

MONTANA BOARD OF VETERINARY MEDICINE
PO BOX 200513
301 S PARK, 4TH FLOOR
Helena, MT 59620-0513
Licensing Phone: 406-444-6880
Email: dlibsdhelp@mt.gov Website: www.vet.mt.gov

CERTIFIED EUTHANASIA TECHNICIAN LICENSE APPLICATION

I am applying for certification as:

certified euthanasia technician – \$80

SECTION 1 – This section is for the CET applicant.

1. FULL NAME: _____

First
Middle
Last
2. OTHER NAME(S) KNOWN BY: _____
3. MAILING ADDRESS: _____
4. EMAIL ADDRESS: _____
5. TELEPHONE: _____

Business
Home
Cell
6. SOCIAL SECURITY NUMBER: _____ FOREIGN ID NUMBER: _____
7. DATE OF BIRTH: _____ 8. GENDER: ☐ FEMALE ☐ MALE
9. List all professional licenses or certification you hold or **ever** have held. Verification must be sent directly to Montana from each state or jurisdiction.

| State | Other Jurisdiction | License Type | License Number | Requested State Verification | |
|-------|--------------------|--------------|----------------|------------------------------|----|
| | | | | Yes | No |
| | | | | Yes | No |
| | | | | Yes | No |
| | | | | Yes | No |

11. List the board-approved certified euthanasia technician course information below. Proof of course completion (such as a certificate) must also be submitted as part of the application.

| Name of Course | Location | Date of Completion |
|----------------|----------|--------------------|
| | | |
| | | |

12. List the board-approved certified euthanasia technician exam information. Documentation of passage of this exam must be submitted by the course instructor.

| Name of Exam | Location | Date of Exam |
|--------------|----------|--------------|
| | | |

DECLARATION

I authorize the release of information concerning my education, training record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Veterinary Medicine. I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds.

I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

Legal Signature of Applicant

Date

**PERSONAL HISTORY QUESTIONS
IMPORTANT INSTRUCTIONS AND NOTICE**

1. Please read the following questions carefully. Giving an incomplete or false answer is unprofessional conduct and may result in denial of your application or revocation of your license. See, 37-1-105, MCA.
2. You have a continuing duty to update the information you provide in your application and supplemental responses, including while your application is pending and after you are granted a license.
3. Upon submittal of your application form, for every "yes" answer provided, you will receive a request for specific information or documents associated with the question. Your application is not complete until staff receive all information requested.

PERSONAL HISTORY QUESTIONS

- | | | |
|---|-----|----|
| 1. Have you ever had any license, certificate, registration, or other privilege to serve as a volunteer or practice a profession denied, revoked, suspended, or restricted by a public or private local, state, federal, tribal, religious, or foreign authority? | Yes | No |
| 2. Have you ever surrendered a credential like those listed in number 1, in connection with or to avoid action by a public or private local, state, federal, tribal, religious, or foreign authority? | Yes | No |
| 3. Have you ever resigned to avoid discipline, been suspended, or been terminated from a volunteer or employment position? | Yes | No |
| 4. Have you ever been required to participate in a behavioral modification or assistance program in lieu of suspension or termination from a volunteer or employment position? | Yes | No |
| 5. Have you ever withdrawn an application for any professional license? | Yes | No |
| 6. As of the date of this application, are you aware of any pending complaint, investigation, or disciplinary action related to any professional license you hold? | Yes | No |
| 7. Are you under a current order that remains unsatisfied (e.g., fines unpaid, probation not concluded, conditions unmet?) | Yes | No |
| 8. Do you have any medical, physiological, mental, or psychological condition which in any way currently (within the last 6 months) impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? | Yes | No |
| 9. Do you currently (within the last 6 months) use one or more chemical substances in any way which impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? | Yes | No |

The following information is provided for Question 10 below:

A criminal conviction may not automatically bar you from receiving a license. For more information about how a criminal conviction may impact your application, consult the board or program website.

- | | | |
|---|-----|----|
| 10. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or sentence deferred or suspended as an adult or "juvenile convicted as an adult" in any state, federal, tribal, or foreign jurisdiction? | Yes | No |
|---|-----|----|

| | | |
|--|-----|----|
| 11. Are you now subject to criminal prosecution or pending criminal charges? | Yes | No |
| 12. Have you ever been disciplined, censured, expelled, denied membership or asked to resign from a professional society or organization? | Yes | No |
| 13. Have you ever had a civil judgment entered against you in a lawsuit for incompetence, negligence, or malpractice in practicing any profession? | Yes | No |
| 14. Have you ever been disqualified from working with children, elderly persons, mentally ill persons, or other vulnerable persons? | Yes | No |
| 15. Have you ever been placed on probation, restricted, reprimanded, suspended, revoked, resigned in lieu of action against you, or had other action taken against you by any hospital, clinic, health care facility, group medical practice, health maintenance organization, or third-party insurance provider, including Medicare and Medicaid? | Yes | No |
| 16. Are you currently on an exclusion list by the Office of Inspector General (OIG) for the U.S. Department of Health and Human Services prohibiting you from working in a facility receiving federal funding? | Yes | No |
| 17. Has your authority to prescribe, dispense, or administer drugs, including controlled substances, ever been denied, restricted, suspended, or revoked? | Yes | No |
| 18. Have you ever voluntarily surrendered or had your U.S. Drug Enforcement Administration registration placed on probation, restricted, suspended, or revoked? | Yes | No |

CERTIFIED EUTHANASIA TECHNICIAN EMPLOYMENT**SECTION 2 – This section is for the certified euthanasia agency employing the applicant.****Instructions**

Per the requirements in [ARM 24.225.904](#), all applicants for certified euthanasia technician must be employed by a Montana licensed certified euthanasia agency. This section is to be filled out by the certified euthanasia agency.

1. BUSINESS NAME: _____
2. BUSINESS AGENT FULL NAME: _____
3. BUSINESS MAILING ADDRESS: _____
4. EMAIL ADDRESS: _____
5. TELEPHONE: _____
6. MONTANA LICENSE NUMBER _____ 7. LICENSE EXPIRATION DATE _____
8. EUTHANASIA TECHNICIAN APPLICANT NAME: _____

The above applicant is currently employed by this certified euthanasia agency.

Legal Signature of Certified Euthanasia Agency Business Agent

Date