

Michigan Department of Licensing and Regulatory Affairs
Board of Veterinary Medicine
P.O. Box 30670
Lansing, Michigan 48909
(517) 335-0918
www.michigan.gov/healthlicense

VETERINARY TECHNICIAN LICENSURE INSTRUCTIONS

Authority: P.A. 368 of 1978, as amended
This form is for information only.

NOTE: You will be notified about the completeness of your file. It is your responsibility to have everything sent to the Board of Veterinary Medicine (questions regarding your application can be directed to the Michigan Board of Veterinary Medicine at (517) 335-0918 three weeks after the date you sent the application). Please allow 6-8 weeks processing time. Applications submitted without the required licensing fee will be returned.

INSTRUCTIONS FOR LICENSURE BY EXAM FOR GRADUATES OF AVMA APPROVED PROGRAMS

1. Submit a completed application and proper fee. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application and fee are no longer valid.
2. **Effective October 1, 2008**, all applicants for a health profession license in Michigan are required to submit fingerprints and undergo a criminal background check. Please see the attached instructions. The Michigan Board is not able to accept fingerprints that have been obtained for any other purpose. Your license will not be issued until this process is complete.
3. Michigan requires that applicants for licensure by examination pass both the Veterinary Technician National Examination (VTNE) and the Michigan Veterinary Technician examination in order to become licensed.
4. The licensure application and fee must be received in this office along with all supporting documents 45 days prior to the scheduled examination date to assure eligibility for the exam. Examination dates and additional examination information may be obtained by accessing our website at www.michigan.gov/healthlicense. Go to the page with information for the Veterinary Medicine profession. Examination information is under the section titled "Licensing Information".
5. To sit for either of the licensing examinations, official transcripts must be sent directly to this office from your school and must show the degree earned and the date conferred, **OR** the Board office must receive a letter from the Program Director of an AVMA approved veterinary technology program stating that you are a student in good standing in the final year of your veterinary technician educational program.
6. In order to sit for the VTNE, you must register with AAVSB. Exam applications and more information about the VTNE can be found at www.aavsb.org. You are required to apply for your Michigan license in order to become eligible for the VTNE.
6. It is the applicant's responsibility to have a final, official transcript sent to this office directly from your school. The transcript must include the date your veterinary technician degree was conferred. A license will not be issued until the final transcript is received.
7. If you have already taken the VTNE, please contact AAVSB to have your score report sent to the Michigan Board. Information about how to have your score reported to the Michigan Board is on the AAVSB website at www.aavsb.org. AAVSB can also be contacted by phone at 1-877-698-8482 ext 228 or by e-mail at vettech@aavsb.org.

INSTRUCTIONS FOR LICENSURE BY ENDORSEMENT FOR GRADUATES OF AVMA-APPROVED PROGRAMS

NOTE: Applicants for licensure by endorsement must hold a current license to practice as a veterinary technician in another state.

1. Submit a completed application and proper fee. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application and fee are no longer valid.
2. **Effective October 1, 2008**, all applicants for a health profession license in Michigan are required to submit fingerprints and undergo a criminal background check. Please see the attached instructions. The Michigan Board is not able to accept fingerprints that have been obtained for any other purpose. Your license will not be issued until this process is complete.
4. Arrange for a final, official transcript of your AVMA-approved veterinary technician education to be sent to the Michigan Board directly from your school. The transcript must show the degree earned and the date it was conferred.
5. Contact AAVSB to have your score report sent to the Michigan Board. Information about how to have your score reported to the Michigan Board is on the AAVSB website at www.aavsb.org. AAVSB can also be contacted by phone at 1-877-698-8482 ext 228 or by e-mail at vettech@aavsb.org.
6. Arrange for a verification and/or certification to be sent directly to the Michigan Board from any state or province where you currently hold or have ever held a permanent license or registration. Copies of licenses are not acceptable.
7. If you have been licensed in another state for less than 3 years, Michigan requires that you pass the Michigan Veterinary Technician examination in order to become licensed.
8. The licensure application and fee must be received in this office along with all supporting documents 45 days prior to the scheduled examination date to assure eligibility for the exam. Examination dates and additional examination information may be obtained by accessing our website at www.michigan.gov/healthlicense.

GENERAL INFORMATION

1. NAME AND/OR ADDRESS CHANGES: If your name and/or address changes please notify the Board of Veterinary Medicine in writing. To change a name or address, you can download the [Data Change/Duplicate License Request Form](#) from our website www.michigan.gov/healthlicense and fax it to (517) 373-2179 or mail the form to Bureau of Health Care Services, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes.
2. REFUND POLICY: If you wish to withdraw your application, you may be eligible for a partial refund. You must notify the Board of Veterinary Medicine in writing to request a refund.
3. **NOTE:** If you have ever been licensed in another state and you have a current disciplinary sanction on that license, (even if the license is inactive), you are **not** eligible for licensure in Michigan according to the Public Health Code, PA 368, as amended, Section 333.16174 (2). Sanctions include probation, limitation, suspension, revocation or fine. Upon resolution of the sanction and verification that the license is active with no disciplinary action in effect, you can proceed with the filing of an application for a Michigan license or registration.
4. ORIGINAL LICENSES ARE VALID FOR ONE YEAR OR LESS; SUBSEQUENT RENEWALS ARE FOR A TWO-YEAR PERIOD.



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES

STEVE ARWOOD
DIRECTOR

**CRIMINAL BACKGROUND CHECK
FINGERPRINT REQUEST FORM INSTRUCTIONS
(For Applicants in Michigan)**

1. Applicants for a Michigan health professional license must have their fingerprints taken under an Agency ID/ORI Number specific for the board for which they are applying. Fingerprints may be taken by either Identogo (formerly L-1 Enrollment) or another agency listed at www.michigan.gov/lsvendor. Whether you use Identogo or another agency, you must use an Agency ID Number for a Health Professional licensing board. These Agency ID numbers **MUST** be used in order to have the fingerprint report sent to the Health Professions Licensing Division. Receipts **should not** be mailed to the office, but kept for your own records.
2. Please complete the Livescan Fingerprint Request Form and check the box for the profession for which you have applied. Incorrectly selected professions/agency ID's may delay the criminal background check process.
3. You must bring the Livescan Fingerprint Request Form with a driver's license or other state or federal-issued picture identification to your fingerprint appointment. You will also be required to pay a separate fee to the fingerprint agency when registering and/or scheduling your appointment.
4. When your fingerprints are taken, a technician will perform a scan of your fingerprints and submit the data electronically to the Michigan State Police.
5. If no criminal history is found, the Health Professions Licensing Division will be notified.
6. If criminal history information is found, the Michigan State Police will send the record directly to the Health Professions Licensing Division for review.
7. Information about fees and scheduling your fingerprint appointment with Identogo can be found at www.identogo.com or by calling 1-866-226-2952.
8. Identogo is under contract with the Michigan State Police to provide fingerprint services. For questions, call the Michigan State Police at (517) 241-0606.
9. Please do not contact the board office regarding your criminal background check, unless your fingerprints were taken **more** than 30 days ago.
10. **Please note:** Fingerprints taken for any other agency will not fulfill fingerprint requirements for a health professional license in Michigan.

LARA is an equal opportunity employer.

Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

611 W. OTTAWA ST. • P.O. BOX 30670 • LANSING, MICHIGAN 48909

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**CRIMINAL BACKGROUND CHECK
FINGERPRINT REQUEST FORM INSTRUCTIONS**
(For applicants out of state or out of country)

1. Contact a local law enforcement, governmental, or private fingerprint agency to perform an ink fingerprint on an FBI (FD-258) card or on another state's or country's official fingerprint card. The ink fingerprint must be completed on card stock paper.
2. Submit the ink fingerprint card along with the completed Livescan Fingerprint Request Form and a business check or money order for \$62.75, made payable in U.S. Funds, to "MorphoTrust USA" to the following address:

MorphoTrust USA
Attn: Card Scan Processing Unit
3051 Hollis Drive Ste 310
Springfield IL 62704

3. Please include a daytime telephone number or e-mail address with your request where you can be reached if there are any questions.
4. Identogo will submit your fingerprints to the Michigan State Police for analysis.
5. If no criminal history information is found, the Health Professions Licensing Division will be notified.
6. If criminal history information is found, the Michigan State Police will send the record directly to the Health Professions Licensing Division for review.
7. Call Identogo toll-free at 1-866-226-2952 (8am - 5pm EST) if you have any questions.
8. Identogo is under contract with the Michigan State Police to provide fingerprint services. For questions, call the Michigan State Police at (517) 241-0606.
9. Applicants for a Michigan health professional license must have their fingerprints taken under the Agency ID/ORI Number specific for the board for which they are applying.
10. Please do not contact the board office regarding your criminal background check, unless your fingerprints were taken **more** than 30 days ago.
11. **Please note:** Fingerprints taken for any other agency will not fulfill fingerprint requirements for a health professional license in Michigan.



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LIVESCAN FINGERPRINT REQUEST FORM

Applicant Instructions: Please complete the top section of this form then print it and take it along with your picture ID to your scheduled appointment.

First Name:		Middle Name:		Last Name:	
Street Address:				Apt/Bldg.#:	
City:		State:		ZIP Code:	
Daytime Telephone Number w/ Area Code:			State or Country of Birth:		
Date of Birth (MM/DD/YYYY):		Race:		Sex:	
Height:	Weight:		Eye Color:		Hair Color:

Please select the type of license/registration you are applying for (MD, DO, RPH, LPN, RN, PT, etc.):

<input type="checkbox"/> Acupuncture Agency ID # 90889P	<input type="checkbox"/> Medicine Agency ID # 90897K	<input type="checkbox"/> Physical Therapy Agency ID # 90906M
<input type="checkbox"/> Athletic Trainer Agency ID # 90890J	<input type="checkbox"/> Nursing- LPN Agency ID # 90899J	<input type="checkbox"/> Physician Assistant Agency ID # 90907E
<input type="checkbox"/> Audiology Agency ID # 90891P	<input type="checkbox"/> Nursing- RN Agency ID # 90898T	<input type="checkbox"/> Podiatry Agency ID # 90908L
<input type="checkbox"/> Chiropractic Agency ID # 90892H	<input type="checkbox"/> Nursing Home Admin Agency ID # 90901K	<input type="checkbox"/> Psychology Agency ID # 90909A
<input type="checkbox"/> Counseling Agency ID # 90893M	<input type="checkbox"/> Occupational Therapy Agency ID # 90902T	<input type="checkbox"/> Respiratory Care Agency ID # 90910L
<input type="checkbox"/> Dentistry Agency ID # 90894E	<input type="checkbox"/> Optometry Agency ID # 90903J	<input type="checkbox"/> Social Work Agency ID # 90912K
<input type="checkbox"/> Marriage & Fam. Ther. Agency ID # 90895L	<input type="checkbox"/> Osteopathic Medicine Agency ID # 90904P	<input type="checkbox"/> Speech-Lang Pathology Agency ID # 90913T
<input type="checkbox"/> Massage Therapy Agency ID # 90896A	<input type="checkbox"/> Pharmacy Agency ID # 90905H	<input type="checkbox"/> Veterinary Medicine Agency ID # 90914J

THE FOLLOWING SECTION IS TO BE COMPLETED BY THE FINGERPRINTING AGENCY

Fingerprint Date:	TCN:
Type of ID Presented:	

REQUESTING AGENCY INFORMATION

Agency Name: MI DEPT OF LARA-	Reason Fingerprinted: LHP – Licensed Health Care Professional (MCL333.16174)	Cost:
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Board of Veterinary Medicine

P.O. Box 30670
 Lansing, MI 48909
 (517) 335-0918
 TTY (517) 373-7489
 www.michigan.gov/healthlicense

**APPLICATION FOR LICENSURE AS A
 VETERINARY TECHNICIAN**

Authority: Public Act 368 of 1978, as amended
 If this form is not completed, a license will not be issued.

Board Use Only
License Number
Date of Licensure

Type or Print Only

I AM APPLYING FOR THE FOLLOWING:

- License by Examination Fee: \$105.00 71-6902-01

- License by Endorsement Fee: \$40.00 71-6902-09
 (Must currently be licensed in another state and must have been licensed for at least three (3) years)

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. **DO NOT SEND CASH.** Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

First Name	Middle Name	Last Name	
U.S. Social Security Number	Date of Birth	Daytime Telephone Number	
Street Address			
City	State	ZIP Code	
All Previous Names and/or Birth Name Used (if applicable)			
Have you ever held a health professional license in Michigan? <input type="checkbox"/> No <input type="checkbox"/> Yes		Michigan Health Professional Permanent I.D. Number and Expiration Date	

Check the appropriate answer to each of the following questions. NOTE: Submit a detailed explanation for any YES answer you check on a separate sheet with your application.

1. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you been treated for substance abuse in the past 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 or more in any consecutive 5 year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever had a federal or state health professional license revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name

8. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care facility staff privileges involuntarily modified? Yes No

9. Do you hold or have you ever held a veterinary technician license in any state? List each state, the license number, the date issued, and how the license was obtained (either endorsement or examination). **You must have each state board verify licensure directly to this board office. (Attach additional sheets if necessary.)** Yes No

State	License Number	Date of Issue	How Obtained (Endorsement or Examination)

Provide a complete chronological record of your educational preparation. Attach additional sheets if necessary.			
Name and address of Institution	Dates of Attendance		Degree
	From	To	

CERTIFICATION	
<p>I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record-keeping organization.</p> <p>I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.</p> <p>The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.</p>	
Signature of Applicant	Date