



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.

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
PHONE		
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	
License No.	
Date of Issue	
Date of License Fee	
Document No.	
Amount	
Initials	

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?	_____ _____
	C. Euthanasia technician training course name: _____	Date(s) of course: _____
	D. Training course company name: _____	

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)? 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 MUST BE SIGNED, DATED AND NOTARIZED.	<input type="checkbox"/>
Authorization for Release of Information form* sent to the New Mexico Department of Public Safety (NMDPS) along with the required fee. Validated background check by the NMDPS will be forwarded to the Board of Veterinary Medicine.	<input type="checkbox"/>
One 2" x 2" color, head and shoulders photograph taken within the past six months	<input type="checkbox"/>
Copy of diploma or GED certificate. If the diploma cannot be located, a transcript setting out graduation date and bearing the signature of the principal of the school will be accepted.	<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)
Copy of certificate of completion of Board-approved euthanasia training course (must be completed within previous three years)	<input type="checkbox"/>
State Application/Examination Fee - DO NOT SUBMIT ANY OTHER FEE WITH APPLICATION.	<input type="checkbox"/> \$100 <i>(Application/examination fee is not applied toward licensure.)</i>
Methods of Payment	Check, money order or cashier's check payable to Board of Veterinary Medicine.

***The form is available for download at the Board of Veterinary Medicine's website:
www.NMBVM.org**

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

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



State of New Mexico

Board of Veterinary Medicine



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Vice Chairman

Frances R. Sowers
Executive Director



NOTICE OF CHANGE OF NAME – EUTHANASIA TECHNICIAN

License No. _____

Effective Date: _____

Previous Name: _____

Current Address: _____

Email Address: _____

Telephone no.: _____ Fax no.: _____

Is this the preferred address? () Yes () No

Name changed to: _____

A copy of the document effecting the name change must be attached to this form.

Requested by: _____

(Typed Name)

(Date)

(Signature of typed name above)