

# APPLICATION FOR COURSE AND LOUISIANA CERTIFICATION

## Certified Animal Euthanasia Technician

**INSTRUCTIONS:** *Please read through fully and carefully.*

- Complete each section fully. **DO NOT LEAVE BLANKS.** If a section does not apply to you, indicate *"DOES NOT APPLY"*.
- Use a separate sheet of paper to respond to any questions for which more space is needed.
- Make sure application form is complete, signed, and notarized. If applying for Lead CAET designation, make sure to complete the Certificate of Lead CAET Designation on page 6 of application before signing and notary of application form.
- A passport size photograph must be attached where indicated.
- Remit fee(s) by check or money order only made out to the "Louisiana Board of Veterinary Medicine" (LBVM); do not send cash. Board office requires **SEPERATE CHECK FOR EACH APPLICANT.**

ALL INFORMATION MUST BE TYPED OR PRINTED. APPLICATIONS WHICH CANNOT BE READ WILL BE RETURNED.

If applicant does not pass the course, any certification fees paid will be refunded.

NOTE: Any person having failed the CAET course may take the course again but may NOT receive a temporary license.

**Application being made for:** Indicate with a check mark all types of application being made.

|  |    |            |
|--|----|------------|
| <input type="checkbox"/> <b>INITIAL APPLICATION FEE</b> must be submitted with initial application (one-time charge)                   | \$ | 25         |
| <input type="checkbox"/> <b>CAET CERTIFICATION COURSE</b>  | \$ | 80         |
| <input type="checkbox"/> <b>CAET CERTIFICATION EXAMINATION</b> (exam must be taken and passed prior to issuance of full certification) | \$ | 50         |
| <input type="checkbox"/> <b>FULL CAET CERTIFICATION FEE</b> must be submitted prior to issuance of certificate                         | \$ | <u>50</u>  |
| <b>TOTAL FEES</b> .....  | \$ | <b>205</b> |

○ INDICATE here if you are applying for designation as the Lead CAET for your facility; *if you are*, the Certificate on page 6 of application must be completed.

NAME OF APPLICANT: \_\_\_\_\_  
Last
First
Middle

HOME ADDRESS: \_\_\_\_\_  
Street/PO Box
City
State
Zip Code

HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Area code
Telephone

SOCIAL SECURITY NO.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NAME OF EMPLOYING SHELTER OR FACILITY \_\_\_\_\_

FACILITY MAILING ADDRESS: \_\_\_\_\_  
Street/PO Box
City
State
Zip code

FACILITY PHYSICAL ADDRESS: \_\_\_\_\_

(if different from mailing address) Street City State Zip code

FACILITY PHONE: ( ) - Name of Supervisor: \_\_\_\_\_

If shelter is run by a governmental body, please list the name of that body: \_\_\_\_\_

It is strongly recommended that applicants for the certification course be familiar with basic CAET procedures before taking the CAET course.

Please indicate if above applicant is trained in basic injectable euthanasia technique procedure. [ ] trained [ ] not trained

1. INDICATE THE TYPE OF EDUCATION CERTIFICATE RECEIVED: [ ] High School [ ] GED [ ] Higher Education

Received From:

Name of school/institution City & State Date Completed

NOTE: All applicants must attach proof of high school graduation, GED certificate, or certification of higher education.

2. HAVE YOU PREVIOUSLY TAKEN THIS BOARD-APPROVED CAET COURSE? [ ] Yes [ ] No
If "Yes", a copy of the certificate of completion must be submitted with application. YEAR TAKEN: \_\_\_\_\_

1. LIST ALL PROFESSIONAL CERTIFICATES / LICENSES CURRENTLY OR PREVIOUSLY HELD.

[ ] Does Not Apply

Certificate Number Issuing Date Expiration Date Type of License/Certification

2. HAVE YOU EVER PRACTICED VETERINARY MEDICINE, VETERINARY TECHNOLOGY, OR EUTHANASIA TECHNOLOGY WITH SODIUM PENTOBARBITAL IN THE STATE OF LOUISIANA WITHOUT A LICENSE, TEMPORARY PERMIT, EXCEPTION, OR CERTIFICATE OF APPROVAL DURING THE PAST TWO YEARS? [ ] No [ ] Yes
If "yes", give dates of practice or employment, name of practice where employed, and name of supervising veterinarian on a separate sheet of paper and attach to application form.

3. HAVE YOU EVER HAD CERTIFICATION AS A CAET REVOKED, SUSPENDED, OR DENIED? [ ] No [ ] Yes
If "yes", explain fully on a separate sheet of paper and attach to application form.

4. HAVE YOU EVER VIOLATED OR BEEN SUBJECT TO ANY GROUNDS FOR DENIAL OF A CERTIFICATE OF APPROVAL FOR:
If "yes" to any question, explain fully on a separate sheet of paper and attach to application form.

- a. Failure to carry out your duties? [ ] No [ ] Yes
b. Employed fraud, misrepresentation, or deception in obtaining a certificate of approval? [ ] No [ ] Yes
c. Been declared insane or incompetent by a court of law? [ ] No [ ] Yes
d. Been convicted of or entered a plea of nolo contendere to a felony or other offense involving moral turpitude or controlled dangerous substances under state or federal law? [ ] No [ ] Yes
e. Performed duties of humanely restraining, capturing, or euthanizing animals in an incompetent or grossly negligent manner? [ ] No [ ] Yes
f. Performed acts of cruelty upon animals? [ ] No [ ] Yes
g. Violated any rules of professional conduct? [ ] No [ ] Yes
h. Employed fraud or dishonesty in connection with practice as an animal euthanasia technician? [ ] No [ ] Yes
i. Abetted anyone in any of the incidences described in a. through h. above? [ ] No [ ] Yes

5. ARE YOU CURRENTLY ENGAGING, OR WITHIN THE PAST YEAR HAVE YOU ENGAGED, IN THE ABUSE OF ALCOHOL AND/OR ILLEGAL USE OF DRUGS OR CONTROLLED DANGEROUS SUBSTANCES? [ ] No [ ] Yes
If "yes", explain fully on a separate sheet of paper and attached to application form.

6. ARE YOU CURRENTLY PARTICIPATING IN A SUPERVISED REHABILITATION PROGRAM OR PROFESSIONAL ASSISTANCE PROGRAM WITH REGARDS TO THE ABUSE OF ALCOHOL AND/OR ILLEGAL USE OF DRUGS OR CONTROLLED DANGEROUS SUBSTANCES?  No  Yes

If "yes", explain fully on a separate sheet of paper and attach to application form.

7. HAVE YOU EVER BEEN CONVICTED OR PLED GUILTY OR NOLO CONTENDERE TO A FELONY OR MISDEMEANOR, OTHER THAN MINOR TRAFFIC VIOLATIONS?  No  Yes

If "yes", explain fully on a separate sheet of paper and attach to application form.; give nature of offense, date of arrest, and disposition of charges.

**REFERENCES OF PROFESSIONAL CHARACTER AND ETHICAL STANDARDS:** List the names and mailing addresses for two individuals who are licensed veterinarians or other professional persons associated with animal control administration and who can attest to your professional character and ethical standards, and have known you at least a year. A reference form will be forwarded to each individual listed by the Board office for completion.

|         |                                  |
|---------|----------------------------------|
| Name    | Profession/Position:<br>Company: |
| Address |                                  |
| Phone   |                                  |
| Name    | Profession/Position:<br>Company: |
| Address |                                  |
| Phone   |                                  |

**Release, Waiver, and Hold Harmless**

**Inherent Risks and Assumption of Risk:**

The undersigned Applicant hereby acknowledges that there are inherent risks in his participation in the LA Board of Veterinary Medicine's (LBVM) course program for certification of a Certified Animal Euthanasia Technician (CAET) associated with chemical euthanasia of animals such as described below, and hereby expressly assumes all risks associated with participating in course program activities. The inherent risks include, but are not limited to, animal bites, needle sticks, failure of equipment, handling and restraint of an animal, course program content, etc. that may result in an injury, harm or death to persons in or affiliated in the course program or instruction. The unpredictability of an animal's reaction to such things as sounds, sudden movement and unfamiliar objects, persons or other animals, and the potential of the Applicant, Instructor, or others to act in an unintentional but negligent manner that may contribute to injury to the Applicant.

I acknowledge that animals by their very nature are unpredictable and subject to animal whim. I assume all risks in connection therewith and expressly waive any claims for any injury or loss arising therefrom. I agree to abide by and follow all applicable protocols, instructions, and rules. I further acknowledge that the behavior of any animal is contingent to some extent upon the ability of and actions or omissions by me, another Applicant, or an Instructor.

Accordingly, I knowingly and willingly accept and assume all risks involved and associated with the course program and waive my rights to assert any claim against the State of Louisiana, or any of its Departments, Agencies, Boards and Commissions, including the LBVM, as well as their members, officers, agents, servants, employees, contractors, and volunteers for injury or damage to my person or property resulting from my presence in said course program activity. I further release, indemnify and hold harmless the State of Louisiana, all State Departments, Agencies, Boards and Commissions, including the LBVM, as well as their members, officer, agents, servants, employees, contractors, and volunteers from and against any and all loss or destruction of any and all costs, expenses and/or attorney fees, investigative costs, or any and all expenses incurred by the State as a result of any claims, demands, and/or causes of action, damages, judgments, orders, expenses and liability arising out of injury or death to my person as a result of my participation in the course.

**All applicants must fully complete the application form and sign before a notary.**

**If you are applying for designation as LEAD CAET for your shelter/facility, the Certification on page 6 of application must be completed prior to signature and notary of application form.**

**Applicant's photograph must be attached where indicated.**

State of \_\_\_\_\_

Parish/County of \_\_\_\_\_

Before me, a Notary Public, duly commissioned and qualified in the above said State and Parish/County personally came and appeared the applicant indicated hereinabove who, after being duly sworn (affirmed), did depose and state:

“I, the above named applicant, subscribe and swear before the below notary that all answers indicated on this application for course, examination, and/or certification (full, and lead) are true and correct in substance and in fact to the best of my knowledge, and I understand and agree to the release, waiver and hold harmless as set forth in this application.”

\_\_\_\_\_  
Full, true and correct signature of applicant

Sworn to and subscribed before me and in testimony whereof I  
have hereunto set my hand and official seal at my office in

Paste  
Current  
Photo  
Here

\_\_\_\_\_  
This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public with seal

The Louisiana Board of Veterinary Medicine adheres to all guidelines of the American With Disabilities Act. If you have a disability, impairment, or condition which requires special arrangements to complete this application, please notify the Board office with this application.

Board office telephone number is: (225) 342-2176

Mail completed application packet with fees to: **LOUISIANA BOARD OF VETERINARY MEDICINE  
301 Main Street, Suite 1050  
Baton Rouge, LA 70801**

# RELEASE WAIVER FORM

Date \_\_\_\_\_

Applicant's Full Legal Name:

\_\_\_\_\_

|           |            |             |
|-----------|------------|-------------|
| Last Name | First Name | Middle Name |
|-----------|------------|-------------|

List any other names by which you are now, or ever have been, known:

\_\_\_\_\_  
\_\_\_\_\_

Home Address:

\_\_\_\_\_

|        |                       |
|--------|-----------------------|
| Street | Area Code / Telephone |
|--------|-----------------------|

\_\_\_\_\_

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

\_\_\_\_\_

|                        |               |                |
|------------------------|---------------|----------------|
| Social Security Number | Date of Birth | Place of Birth |
|------------------------|---------------|----------------|

Shelter Name:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

|      |       |
|------|-------|
| City | State |
|------|-------|

I, the above-named individual, do hereby authorize the Louisiana Board of Veterinary Medicine to make inquiries through the U.S. Department of Justice, Drug Enforcement Administration, for the purpose of determining my eligibility for certification with the Louisiana Board of Veterinary Medicine. I understand that the DEA inquiry and any other law enforcement or security inquiry is specified under Section 1301.93 of Title 21 Food and Drug Administration Code. I understand that any false statements made by me may result in disqualification for certification as a certified animal euthanasia technician.

I also agree to release any member of the Louisiana Board of Veterinary Medicine, or its agents or employees from any liability for requesting any information specified, either favorable or otherwise, in this authorization.

I agree that a photostatic copy of my authorization be accepted with the same authorization as the original.

Applicant's signature: \_\_\_\_\_

Full, true and correct signature of applicant (without abbreviation)

# CERTIFICATE OF LEAD CAET DESIGNATION

*If you are applying for designation as the Lead CAET at your facility,  
this certification must be completed prior to signature and notary of this application form.*

*NOT APPLICABLE*

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I, \_\_\_\_\_, certify that I have been appointed by  
Print NAME OF APPLICANT

\_\_\_\_\_ to take the responsibility as LEAD CAET  
Print NAME OF EMPLOYING SHELTER/FACILITY

for the shelter/facility.

\_\_\_\_\_  
Signature of Applicant

Date: \_\_\_\_\_

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***TO BE COMPLETED BY SHELTER/FACILITY DIRECTOR OR SUPERVISOR:***

I, \_\_\_\_\_, \_\_\_\_\_  
Print NAME OF DIRECTOR/SUPERVISOR Print TITLE

for \_\_\_\_\_, certify that the above named applicant has  
Print NAME OF SHELTER/FACILITY

been appointed by this shelter/facility to take the responsibility as LEAD CAET.

\_\_\_\_\_  
Signature of Director/Supervisor/Parish Authority

Date: \_\_\_\_\_