

STATE OF ARKANSAS
VETERINARY MEDICAL EXAMINING BOARD
P. O. BOX 8505
LITTLE ROCK, AR 72215
(501) 224-2836

APPLICATION FEE \$1,000.00 _____

NON-VETERINARIAN EMBRYO TRANSFER TECHNICIAN APPLICATION

INSTRUCTIONS:

- Type or print legibly with black or blue ink only.
 - The application fee **must** accompany this form and is **nonrefundable**.
 - Fully complete each section. If a question does not apply, indicate with "N/A".
 - DO NOT LEAVE ANY BLANKS.
 - Use a separate sheet of paper to respond to any questions where more space is needed.
 - The application signature must be original and notarized. Stamped or initialed signatures are not acceptable.
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A. APPLICANT IDENTIFYING INFORMATION:

FULL LEGAL NAME: _____
(Last) (First) (Middle)

MAILING ADDRESS: _____
(Street/P.O. Box) (City) (State) (Zip)

BUSINESS ADDRESS: _____
(Business Name)

(Street/P.O. Box) (City) (State) (Zip)

PHONE: (____) _____ BUSINESS PHONE: (____) _____ BUSINESS FAX: (____) _____

EMAIL: _____

DATE OF BIRTH: ____/____/____ PLACE OF BIRTH: _____

SOCIAL SECURITY NUMBER: ____-____-____ (Required Under Ark. Code Ann. §17-1-104)

AGE: _____ MALE: _____ FEMALE: _____ RACE: _____

ARE YOU A U.S. CITIZEN? _____ IF NO, LIST YOUR I-94 # _____ ALIEN REGISTRATION # _____

B. EDUCATION:

List all education beginning with high school:

Name of School	Location (City, State)	Dates Attended (To/From)	Year Graduated	Degree Earned

C. WORK EXPERIENCE RELATED TO LIVESTOCK EMBRYO TRANSFER:

List all employment chronologically past to present. If you have never been employed in the field of livestock embryo transfer, insert "N/A" in the first box.

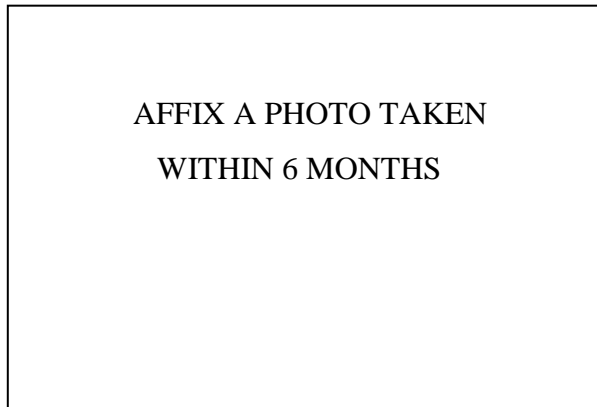
Business Name	Location (City, State)	Dates (To/From)	Job Title

D. PREVIOUS REGISTRATION(S):

List all registrations currently or previously held as a Non-Veterinarian Embryo Transfer Technician:

State	License No.	Issue Date	Expiration Date

E. PHOTOGRAPH:



F. APPLICANT'S AFFIDAVIT:

I have submitted the following items with my application:

1. Letter from a licensed veterinarian (Please use section G of the application.)
2. Record of completing a qualified course
3. Proof of financial interest in livestock management equipment
4. Proof of membership in either IETS or AETA

I, _____, hereby certify that I am the person named on this application to be certified as Non-Veterinarian Embryo Transfer Technician in the State of Arkansas, that all statements I have made herein are true and that the attached photograph is a true likeness of me. I understand that this application and all supporting information, documents and instruments submitted herewith become the property of the State of Arkansas and will not be returned to me in whole or in part.

I hereby give my permission for the Arkansas Veterinary Medical Examining Board to secure additional information concerning me or any of the statements in this application from any person or any source the Board may desire.

I further agree to submit to questioning by the Board or any member thereof, and to substantiate my statements if desired by the Board.

Applicant's Signature

Date

Subscribed and sworn to before me this _____
day of _____, 20_____.

SEAL

(Notary Public)
My Commission Expires: _____

G. VETERINARIAN'S LETTER:

To be completed and signed by an Arkansas licensed veterinarian. No practitioner should sign this letter who is not willing to supply additional information concerning the applicant upon request from the Board.

I, _____, have witnessed the applicant's ability to perform livestock embryo transfer or transplant and livestock pregnancy determination on at least three (3) occasions within six (6) consecutive months. I observed the applicant on the following dates:

Date (mm/dd/yyyy)	Location (City, State)	Observed (embryo transfer, transplant or pregnancy determination)

After observing the applicant, I can confirm that they are proficient in the following areas:

1. Basic knowledge, skills and abilities to proficiently extract, grade, freeze, thaw and transfer livestock embryos. Yes _____ No _____
2. The ability to properly use ultrasound equipment in determining pregnancy status with at least ninety percent (90%) accuracy beginning at sixty (60) days of pregnancy and with at least ninety percent (90%) accuracy when identifying trimester. Yes _____ No _____

I hereby certify that the above information is true and correct to the best of knowledge, and that the applicant listed on this application is worthy of being certified as a Non-Veterinarian Embryo Transfer Technician in the State of Arkansas.

Veterinarian's Signature

Date

Arkansas License Number

Subscribed and sworn to before me this _____
day of _____, 20_____.

SEAL

(Notary Public)
My Commission Expires: _____

APPLICATION CHECKLIST

- | | | |
|----|---|--------------------------|
| 1. | RECORD OF COMPLETING A QUALIFIED COURSE | <input type="checkbox"/> |
| 2. | PROOF OF FINANCIAL INTEREST IN EQUIPMENT | <input type="checkbox"/> |
| 3. | PROOF OF MEMBERSHIP IN EITHER IETS OR AETA | <input type="checkbox"/> |
| 4. | VERIFICATION OF LICENSURE IN OTHER STATES (if applicable) | <input type="checkbox"/> |
| 5. | APPLICANT'S AFFIDAVIT SIGNED AND NOTARIZED | <input type="checkbox"/> |
| 6. | VETERINARIAN'S LETTER SIGNED AND NOTARIZED | <input type="checkbox"/> |
| 7. | APPLICATION FEE OF \$1,000.00 ENCLOSED | <input type="checkbox"/> |

Please submit the application and fee to:

**Arkansas Veterinary Medical Examining Board
P.O. Box 8505
Little Rock, AR 72205**

The Board shall approve or deny certification within thirty (30) days of receiving an application.

FOR BOARD USE ONLY:

RECEIVED BY	DATE RECEIVED
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