

**The American Association of Veterinary State Boards
Veterinary Technician Information Verifying Agency**

Address Correspondence to:
4106 Central St.
Kansas City, MO 64111
Telephone: Toll Free (877) 698-8482, or (816) 931-1504
E-mail: vettech@aavsb.org
Fax: (816) 931-1604

Send Application with payment to:
P.O. Box 413183
Kansas City, MO 64141-3183

SCORE REPORTING SERVICE

The American Association of Veterinary State Boards:

The American Association of Veterinary State Boards (AAVSB) is a not for profit organization whose membership consists of the state veterinary licensing boards within the United States, its territories and certain provinces of Canada. One of many services provided to its member boards is the Veterinary Technician Information Verifying Agency (TIVA™), a centralized depository for veterinary Technicians' credentials and a source for boards to obtain verified, documented data about licensed veterinary technicians. The AAVSB TIVA™ system is computerized and designed to provide prompt personalized service for our member boards. The Score Reporting Service is the first phase of TIVA™. The Credentials Registry to simplify future licensing in other jurisdictions will be available soon on the AAVSB website at: www.aavsb.org.

Score Reports:

The American Association of Veterinary State Boards (AAVSB) automatically reports examination results to the licensing board in whose jurisdiction the test is given. These **original score reports** are included in the examination fee. Effective January 2, 2006, all score reports, other than the original, must be accomplished through TIVA™. AAVSB maintains all national veterinary technician licensure examination results in a secure file at its national headquarters. Scores are confidential and they will be released only to the licensing board(s) or other jurisdiction designated on this application.

Transferring Scores:

Utilize this service to transfer examination score(s) to a jurisdiction other than the state of original licensure. The transfer fee covers the transfer of VTNE scores to *one* jurisdiction only. An additional payment per jurisdiction is required if scores are to be sent to multiple jurisdictions. **NOTE: The online process saves \$20.**

Provided that the correct payment is received and the form is complete, the application will be processed in ten (10) business days or less. Please note that scores cannot be transferred until *after* the examination has been administered.

Fee: Online Score Transfer Request \$80 per jurisdiction
Mail/Fax Score Transfer Request \$100 per jurisdiction

To access the online application, go to www.aavsb.org.

Instructions:

Please follow the directions carefully. Incomplete or illegible applications will be returned.

1. **Type or print** this application legibly in blue or black ink.
2. Double-check the spelling and accuracy of the information provided.
3. Answer *every* question. If a question is not applicable, enter "N/A."
4. Provide Social Security # or Social Insurance # in the space provided below.
5. **Detach** this page, date it and keep for your records. **DATE SENT:** _____
(We recommend that you also keep a copy of the application.)
6. Mail application with payment to: AAVSB-TIVA, P.O. Box 413183, Kansas City, MO 64141-3183.

DO NOT RETURN THIS PAGE

VTNE SCORE TRANSFER REQUEST

Part I: Basic Identifying Information:

Name: _____
Last First Middle

Date of Birth: _____ Social Security #: _____
Month Day Year (and/or, if you have a Canadian SIN#): ____/____/____

TIVA™ # _____
If known

PART II: Payment and Transfer Request

Provide the name(s) of the jurisdiction(s) where you want your scores sent. (You need NOT supply addresses)

Score Transfer(s):

Name of state, province, etc. Name of state, province, etc.

Name of state, province, etc. Name of state, province, etc.

_____ # of jurisdictions x\$100 = . . . Total payment due: _____

Method of payment: Master Card ___ VISA ___ Certified Check ___ Money Order ___

Payment *must* accompany this application. Make check or money order payable to **AAVSB** and enclose it with the application. If paying by credit card, authorize the charge by providing the following information and signing below:

Expiration Date: _____ Card #: _____

Card Holder's Signature: _____ Printed name: _____

Card Holder's Billing Address (including postal code): _____

PART III: Identifying Information

A. Other Names Used (if you do not use and have never used another name, write N/A):

Other Last Name(s) Other First Name Other Middle Name

B. Place of Birth: _____
City State (Province) Country (if other than US or CANADA)

C. Address :

Number and Street Apartment #

City State (Province) ZIP/Postal Code Country (if other than US or CANADA)

D. Alternate Address (if the same as Address, write N/A):

Number and Street Apartment #

City State (Province) ZIP/Postal Code Country (if other than US or CANADA)

VTNE SCORE TRANSFER REQUEST

E. Contact Numbers: Provide the following contact numbers. Circle the one where you are most likely to be reached during AAVSB business hours (8:00am - 5pm Central Time, Monday through Friday).

Home Telephone #: () - _____

FAX #: () - _____

Work Telephone #: () - _____

E-mail Address: _____

F. Veterinary technician program from which you graduated: (Mark N/A if not applicable)

Name of school

Date of graduation (mm/dd/yyyy)

G. Licensure History: List every state/province/country where you have ever held a license to practice veterinary technology. List additional jurisdictions on a separate sheet if necessary.

Name of state

License number

Year and month of licensure

Name of state

License number

Year and month of licensure

PART IV: National Veterinary Technician Examination History

Provide the following information for every Veterinary Technician National Examination you have taken, regardless of the score received. If you need additional space, copy this page and attach the copies. Provide as much information as you can.

Exam Type	Date taken (mo/day/yr)	State/Province (where you took the exam)	Candidate ID#, SSN, or SIN
VTNE	/ /		
VTNE	/ /		

Part V: Authorization for Release of Information

I, _____ (print name), hereby release, discharge and hold harmless the American Association of Veterinary State Boards, its agents or representatives of any and all liability relative to the release of my examination scores to the identified jurisdiction(s). I authorize AAVSB to release examination scores to the identified veterinary regulatory board(s) or agency pursuant to my request.

Applicant's Signature

Date of Signature

Applicant: Print your last name here: _____