



Application for a PROVISIONAL License to Practice Veterinary Technology in Puerto Rico Pursuant to Article 12.1 as per Law 86, August 4, 2020

Limited to events organized to provide sterilization, vaccination, education, and preventive care and treatment to animals provided free of charge, Pro Bono, to the general public. Law 194, August 4, 1979, as amended.

1st TIME IN THE YEAR \_\_\_\_\_ 2nd TIME IN THE YEAR \_\_\_\_\_ 3rd TIME IN THE YEAR \_\_\_\_\_

AFFIDAVIT

Affix a Passport type autographed photograph of applicant, taken not more than six (6) months previous do date of application.

FIRST NAME INITIAL LAST NAME

Social Security Number XXX-XX-\_\_\_\_\_ identified by an

Official Government Document: \_\_\_\_\_ (Specific Identification)

Number \_\_\_\_\_.

Issued by City and County \_\_\_\_\_, State

\_\_\_\_\_.

I \_\_\_\_\_, being duly sworn, under penalty of perjury, state that I am the person referred to in this application that the statements here in container are true in every respect, that the attached photograph is a true likeness of myself taken within the last six month.

Signature of applicant

SUBSCRIBED AND SWORN TO BEFORE ME this \_\_\_\_\_ day of \_\_\_\_\_.

Witness my hand and seal hereunto attached.

Please attach a certificate of the authenticity, seal and commission of the Notary Public issued by the authorizing state.

AFFIDAVIT No. \_\_\_\_\_

Signature of Notary Public My Commission expires on: \_\_\_\_\_

(Seal)

Puerto Rico Sub Board of Examiners of Veterinary Technology

PO BOX 10200 SAN JUAN, PR 00908-0200

Phone (787) 765-2929 Ext. 6605 EMAIL: cindy.reyes@salud.pr.gov

**THE APPLICANT MUST GIVE FULL ANSWERS TO THE FOLLOWING**

Name \_\_\_\_\_ Age \_\_\_\_\_  
Last Name First Name MI

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Month Day Year City, Country/State

Parent's name: \_\_\_\_\_ (Father) \_\_\_\_\_ (Mother)

Present legal address: \_\_\_\_\_  
Street, City, State

State of Permanent Residency: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Officer in charge of the event: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Event Dates: From \_\_\_\_\_ To \_\_\_\_\_

Team/Group Assigned: \_\_\_\_\_

Area/ Location address of the event: \_\_\_\_\_

1. Are you a citizen of the United States of America? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_  
If the previous answer is **No**; please write country of origin and submit copy of the work authorization in the U.S. \_\_\_\_\_

2. Has your name/surname ever been changed? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_  
If the previous answer is **Yes**; attach a certified copy of the court order changing name.

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**3.** Have you ever used any other name? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If the previous answer is **Yes**; attach a separate sheet giving full details. You must also provide the information and documents required in the following sections as to each name that you have used in the past or are using at present.

**4.** Have you ever been indicted and/or convicted for any criminal offense? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If the previous answer is **Yes**; indicate pertinent details on a separate sheet and provide a certification of the criminal record as to each offense.

**5.** Did you graduate from an AVMA accredited School of Veterinary Technology?

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If the previous answer is **No**, you do not comply with the requirements for a PROVISIONAL License to Practice Veterinary Medicine in Puerto Rico Pursuant to Articles 3(c), and 12.1, Law 194 of August 4, 1979; Law 86, August 4, 2020.

**6. Professional Veterinary Technology Education:**

I received the degree of \_\_\_\_\_

from \_\_\_\_\_ on \_\_\_\_\_ .  
(Name of School/College/University)

Enclosed is a copy of the Diploma.

**7.** Provide license information below. If you have/had a license issued by more than one Board of Veterinary Technology, whether active or inactive on the date of this application, you must provide the following information as to each one.

License Number: \_\_\_\_\_

Expedition Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Board's Address: \_\_\_\_\_

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

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**8.** Have you ever been officially reprimanded by any Veterinary Board, Agency, and/or Organization; or has your license been suspended, cancelled, or revoked; or have you been dismissed from or refused the right to be examined, or refused a license to practice veterinary technology?

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If answer is **(Yes)**, attach a separate sheet giving complete and full details supported by official records as to each incident.

**10.** Have you read carefully and understood fully the laws and regulations applicable to licensure examinations for the practice of Veterinary Technology in Puerto Rico? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**11. Acknowledgment by Applicant:** By submitting this Application, I fully understand and recognize that this Provisional License to Practice Veterinary Technology in Puerto Rico Pursuant to Article 12.1 as per Law 86, August 4, 2020 will only be valid for the specific event and it will expire within 30 days of the date issued. I also acknowledge that a new application and supporting documents will be required to issue another provisional license. Only three (3) provisional licenses per calendar year are authorized.

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## **Certificate of Good Moral Character of the Applicant**

**(Signed before a Notary Public by a by a licensed and certified Veterinary Medical Doctor in Good Standing in the Jurisdiction where the Applicant is licensed)**

I CERTIFY that I have been personally acquainted with \_\_\_\_\_  
for \_\_\_\_\_ years; that I know said \_\_\_\_\_ to be of good moral  
character, and hereby recommend him/her to the **Puerto Rico Sub Board of Examiners of  
Veterinary Technology** as entirely worthy of obtaining a PROVISIONAL License to Practice Veterinary  
Technology in Puerto Rio Pursuant to Article 12.1 as per Law 86, August 4, 2020, limited to events  
organized to provide sterilization, vaccination, education, and preventive care and treatment to animals  
provided free of charge, *Pro Bono*, to the general public. Law 194, august 4, 1979, as amended.

I further Certify that I am not in any way related by blood or marriage to the applicant and that the  
signed photograph affixed to this application is his/her true likeness.

\_\_\_\_\_  
(Signature of AFFIANT)

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

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
of AFFIANT)

\_\_\_\_\_  
(Occupation) (Name

\_\_\_\_\_  
(License number)

\_\_\_\_\_  
(Date)

SUBSCRIBED AND SWORN TO BEFORE ME this \_\_\_\_ day of \_\_\_\_\_.

Witness my hand and seal hereunto attached.

Please attach a certificate of the authenticity, seal and commission of the Notary Public issued by the authorizing  
state.

AFFIDAVIT No. \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public  
My Commission expires on: \_\_\_\_\_

**(Seal)**

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## **REQUIREMENTS FOR THIS APPLICATION**

- 1.** This application must be dully filled out in full, under oath before a Notary Public. **A certificate issued by the County Clerk as to the authenticity, seal and commission of the Notary Public must be provided.**
- 2.** A copy of your veterinary technology license or licenses.
- 3.** One passport-type photograph taken not more than six **(6)** months before the date of application.
- 4.** If the applicant is not a US Citizen, a copy of the work permit must be provided.
- 5.** A detailed description of the veterinary services to be provided, subscribed under official seal by the Director of the Event, stating the nature of the services the Applicant is to provide; the dates of the event he/she will participate in; the exact locations where the Applicant will be providing the services.
- 6.** Letter of Good Standing or License Verification issued by the Veterinary Technology Licensing Board **and submitted directly to the Puerto Rico Sub Board of Examiners of Veterinary Technology.**
- 7.** Certificate of Penal Record, also known as Good Conduct Certificate, issued by the Police Department. It must be issued within 30 days prior to this application.

**This application, original documents and certifications must be sent to the Puerto Rico Sub Board of Examiners of Veterinary Technology to the following address:**

**PUERTO RICO SUB BOARD OF EXAMINERS OF VETERINARY TECHNOLOGY  
Re: Application for Provisional License to Practice Veterinary Medicine in Puerto Rico  
PO BOX 10200, SAN JUAN, PR 00908-0200**

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