitted along with the form. The completed background check will not be sent to you; it will be forwarded to the Board of Veterinary Medicine.**

**The form is available for download at the Board of Veterinary Medicine’s website:  
[www.NMBVM.org](http://www.NMBVM.org)**

**NOTE:** *To apply to become a licensed Euthanasia Technician in the state of New Mexico, you must complete a Board-approved euthanasia training course.*