

# Request for Permission to train Certified Euthanasia Technicians

Animal Welfare Section  
NCDA&CS

1030 Mail Service Center Raleigh, NC 27699-1030  
Phone: 919-707-3280 Fax: 919-733-6431 Email: [agr.aws@ncagr.gov](mailto:agr.aws@ncagr.gov)  
Web: [www.ncaws.com](http://www.ncaws.com)

The undersigned is seeking permission to teach classes or practical examinations that lead to Certified Euthanasia Technician status. I/we agree to the following:

1. I agree to teach the subjects listed in the NC Administrative Code (02 NCAC 52J .0400 - .0419)
2. I agree to provide a copy of the course materials to the Animal Welfare Section (AWS).
3. I agree to allow the AWS to audit the course to ensure quality control.
4. I agree to not copy the test except for those copies needed to administer it to each students.
5. I agree to not copy the answer key.
6. I agree to collect the answer key and all of the copies of the test, returning them to the AWS within 10 calendar days of the administration of the test.
7. I agree to grade the tests and return the graded tests to the AWS within 10 calendar days from the date of the test

Printed name of person requesting permission to provide training \_\_\_\_\_

Signature of person requesting permission to provide training \_\_\_\_\_

**Check All That Apply**

- I possess working knowledge of euthanasia as defined under the NC Administrative Code.
- I have actual experience in performing the euthanasia of animals.
- I have experience in training staff in the euthanasia of animals.
- Attached is/are references from individuals or organizations I have previously trained in the euthanasia of animals.

**This class is for:**

- New Applicants
- Returning Applicants
- Both

**This class is:**

- Open to outside applicants
- Closed to outside applicants

**Trainer Contact Information**

Affiliation (Org Represented)					
Email:				Phone Number:	
Address:					
City:		State:	North Carolina	Zip (5 Digit):	

**Training Session Location**

Address:					
Campus/Building:				City:	
County:		State:	North Carolina	Zip (5 Digit):	
Class Date(s) (mm/dd/yyyy):			Time Start-End:		
Class Date(s) (mm/dd/yyyy):			Time Start-End:		

\*Attach additional date/time indications as needed\*

**Approval**

Approved:  Disapproved:

Approved CET Trainer Number: \_\_\_\_\_

Signed By: \_\_\_\_\_

Date (mm/dd/yyyy): \_\_\_\_\_