

10. Veterinary Technician Education: The Veterinary Technician has spent _____ years in a Veterinary Technician course of study in the school(s) listed:

Day/Month/Year	Day/Month/Year	Name of School	Location
_____ to _____	_____ to _____	_____	_____
_____ to _____	_____ to _____	_____	_____

VTNE 1st Time _____ VTNE Retake (2-3 etc) _____
 (place & date) (place & date)

Dated: _____ Signed _____
 (Veterinary Technician)

**CERTIFICATE OF VETERINARY TECHNICIAN EDUCATION
 Complete (11. A) Or (11. B)**

11.A. It is certified that (technician's name) _____ of
 (address) _____ attended a Veterinary Technician
 course of study at (name of accredited school) _____ and
 received a diploma on (date) _____.

Dated _____ Signed _____
 (Director of Veterinary Technician Program)

Or:

11.B Attach Certificate signed by the Director of the veterinary technician education school verifying graduation.

12. This application for registration of a veterinary technician must be accompanied by a fee of **\$20.00**.

13. Personal Data:

If any of the following questions are answered "yes" full details must be furnished on a separate sheet and attached, and shall be considered as part of this application. Has the veterinary technician for which application for registration is being made:

- | | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| ● Had a veterinary technician license, certificate, or registration cancelled, limited, suspended or revoked? | ___ | ___ |
| ● Been subject to proceedings by a licensing agency to cancel, suspend or revoke a veterinary technician license, certificate, or registration? | ___ | ___ |
| ● Been denied a veterinary technician license, certificate, or registration in another state? | ___ | ___ |
| ● Been convicted, or is there now pending any criminal prosecution against you which would constitute a felony involving your professional activities or involving moral turpitude? | ___ | ___ |
| ● Been treated, hospitalized or confined for: | | |
| a. Alcoholism or alcohol abuse? | ___ | ___ |
| b. Drug Abuse? | ___ | ___ |
| c. Mental illness? | ___ | ___ |
| ● Been requested to appear, or appeared before any licensure board concerning any violation by the technician of any law, rule or regulation of any state, district, territory or province of the United States or Canada? | ___ | ___ |

14. VOUCHERS AS TO MORAL CHARACTER: (anyone other than immediate family)

VOUCHER A

TO THE SOUTH DAKOTA BOARD OF VETERINARY MEDICAL EXAMINERS

I hereby certify that I am a citizen of the state of _____. I further certify that I have been personally acquainted with (technician's name) _____ for _____ (months-years) and that to the best of my knowledge and belief (technician's name) _____ is of good moral character. I hereby recommend (technician's name) _____ as being in all respects worthy to become certified as a Veterinary Technician in South Dakota.

Please make additional Remarks:

Name: _____

Address: _____

City, State, Zip: _____

Date: _____

VOUCHER B

TO THE SOUTH DAKOTA BOARD OF VETERINARY MEDICAL EXAMINERS

I hereby certify that I am a citizen of the state of _____. I further certify that I have been personally acquainted with (technician's name) _____ for _____ (months-years) and that to the best of my knowledge and belief (technician's name) _____ is of good moral character. I hereby recommend (technician's name) _____ as being in all respects worthy to become certified as a Veterinary Technician in South Dakota.

Please make additional Remarks:

Name: _____

Address: _____

City, State, Zip: _____

Date: _____

15. Services the Veterinary Technician is Qualified to Perform

(In the opinion of the Veterinarian applying for this Technician's Registration)

- Take a complete, detailed, and accurate history, do a complete physical examination, and record pertinent data in acceptable medical form;

Perform or assist in the performance of the following routine laboratory and clinical techniques:

- The drawing of venous or peripheral blood and routine examination of blood;
- The collection of and examination of feces, urine, and other specimens as directed;
- The taking of cultures.

Perform the following routine procedures:

- Injections;
- Immunizations;
- Removal of foreign bodies from the external surface of the skin (specifically excluding foreign bodies of the cornea);
- Removal of sutures;
- Nasogastric intubation;
- Removal of impacted cerumen;
- Subcutaneous local anesthesia, excluding any nerve blocks;
- Strapping, casting, and splinting of sprains;
- Removal of a cast;
- Incision and drainage of superficial skin infections.

Assist the veterinarian in patient care to include:

- Debridement, suture, and care of superficial wounds;
- Institute emergency measures and emergency treatment;
- Ordering indicated laboratory procedures;
- Managing a medical care regimen as directed by the supervising veterinarian;
- Assist the veterinarian by arranging scheduling of patients; by accompanying the veterinarian and recording the veterinarian's notes; by accurately and appropriately transcribing and executing specific orders at the direction of the veterinarian; by assistance at surgery; by compiling detailed narrative and case summaries; by completion of the forms pertinent to the patient's medical record;
- Assist the veterinarian in the office in the ordering of drugs and supplies, in the keeping of records, and in the upkeep of equipment;
- Assist the veterinarian in providing services to patients requiring continuing care including follow-up treatments after the initial treatment;
- Assist the veterinarian in the completion of official documents required by law, preparing such for the veterinarian's signature;
- Take X-rays to be read by a veterinarian;
- Castration, dehorning, vaccinating calves;
- Collection of patient feed or environmental samples for analysis;
- Administration of pharmaceuticals to cattle and horses as directed by the supervising veterinarian;
- Equine dental procedures as directed by the supervising veterinarian;
- Performing follow-up treatments including wound treatments, bandaging, and splinting;
- Intravenous catheterization;
- Intravenous fluid/electrolyte administration;
- Induction and maintenance of anesthesia.
- Others (please list): _____

In addition to the tasks listed in 20:57:03:05:01, a veterinary technician may be permitted to perform, under the supervision of the veterinarian, such other tasks, except those expressly excluded herein, for which adequate training and proficiency can be demonstrated in a manner satisfactory to the Board.

16. I DO SOLEMNLY DECLARE UPON MY HONOR THAT IF GRANTED A CERTIFICATE OF REGISTRATION FOR A VETERINARY TECHNICIAN IN THE STATE OF SOUTH DAKOTA I WILL ADHERE STRICTLY TO THE LAWS OF THE STATE OF SOUTH DAKOTA AND SHALL ONLY ALLOW THE VETERINARY TECHNICIAN TO WORK UNDER MY DIRECTION AND SUPERVISION AND PERFORM SUCH SERVICES THAT THE VETERINARY TECHNICIAN IS REGISTERED TO PERFORM.

NOTE: Each veterinarian that employs a veterinary technician, even part time, must register the technician with the South Dakota Veterinary Medical Examining Board, annually.

Supervising Veterinarian's Name: (print) _____

Veterinary Clinic Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Veterinarian's License No.: _____

Clinic Phone: _____

Date: _____ Signature: _____

SD Licensed Veterinarian

Fee Included: Yes _____ No _____

I am the person described and identified in this application, and I have carefully read this application and I declare under penalty of perjury that all statements made herein are true and correct. Should this applicant furnish false information, I hereby agree that such shall constitute cause for the denial, suspension, or revocation of my Veterinary Technician Registration in the state of South Dakota.

Date: _____ Signature: _____

Veterinary Technician

Technician Registration No.: _____ (office use only)