

**State of Tennessee
Department of Health**

BOARD OF VETERINARY MEDICAL EXAMINERS

**665 Mainstream Drive
Nashville, TN 37243
(Toll Free In State) 1-800-778-4123 ext. 5325090
Local Nashville Area 615-532-5090
tn.gov/health**



Procedures for Reinstatement of Certification

Animal Euthanasia Technician

PH-3799
Revised 10/13

S-836-1



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
665 Mainstream Drive
Nashville, TN 37243

Tennessee Board of Veterinary Medical Examiners

(Toll Free In State) 1-800-778-4123 ext. 5325090
Local Nashville Area 615-532-5090
tennessee.gov/health

Instructions/Procedures for Certification Reinstatement/Reactivation:

1. Submit a letter to the Board requesting reinstatement/reactivation of certification.
2. Complete application for certification reinstatement/reactivation and submit the following:
 - Verification of certification from all states or provinces in which a license is held including any disciplinary information.
 - Payment of fees.
 - Declaration of U.S. Citizenship (**All applicants must complete this form.**)
3. Upon receipt of completed application and payment of related fees, file will be reviewed and a letter will be issued to the applicant noting any deficiencies.
4. Completed files will be reviewed for approval.
5. If approved, a letter will be issued authorizing practicing pending final review and ratification by the Board. Upon said Board ratification, a certificate will be mailed.

Please allow six (6) weeks for all documents to be received in our office.

Mail to: Tennessee Board of Veterinary Medical Examiners
665 Mainstream Drive
Nashville, TN 37243

**CERTIFIED
ANIMAL EUTHANASIA
TECHNICIAN
APPLICATION FOR
REINSTATEMENT**



**STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE
NASHVILLE, TN 37243
615-532-5090**

**ATTACH
PICTURE SO
THAT IT MAY BE
EASILY
REMOVED**

**PLACE FULL
NAME ON
BACK OF
PICTURE**

(MUST BE TYPED OR PRINTED NEATLY)

LICENSE NUMBER _____ **STATUS** _____

S.S.N. _____ - _____ - _____ Date of Birth _____
Month/Day/Year

Name _____
Last First Middle (Maiden)

Home Address _____
(Street)

(City) (State) (Zip) (County)

Work Address _____
Name of Facility

(Street)

(City) (State) (Zip) (County)

Email Address _____ Do you wish to receive notification, including renewal
notification, from the Department of Health via email? Yes No

Home Phone () _____ Office Phone () _____

Have you ever had a license in another name? _____ / _____
Yes No

If so, what name? _____

Are you a U.S. Citizen? * Yes No Last First Middle
***All applicants must complete the Declaration of Citizenship**

Have you ever been licensed to practice as a certified animal euthanasia technician in another state? _____

If so, give particulars:

State	Name	License Number

In what occupation or employment have you been engaged for the past five (5) years? Give names of employers, addresses and dates:

1. _____
2. _____
3. _____
4. _____

USE ADDITIONAL SHEET OF PAPER IF NEEDED

COMPETENCY INFORMATION

PLEASE ANSWER THE FOLLOWING QUESTIONS. If any answers to questions in this part are in the affirmative, attach an explanation on a separate sheet. **In support of your explanation, the final documents or orders from the issuing states, courts, and/or agencies must be submitted along with this application.**

For the purposes of these questions, the following phrases or words have the following meanings:

1. **“Ability to practice animal euthanasia”** is to be construed to include all of the following:
 - a. The cognitive capacity to humanely euthanize animals by administering such drugs as authorized by the Board of Veterinary Medical Examiners.
 - b. The physical capability to perform animal euthanasia technology tasks with or without the use of aids or devices, such as corrective lenses or hearing aids.
2. **“Medical Condition”** includes physiological, mental or psychological conditions or disorders, such as, but not limited to; orthopedic, visual, speech and/or hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.
3. **“Chemical substances”** is to be construed to include alcohol, drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber’s direction, as well as those used illegally.
4. **“Currently”** does not mean on the day of or even in the weeks or months preceding the completion of this application. Rather it means recently enough so that the use of drugs or alcohol may have an ongoing impact on one’s functioning as a licensee or within the past two (2) years.
5. **“Illegal use of controlled substances”** means the use of controlled substances obtained illegally (e.g., heroin, or cocaine) as well as the use of controlled substances that are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

QUESTIONS:

YES NO

- | | | | |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| 1. | Do you currently have a medical condition which in any way impairs or limits your ability to practice animal euthanasia with reasonable skill and safety? | _____ | _____ |
| a. | If yes, are they reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? | _____ | _____ |
| b. | If you have any limitations or impairments caused by an existing medical condition, are they reduced or ameliorated because of the field of practice, the setting; or the manner in which you have chosen to practice? | _____ | _____ |

If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individual assessment of the nature, the severity, and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license should be issued, whether conditions should be imposed, or whether you are not eligible for licensure.]

QUESTIONS:

YES NO

- | | | | |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| 2. | Do you currently use chemical substances? | _____ | _____ |
| a. | If yes, do they in any way impair or limit your ability to practice animal euthanasia with reasonable skill and safety? | _____ | _____ |
| 3. | Are you currently engaged in the illegal use of controlled substances? | _____ | _____ |
| a. | If yes, are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not engaged in the illegal use of controlled substances? | _____ | _____ |
| 4. | Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism? | _____ | _____ |
| 5. | If you have ever held or applied for a license or certificate to practice animal euthanasia in any state, country, or province, has or was it ever been denied, reprimanded, suspended, restricted, revoked, or otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action? | _____ | _____ |
| 6. | If you have ever had staff privileges at any animal control agency or health care facility, have they ever been revoked, suspended, curtailed, restricted, limited, otherwise disciplined, or voluntarily surrendered under threat of restriction or disciplinary action? | _____ | _____ |
| 7. | Have you ever applied for and been denied a state or federal controlled substance certificate? | _____ | _____ |
| a. | If you have possessed such a certificate has it ever been revoked, suspended, restricted, otherwise disciplined, or voluntarily under threat of investigation or disciplinary action? | _____ | _____ |
| 8. | Have you ever been convicted of a felony or a misdemeanor? | _____ | _____ |

COMPETENCY INFORMATION CONTINUED

QUESTIONS:		YES	NO
9.	Have you ever been rejected or censured by an Animal Euthanasia Technician society?	_____	_____
10.	In relation to the performance of your professional services in any profession:		
A.	Have you ever had a final judgment rendered <u>against</u> you;	_____	_____
b.	Have you ever had settlement of any legal action rendered <u>against</u> you; or	_____	_____
c.	Are there any legal actions pending <u>against</u> you or to which you are a party?	_____	_____
11.	If you have ever held a license or certificate in any health care profession, has it ever been reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action?	_____	_____

APPLICANT: FILL OUT THE FOLLOWING AFFIDAVIT IN THE PRESENCE OF A NOTARY PUBLIC

AFFIDAVIT AND RELEASE

I, _____, of _____,
(Applicant's Name) *(City)* *(State)*

being duly sworn and identified as the person referred to in this application, and signed photos attests to the truth of each statement made in said application. I further swear that I have read and understand the law and the Rules and Regulations, which were enclosed in the application packet, and agree to abide by them in the practice of medicine in the State of Tennessee.

I HEREBY:

SIGNIFY my willingness to appear to answer such questions as the Board may find necessary, which may include a full Board interview.

RELEASE to the Board, its staff, and their representatives, any and all documentation necessary now and in the future to establish my physical and mental capabilities to safely practice medicine.

AUTHORIZE the board, its staff, and their representatives to consult with my prior and current associates and others who may have information bearing on my professional competence, character, health status, ethical qualifications, ability to work cooperatively with others, and other qualifications.

AUTHORIZE release, use and disclosure of otherwise HIPAA protected health information to the limited extent necessary for my application to receive full consideration up to and including discussion in a public forum should that become necessary.

RELEASE from liability the Board, its staff, and all their representatives and any and all organizations that provide information for their acts performed and statements made in good faith and without malice concerning my competence, ethics, character, and other qualifications for licensure.

ACKNOWLEDGE that I, as an applicant for licensure, have the burden of producing adequate information for a proper evaluation of my professional, ethical, and other qualifications and for resolving any doubts about such qualifications.

THIS CERTIFIES THAT THE INFORMATION SUBMITTED BY ME IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE

DATE

Sworn to before me this _____ day of _____, _____.

NOTARY PUBLIC

Affix Seal Here

My Commission expires _____



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE
NASHVILLE, TN 37243

DECLARATION OF CITIZENSHIP
MUST ACCOMPANY ALL APPLICATIONS FOR INITIAL LICENSURE OR REINSTATEMENT OF LICENSURE

The "SAVE Act" requires Tennessee Department of Health (including all Boards, Commissions, and contractors), along with every local health department in the State, to verify that *every adult* applicant for a professional license is either a U.S. citizen, a "qualified alien," or a nonimmigrant who meets the requirements set out at 8 U.S.C. 1621.

I am a(n) _____
Healthcare Profession (Please Print) License number if applicable

Please Print Legibly

1. Name: _____
Last First Middle Maiden_
2. Mailing Address: _____
3. Phone Number: Home: (____)____-____ Office: (____)____-____ Fax: (____)____-____
4. I am a United States Citizen: ___Yes ___No
5. I am a foreign national not physically present in the United States ___Yes ___No. If you answered yes, to this question please sign this form in the presence of a notary and return it with your application. No further documentation is required.
6. Applicants Claiming United States Citizenship **MUST** provide one of the following:
 - a) Tennessee Driver's License, or photo ID issued by Department of Safety.
 - b) A valid driver license or ID issued by another state, provided its issuance requirements meet Department of Safety criteria.
 - c) An official birth certificate issued by a U.S. state, territory, or other jurisdiction. Puerto Rican birth certificates issued before July 1, 2010 do not count.
 - d) A federally issued birth certificate.
 - e) A valid, unexpired U.S. passport.
 - f) A report of birth abroad of a U.S. citizen.
 - g) A certificate of citizenship.
 - h) A certificate of naturalization.
 - i) A U.S. citizen ID card.
 - j) Any successor document to #'s a-i above.
 - k) SSN that the entity or local health department may verify with the Social Security Administration in accordance with federal law.
7. If you checked "No" in question 4 please indicate from the list below which category applies to you: (circle one)
 - a) Permanent Residents

- b) A nonimmigrant applicant for a professional or commercial license whose visa for entry into the United States is related to such employment, or a nonimmigrant under the Immigration and Nationality Act (8 U.S.C. 1101 *et seq.*).
- c) Asylees who meet the qualifications set out in 8 U.S.C. 1158
- d) Refugees who meet the qualifications set out in 8 U.S.C. 1157
- e) Persons who have been "paroled into the United States," under 8 U.S.C. 1182(d)(5) or whose deportation has been withheld under 8 U.S.C. 1253.
- f) Cuban or Haitian entrants as defined by section 501(e) of the Refugee Education Assistance Act of 1980
- g) Persons granted conditional entry into the U.S. under 8 U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity.
- h) An alien who has been "battered" or subjected to "extreme cruelty" by a parent or spouse as defined by 8 U.S.C. 1641(c), and also meets the qualifications set out 8 U.S.C. 1641(c)(1)(B). Under the circumstances set out in 8 U.S.C. 1641(c)(2) and (3), victims' children, or the parents of children who are victims, may also apply for benefits as qualified aliens.

Applicants claiming **qualified alien status** (question 7 above), please submit two of the following forms of "documentation of identity and immigration status" as determined by U.S. Homeland Security to be acceptable for verification through the SAVE program. Common types of documents used to verify immigration status are listed below. (Note: If you can provide only one document, your status will be verified through the U.S. Department of Homeland Security's SAVE program):

I-327 (Reentry Permit)

I-551 (Permanent Resident Card or "Green Card")

I-571 (Refugee Travel Document)

I-766 (Employment Authorization Card)

Machine Readable Immigrant Visa (with Temporary I-551 language)

Temporary I-551 stamp (on passport or I-94)

I-94 (Arrival/Departure record)

Unexpired foreign passport

WT/WB Admission Stamp in unexpired foreign passport

I-20 (Certificate of Eligibility for Nonimmigrant F(1) student status- "student visa")

DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)

I affirm under the penalty of perjury that the above is true and correct.

Signed this ____ day of _____, 20__.

Signature

Sworn to before me this ____ day of _____, 20__.

NOTARY PUBLIC

AFFIX SEAL HERE

My Commission Expires: _____

If an applicant is discovered to be an unqualified alien, or otherwise ineligible for benefits under the Act, all recurring benefits provided to that applicant must be immediately terminated. Anyone who purposefully makes a false, fictitious, or fraudulent claim of U.S. citizenship or qualified alien status will be liable under the Tennessee Medicaid False Claims Act, or Tennessee's False Claims Act. Any person who conspires to defraud the state or any local health department by securing a false claim allowed or paid to another person in violation of the Act may be liable under Tennessee's False Claims Act. Upon discovery of an applicant's false, fictitious, or fraudulent claim of U.S. citizenship, state governmental entities and local health departments must also file a criminal complaint with the United States Attorney.