



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 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	

NOTARY PUBLIC

STATE OF

COUNTY OF

SEAL

NOTARY SIGNATURE

DATE

7301 Jefferson St. NE, Ste. H • Albuquerque, NM 87109-4363 • Phone (505) 553-7021 • Fax (505) 553-7024

www.NMBVM.org

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



Table of Licensure Requirements Euthanasia Technician



Required Documentation	Check List
Application for Licensure – Euthanasia Instructor	<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"/>
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.

DEPARTMENT OF PUBLIC SAFETY / P.O. BOX 1628 / SANTA FE, NM 87504-1628
ATTN: RECORDS \$15.00 PER RECORD CHECK

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____
NAME (MUST BE PRINTED-LEGIBLY) (SSN#) (DOB)

PURSUANT TO NMSA 1978, SECTION 29-10-6(A) (Repl. Pamp. 1990), OF THE NEW MEXICO ARREST RECORD INFORMATION ACT, HEREBY APPOINT:

New Mexico Board of Veterinary Medicine

NAME (MUST BE PRINTED) (IF NO AGENT, PRINT "SELF")

ADDRESS: 7301 Jefferson Street, N.E., Albuquerque, NM 87109

AS AN AUTHORIZED AGENT FOR ME FOR THE PURPOSE OF INSPECTING (AND /OR OBTAINING COPIES OF) ANY NEW MEXICO ARREST FINGERPRINT CARD SUPPORTED ARREST RECORD INFORMATION MAINTAINED BY THE DEPARTMENT OF PUBLIC SAFETY, INCLUDING INFORMATION CONCERNING FELONY OR MISDEMEANOR ARRESTS AND INFORMATION OBTAINED FROM RELEVANT FINGERPRINT DATABASES.

TO THE CUSTODIAN OF THE RECORDS IN QUESTION, I HEREBY DIRECT YOU TO RELEASE SUCH INFORMATION TO THE AUTHORIZED AGENT AS DESCRIBED ABOVE.

I HEREBY RELEASE THE CUSTODIAN OR CUSTODIANS OF SUCH RECORDS AND THE DEPARTMENT OF PUBLIC SAFETY, INCLUDING ANY OF THEIR AGENTS, EMPLOYEES, OR REPRESENTATIVES IN ANY CAPACITY, FROM ANY AND ALL CLAIMS OF LIABILITY OR DAMAGE OF WHATEVER KIND OR NATURE, WHICH AT ANY TIME COULD RESULT TO ME, MY HEIRS, ASSIGNS, ASSOCIATES, PERSONAL REPRESENTATIVE OR REPRESENTATIVES OF ANY NATURE BECAUSE OF COMPLIANCE BY SAID CUSTODIAN OR CUSTODIANS WITH THIS "AUTHORIZATION FOR RELEASE OF INFORMATION" AND MY REQUEST CONTAINED HEREIN FOR THIS RELEASE OR BECAUSE OF ANY USE OF THESE RECORDS. THIS RELEASE IS BINDING, NOW AND IN THE FUTURE AND IS VALID FOR A PERIOD OF UP TO 120 DAYS FROM THE DATE SIGNED, ON MY HEIRS, ASSIGNS, ASSOCIATES, PERSONAL REPRESENTATIVE OR REPRESENTATIVES OF ANY NATURE.

APPLICANT SIGNATURE: _____

DATE: _____

(*ATTN: NOTARY-ENSURE DOCUMENT IS SIGNED BY BOTH APPLICANT AND PARENT (GUARDIAN) IN YOUR PRESENCE AND NAME, DOB, SOC INFO IS VERIFIED WITH A VALID ID)

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ 20____.

(SEAL) _____
(SIGNATURE OF NOTARY PUBLIC)

MY COMMISSION EXPIRES: _____.

For Department of Public Safety Use Only