

State of Tennessee
Department of Health

Board of Veterinary Medical Examiners

227 French Landing, Suite 300
Heritage Place MetroCenter
Nashville, TN 37243
(Toll Free) 1-800-778-4123 ext. 25090
615-532-5090
tennessee.gov/health



Application for Animal Chemical Capture
Certification



For Office Use Only		
Fee Codes		
	2329 -001	\$ 50.00
	2329 -001	\$200.00
	2329 -006	\$ 10.00
	Total	\$260.00

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
227 FRENCH LANDING, SUITE 300
HERITAGE PLACE METROCENTER
NASHVILLE, TN 37243

TENNESSEE BOARD OF VETERINARY MEDICAL EXAMINERS
(615) 532-5090
1-800-778-4123 ext.25090
tn.gov/health

ANIMAL CHEMICAL CAPTURE CERTIFICATION APPLICATION

INSTRUCTIONS

1. Submit the completed application, signed in the presence of a Notary Public, to the above address.
2. Enclose a check or money order in the total amount of \$260.00 made payable to the State of Tennessee. **(ALL APPLICATION FEES ARE NON-REFUNDABLE.)**
3. Enclose a written protocol for chemical capture by the agency to be approved by the Board.
4. Enclose proof of employment of a full-time licensed veterinarian on staff at the agency.

Name of Governmental Animal Control Agency:	Fax Number: ()	Phone Number: ()
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Mailing Address:	Street/P.O. Box/RR#	City	State	Zip Code
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Contact Person:	Email Address:	Phone Number: ()
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Address:	Street/P.O. Box/RR#	City	State	Zip Code
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Supervising Veterinarian:	Email Address:	License #:	Phone Number: ()
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Address:	Street/P.O. Box/RR#	City	State	Zip Code
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Certified Animal Control Agency #:	Expiration Date:
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Premise Permit #:	Expiration Date:
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List All Veterinarians Employed Full-Time by Facility: (attach list if necessary)				
Name:		License #		
Address:	Street/P.O. Box/RR#	City	State	Zip Code
Name:		License #		
Address:	Street/P.O. Box/RR#	City	State	Zip Code
Name:		License #		
Address:	Street/P.O. Box/RR#	City	State	Zip Code
Name:		License #		
Address:	Street/P.O. Box/RR#	City	State	Zip Code

List All Animal Chemical Capture Technicians Employed by Facility: (attach list if necessary)				
Name:		License #		
Address:	Street/P.O. Box/RR#	City	State	Zip Code
Name:		License #		
Address:	Street/P.O. Box/RR#	City	State	Zip Code
Name:		License #		
Address:	Street/P.O. Box/RR#	City	State	Zip Code
Name:		License #		
Address:	Street/P.O. Box/RR#	City	State	Zip Code

List All Veterinary Medical Technicians Employed by Facility: (attach list if necessary)				
Name:		License #		
Address:	Street/P.O. Box/RR#	City	State	Zip Code
Name:		License #		
Address:	Street/P.O. Box/RR#	City	State	Zip Code
Name:		License #		
Address:	Street/P.O. Box/RR#	City	State	Zip Code
Name:		License #		
Address:	Street/P.O. Box/RR#	City	State	Zip Code

TO BE COMPLETED BY THE AGENCY SUPERVISING VETERINARIAN

I, _____, D.V.M., of _____
(Supervising Veterinarian's Name) (City) (State)

affirm that I hold a valid and current license to practice veterinary medicine in Tennessee and that I am the full-time supervising veterinarian on staff for the agency listed on page one (1) of this application.

I will ensure this agency's compliance with all statutes and regulations governing the practice of veterinary medicine in Tennessee.

I hereby authorize release and disclosure of otherwise HIPAA protected health information as is necessary for my application to be granted and authorize discussion of the information in a public forum should that become necessary.

THIS CERTIFIES THAT THE INFORMATION SUBMITTED BY ME IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF SUPERVISING VETERINARIAN

DATE

Sworn to before me this _____ day of _____, _____.

NOTARY PUBLIC

Affix Seal Here

My Commission expires _____

TO BE COMPLETED BY THE AGENCY DIRECTOR/OFFICIAL

I, _____,

of

(Name of Agency Director/Official)

(City)

(State)

affirm that I am accountable to the TN Board of Veterinary Medical Examiners for this agency's compliance with all statutes and regulations governing the practice of veterinary medicine in Tennessee.

I affirm that the written protocol for chemical capture by the agency will be maintained for at least two (2) years after the date that the protocols were submitted to the TN Board of Veterinary Medical Examiners.

I affirm that I will notify the TN Board of Veterinary Medical Examiners in writing within thirty (30) days of any change in the licensed veterinarian who is employed by the agency.

I acknowledge that the absence of a full-time veterinarian on staff at the agency will immediately invalidate the animal chemical capture certification.

I hereby authorize release and disclosure of otherwise HIPAA protected health information as is necessary for my application to be granted and authorize discussion of the information in a public forum should that become necessary.

THIS CERTIFIES THAT THE INFORMATION SUBMITTED BY ME IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF AGENCY OFFICIAL

DATE

Sworn to before me this _____ day of _____, _____.

NOTARY PUBLIC

Affix Seal Here

My Commission expires _____