



REGISTERED VETERINARY TECHNICIAN EXAMINATION RETAKE APPLICATION

Apply Online at www.BreEZe.ca.gov

This application is for:

- California Veterinary Technician Examination (CVTE) retake

Required Fees

- Application Fee: (\$125 (non-refundable))
- California Veterinary Technician Examination (CVTE) Fee: \$175

Retake application review may take up to eight (8) weeks.

Once the application has been approved, your information is submitted to the Board's testing vendor, Psychological Services Incorporated (PSI), PSI will send the examination handbook which includes information on scheduling the CVTE. Candidates have twelve (12) months from the date the application was approved to take the CVTE. The CVTE is computer based and offered year round. Applicants who are unable to appear for their scheduled CVTE must notify PSI at least two days prior to their scheduled examination date in order to be rescheduled with no additional fee.

Information Privacy Act

Failure to provide any of the requested information will result in the application being deemed incomplete. The information provided will be used to determine qualification for licensure, per Section 4841-4842 of the Business and Professions Code which authorizes the collection of this information. Information regarding the issuance or denial of a license by the Board may be transmitted to any other veterinary medical licensing authority. Candidates have the right to review their application subject to the provisions of the Information Practice Act. The Executive Officer is custodian of records.

Your completed application becomes the property of the Board and will be used by authorized personnel to determine eligibility. Information on the application may be transferred to other governmental or law enforcement agencies. Pursuant to the California Public Records Act (Gov. Code §6250 et seq.) and the Information Practices Act (Div. Code §1798.61), the names and addresses of persons possessing a license or registration may be disclosed by the department unless otherwise specifically exempt from disclosure under the law. The name and address included on this application is subject to public disclosure and may be disclosed upon request.

Information you provide on this application is maintained by the Executive Officer of the Veterinary Medical Board, 1747 N. Market Blvd., Suite 230, Sacramento, CA 95834, (916) 515-5220. The information is requested pursuant to Business and Professions Code sections 4832-4844 and/or Title 16, California Code of Regulations, Division 20, Article 6. You have the right to review the records maintained on you by the Board or department unless the records are exempt by section 1798.40 of the Civil Code. You may gain access to the information by contacting the Veterinary Medical Board.

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Reasonable Accommodations

The Veterinary Medical Board provides reasonable accommodations for candidates with a physical or learning disability. Candidates must notify the Board of their needs by completing a Request for Accommodation of Disabilities. The Request for Accommodations of Disabilities, including the Professional Evaluation and Documentation of Disability form, all supporting disability documentation from a licensed professional, and the complete evaluation report on official letterhead, must be submitted as part of the application.

Apply online or mail the completed application with the appropriate fees payable to the Veterinary Medical Board to: Veterinary Medical Board, 1747 N. Market Blvd., Suite 230, Sacramento, CA 95834



REGISTERED VETERINARY TECHNICIAN EXAMINATION RETAKE APPLICATION

1. APPLICATION/FEEES

<input type="checkbox"/> \$125.00 - Application Evaluation Fee (non-refundable) <input type="checkbox"/> \$175.00 - State Board Examination Fee	Please make check or money order payable to VMB Please mail completed application, supporting documents and fee(s) to: Veterinary Medical Board 1747 N. Market Blvd., Suite 230 Sacramento, CA 95834-2978
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2. APPLICANT INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	BIRTHDATE
ADDRESS OF RECORD		CITY	STATE
COUNTY	COUNTRY	PHONE NUMBER	
EMAIL		SSN/ITIN**	
<small>**Disclosure of a U.S. Social Security number (SSN) or Individual Taxpayer Identification Number (ITIN) is mandatory and must be provided prior to licensure. Section 30 of the Business and Profession Code and Public Law 94-455 [42 USC 405(c)(2)(C)] authorize collection of the SSN or ITIN. Your SSN or ITIN will be used exclusively for tax enforcement purposes and for purposes of compliance with any judgment or support order in accordance with Section 17520 of the Family Code.</small>			

3. DISCLOSURE OF DISCIPLINARY ACTION

HAVE YOU EVER HAD DISCIPLINARY PROCEEDINGS AGAINST ANY LICENSE TO PRACTICE VETERINARY MEDICINE INCLUDING REVOCATION, SUSPENSION, PROBATION, VOLUNTARY SURRENDER, OR ANY OTHER PROCEEDING? If Yes, please provide a detailed written explanation including the date and state where the discipline occurred.	YES <input type="checkbox"/> NO <input type="checkbox"/>
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4. CONVICTION OF MISDEMEANOR OR FELONY

HAVE YOU EVER BEEN CONVICTED OF, OR PLED GUILTY OR NOLO CONTENDERE TO ANY CRIMINAL OR CIVIL OFFENSE IN THE UNITED STATES, ITS TERRITORIES, OR A FOREIGN COUNTRY? * If Yes, please provide certified copies of arrest reports, certified court documents, certified probation/rehabilitation documents, and a signed and dated detailed letter explaining circumstances.*	YES <input type="checkbox"/> NO <input type="checkbox"/>
<small>*This includes every citation, infraction, misdemeanor and/or felony, including traffic violations. Convictions that were adjudicated in the juvenile court or convictions under California Health and Safety Code section 11357(b), (c), (d), (e), or section 11360(b) which are two years or older should NOT be reported. Convictions that were later dismissed pursuant to sections 1203.4, 1203.4a, or 1203.41 of the California Penal Code or equivalent non-California law MUST be disclosed.</small>	

----- (OFFICE USE ONLY) -----

ENTITY/FILE #: _____ RECEIPT #: _____ DATE CASHIERED : _____ AMOUNT PAID: \$ _____

5. CERTIFICATION

I understand that I am required to report immediately to the California Veterinary Medical Board if I am convicted of any offense that occurs between the date of this application and the date that a California veterinary license is issued. I am also required to report to the California Veterinary Medical Board any disciplinary action and/or voluntary surrender against any license as a veterinarian or any veterinary related license that occurs between the date of this application and the date that a California veterinary license is issued. I understand that failure to do so may result in denial of this application or subsequent disciplinary action against my license.

I certify, under penalty of perjury under the laws of the State of California, that all information provided in connection with this application for licensure examination is true, correct, and complete. Providing false information or omitting required information is grounds for denial of licensure or revocation of licensure in California.

Signature _____

Date _____