Veterinary Medication Clerk Expired Registration Activation Application Packet

Contents:

Important Social Security Number Information:

If you have a Social Security Number, the law requires you to disclose it on your application for a professional or occupational license. 42 U.S.C. § 666(a)(13); RCW 26.23.150. It will be used under the state's child support enforcement program to locate individuals for purposes of establishing paternity and establishing, modifying, and enforcing support obligations. You are not required to have or obtain a Social Security Number to apply for or obtain a license from the Department of Health. If you do not have a Social Security Number, you are still eligible to apply for and obtain a credential if you meet the requirements. Please see the Declaration of No Social Security Number Form. Please call the Customer Service Center at 360-236-4700 if you have questions.

In order to process your request:

Mail your application with initial documentation and your check or money order payable to:

Department of Health
P.O. Box 1099
Olympia, WA 98507-1099

Send other documents not sent with initial application to:

Veterinary Board of Governors
Credentialing
PO Box 47877
Olympia, WA 98504-7877

Contact us:

360-236-4700

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

(This page intentionally left blank.)

Application Instructions Checklist

You will be notified in writing if more documentation is needed. To ensure you have submitted the necessary fees and documentation, we encourage you to use the following checklist:

- ☐ **Pay** Late Penalty Fee.
- ☐ **Pay** Current Renewal Fee.
- ☐ **Pay** Expired Credential Reissuance Fee.
  All fees are non-refundable. You can check the online **fee page** for current fees.
- ☐ **1. Demographic Information.**
  Social Security Number: You must list your social security number on your application. You are not required to have or obtain a Social Security Number to apply for or obtain a license from the Department of Health. Please see the Declaration of No Social Security Number Form. Please call the Customer Service Center at 360-236-4700 if you have questions.

  Legal Name: List your full name: first, middle, and last.

  Definition of legal name: "Legal name" is the name appearing on your official certificate of birth or, if your name has changed since birth, on an official marriage certificate or an order by a court. The court must have the legal authority to change your name. We may ask you to prove your legal name. If you use any name other than your legal name on this form, your application may be denied.

  Birth date: Provide the city, state and country where you were born.

  Address: List the address we should use to send any information on your credential. Be sure to include the city, state, zip code, county, and country. This will be your permanent address with Department of Health until we have been notified of a change. See **WAC 246-12-310**.

  Phone, Fax and Cell Numbers: Enter your phone, fax and cell numbers, if you have them.

  Email: Enter your email address, if you have one.

  Other Name(s): Indicate whether you are known or have been known under any other names. If you have a name change, you must notify the Department of Health in writing. You must include proof of this change. See **WAC 246-12-300**.
- ☐ **2. Other License, Certification, or Registration.** List all states, including Washington, where credentials are or were held. Attach additional completed pages if you need more space. You must also print the Verification Form and provide it to each state or jurisdiction that you have listed, requesting that they complete and submit the form directly to the Department of Health.

- [ ] **3. Experience.** In date order, list all your professional work experience since your Washington State credential expired. Attach additional completed pages if you need more space.
- [ ] **4. Disciplinary Action Attestation.** Required by **WAC 246-12-040**.
- [ ] **5. Applicant's Attestation.** Required to be both signed and dated in order to process the application.

Additional Information:

- [ ] Complete the **Transfer of Sponsoring Veterinarian form** and submit it with your license application.

Washington State Department of HEALTH

Date Stamp Here

Revenue 0283040000

Veterinary Medication Clerk
Expired Registration Activation Application

Please print clearly. It is the responsibility of the applicant to submit or request all required supporting documents be submitted. Failure to do so may result in a delay in processing your application.

1. Demographic Information

Social Security Number (SSN) (If you do not have a SSN, see instructions)

Name	First	Middle	Last

Birth date (mm/dd/yyyy)

Address

City	State	Zip Code	County

Country

Phone (enter 10 digit #)	Fax (enter 10 digit #)	Cell (enter 10 digit #)

Email address

Mailing address if different from above address of record

City	State	Zip Code	County

Country

Note: The mailing and email addresses you provide will be your addresses of record. It is your responsibility to maintain current contact information on file with the department.

Have you ever been known under any other name(s)? ☐ Yes ☐ No If yes, list name(s):

Will documents be received in another name? ☐ Yes ☐ No If yes, list name(s):

2. Other License, Certification, or Registration

(Include previous credentials in Washington State)

State/Jurisdiction	Profession	Credential			Method of Credentialing	Currently In Force
		Type	Number	Year Issued		No Yes

3. Experience

Type of experience of practice and location	Start (mm/yyyy)	End (mm/yyyy)

4. Disciplinary Action Attestation

I certify no action has been taken by any state or federal jurisdiction or hospital, which would prevent or restrict my right to practice my profession.

I further certify I have not voluntarily given up any credential or privilege or have not been restricted in the practice of my profession in lieu of or to avoid formal action.

APPLICANT'S INITIALS

5. Applicant's Attestation

I, _____ , declare under penalty of perjury under the laws of the state of
(Print applicant name clearly)
Washington the following is true and correct:

- I am the person described and identified in this application.
- I have read **RCW 18.130.170** and **RCW 18.130.180** of the Uniform Disciplinary Act.
- I have answered all questions truthfully and completely.
- The documentation provided in support of my application is accurate to the best of my knowledge.
- I have read all laws and rules related to my profession.

I understand the Department of Health may require more information before deciding on my application. The department may independently check conviction records with state or federal databases.

I authorize the release of any files or records the department requires to process this application. This includes information from all hospitals, educational or other organizations, my references, and past and present employers and business and professional associates. It also includes information from federal, state, local or foreign government agencies.

I understand I must inform the department of any past, current or future criminal charges or convictions. I will also inform the department of any physical or mental conditions that jeopardize my ability to provide quality health care. If requested, I will authorize my health providers to release to the department information on my health, including mental health and any substance abuse treatment.

Dated _____ By: _____
(mm/dd/yyyy) (Original signature of applicant)

(This page intentionally left blank.)

Washington State Department of HEALTH

Veterinary Board of Governors
Credentialing
P.O. Box 47877
Olympia, WA 98504-7877
360-236-4700

Veterinary Medication Clerk Registration
Transfer of Sponsoring Veterinarian

Please Type or Print in blue or black Ink

Veterinary Medication Clerk			
Veterinary Medication Clerk's name			
Mailing address			
City	State	Zip Code	County
Phone during normal business hours (enter 10 digit #)	Residence Phone (enter 10 digit #)		
Social Security Number	☐ Male ☐ Female	Birthdate	
Have you ever been known by any other name? Yes ☐ No ☐ If yes, please list			

Previous Sponsoring Veterinarian			
Previous Sponsoring Veterinarian's Name			
Previous Sponsoring Practice/Clinic Name			
Practice/Clinic address			
City	State	Zip Code	County
Practice/Clinic Phone (enter 10 digit #)	Date terminating employment with previous sponsoring veterinarian		

New Sponsoring Veterinarian			
New Sponsoring Veterinarian's Name			
Sponsoring Practice/Clinic Name			
Practice/Clinic address			
City	State	Zip Code	County
Practice/Clinic Phone (enter 10 digit #)	Date employment begins with sponsoring veterinarian		

Submit this form to the address listed above.

Sponsoring Veterinarian Signature

I, the undersigned, attest that I am the person described and identified as the New Sponsoring Veterinarian in this Application for Transfer of Sponsoring Veterinarian Registration in the State of Washington. I attest I will be supervising the training/employment of the above named Veterinary Clerk according to the Veterinary Medication Clerk Model Training Program which was adopted by the Veterinary Board of Governors on November 1, 1993.

I affirm that Class I, II, II, IV, or V controlled substances are not included in, and are specifically excluded from, any duties that a registered Veterinary Mediation Clerk may perform.

I understand that the Department may require additional information from me, and that if I provide false or incomplete information the Application for Transfer may be denied, or the registration of the Veterinary Medication Clerk ultimately suspended or revoked.

Signature of Sponsoring Veterinarian

Date (mm/dd/yyyy)

RCW/WAC and Online Website Links

RCW/WAC Links

Uniform Disciplinary Act, RCW 18.130

Administrative Procedure Act, RCW 34.05

Administrative Procedures and Requirements, WAC 246-12

Veterinary Medicine, Surgery and Dentistry, RCW 18.92

Veterinary Board of Governors, WAC 246-933

Online

Veterinary Board of Governors, Web page