

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DEPARTMENT OF CONSUMER AFFAIRS • VETERINARY MEDICAL BOARD
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## **CONTINUING EDUCATION WAIVER REQUEST**

Pursuant to Business and Professions Code Section 4838, all veterinary technicians wishing to renew their license on or after July 1, 2013, must have completed 20 hours of approved continuing education.

A registrant may request a waiver from all 20 hours of continuing education. The request for waiver must be based on the specific circumstances as stated below. Please indicate the reason you are requesting a waiver:

	For at least one year durin due to military service; or	g your current license period, you were o	or will be absent from California
	For at least one year during your current license period you were prevented from practicing as an RVT and from completing continuing education courses for the following reasons of health or undue hardship which includes: (please check one)		
	Significant physica	al or mental disability.	
	Significant physica for the care of that	al or mental disabilities of an individual wh individual.	ere you have total responsibility
Please attach a letter explaining the reason for the waiver request. In addition, you must submit verifiable documentation that supports the waiver request, e.g., military documents, letter from physician(s), and other necessary documents that provide a full explanation of the request that includes the time period the licensee was prevented from obtaining required continuing education.  The Board will review each request and respond to the registrant within 75 working days after receipt of a completed waiver request form and the required supporting documentation. If the Board denies the request for waiver, the registrant shall complete the continuing education requirements as set forth in section 4838 of the Code. If the Board grants the request for waiver, it shall be valid only for the current renewal period. The waiver does not exempt the registrant from payment of the license renewal fee.			
Regist	rant Signature	License Number	License Expiration Date
Printed	d Name		Phone Number
Addres			City, State, Zip Code

VMB/CE/1RVT - 04/2011 03/2019