



**American Association of Veterinary State Boards
Program for the Assessment of Veterinary Education Equivalence (PAVE®)
for Veterinary Technicians**

Affidavit for Release of Information from Applicant

I, _____ (Applicant: print your complete name) hereby certify under oath that I am the person named in this application; that all information given in this application is true and accurate to the best of my knowledge, and that the photograph enclosed is a recent photograph of me.

I understand that (1) falsification of this application, or (2) the submission of any falsified education documents to the American Association of Veterinary State Boards (AAVSB), or (3) the submission of any falsified AAVSB PAVE for Veterinary Technicians documents to other agencies, or (4) the giving or receiving of aid in the examination, may be sufficient cause for the AAVSB to bar me from the PAVE for Veterinary Technicians program, to terminate my participation in the PAVE for Veterinary Technicians Program, to invalidate the results of my examination, to withhold a PAVE for Veterinary Technicians certificate, to revoke a PAVE for Veterinary Technicians certificate, or to take other appropriate action.

I understand the AAVSB PAVE for Veterinary Technicians Certificate and any and all copies thereof remain the property of the AAVSB and must be returned to the AAVSB, if the AAVSB determines that the holder of the certificate was not eligible to receive it, or that it was otherwise issued in error.

I designate the AAVSB's Veterinary Information Verifying Agency (VIVA®) to collect, verify and maintain information, and copies of documents and records that can subsequently be provided to professional licensing boards and other entities when I apply for licensure, employment or other privileges.

I request and authorize every person, educational institution, hospital, clinic, government agency (local, state, federal or foreign), court association, institution, or law enforcement agency having control of any documents, records, and other information pertaining to me to furnish to the AAVSB any such information.

I authorize the AAVSB to release information, material, documents, orders or the like relating to me or this application to any federal, state or local governmental department or agency, to any animal health care entity, or to any other organization or individual who, in the judgment of the AAVSB, has a legitimate interest in such information, including but not limited to the AAVSB's License Information database.

I understand that if I receive the AAVSB's PAVE for Veterinary Technicians certification, I will be eligible to take the veterinary licensing examination only in those jurisdictions that recognize PAVE certification, provided I am otherwise eligible for credentials in any such jurisdiction. I further understand that not all jurisdictions accept PAVE for Veterinary Technicians certification. I understand and agree that it is incumbent upon me to contact the veterinary board in the jurisdiction where I seek to be credentialed to determine whether such state or jurisdiction accepts PAVE for Veterinary Technicians certification and whether I meet the other requirements for credentialing in that jurisdiction. I further understand the AAVSB makes no representations as to my eligibility for licensure as a veterinary technician in any jurisdiction.

I hereby certify that I have read the PAVE for Veterinary Technicians application and instructions and the program Standards and Policies and have followed all procedures for the PAVE for Veterinary Technicians application to the best of my abilities.

I hereby extend absolute immunity to, and release, discharge, and hold harmless the American Association of Veterinary State Boards and its Program for the Assessment of Veterinary Education Equivalence for Veterinary Technicians and Veterinary Information Verifying Agency, its agents or representatives and any person furnishing information, from any and all liability.

For Jurisdictions: *An AAVSB VAULT stamped photocopy or facsimile of this authorization shall be as valid as the original and shall be valid from the date signed.*

Applicant must sign his/her full name as it appears in English on the first line below, but only in the presence of one of the following officials who must complete the last two lines of the application: a Consular Official, First-Class Magistrate, or Notary Public.

Applicant's Signature (as it appears in English)

Subscribed and sworn to before me this _____ day of _____, 20 _____

X _____
Official Title _____

Signature of a Consular Official, a First-Class Magistrate, or a Notary Public (see box above). If official title and/or seal are not in English, the AAVSB requires a translation. Alterations or erasures of any kind on this form will void this application.

Seal, stamp, or signature of official must be legible and overlap a portion of both the attached photograph and application form.

ATTACH
photograph here with tape.

Must be:
Passport quality, no selfies, color, printed on matte or glossy photo quality paper, no markings across photo, plain or off-white background

Do not cover the face in the photograph.