

Request for Permission to Train Certified Euthanasia Technicians

NCDA&CS, Animal Welfare Section, 1030 Mail Service Center, Raleigh, NC 27699-1030
 Phone: 919-707-3280 Fax: 919-733-6431 Email: agr.aws@ncagr.gov Web: www.ncaws.com

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

1. I have read and understand the NC Animal Welfare Act (AWA) as it pertains to the euthanasia of animals and record keeping. _____
2. I have read and understand the NCAC rules (02 NCAC 52J) associated with the AWA as they pertain to the euthanasia of animals and record keeping. _____
3. I have read and understand the most recent editions of the AVMA Guidelines for the Euthanasia of Animals and HSUS Euthanasia Reference Manual. _____
4. I agree to teach the subjects listed in NCAC 52J Section .0400 in accordance with the requirements of this section and conforming to the most recent editions of the AVMA Guidelines for the Euthanasia of Animals and HSUS Euthanasia Reference Manual. _____
5. I agree to provide a copy of the course materials to the Animal Welfare Section (AWS) upon request. _____
6. I agree to allow the AWS to audit the course to ensure quality control. _____
7. I agree not copy the answer key or the test except for those copies of the test needed to administer it to each student. _____
8. I agree to collect the answer key and all the copies of the test, returning them to the AWS within 10 calendar days of the administration of the test. _____
9. I agree to grade the tests and return the graded tests, the Notification of Practical Results form, and the Notification of Written Test Results form to the AWS within 10 calendar days from the date of the test. _____
10. I understand that during the practical examination each applicant must perform IV injections on dogs, and IV or IP injections on cats. See NCAC 52J Section .0407 (e)(5). _____

- I am a NC licensed veterinarian that has euthanized dogs and cats; or
- I am a CET formerly or currently registered with the AWS and I have a minimum of 6 months of CET experience.

_____ Printed name of person requesting permission to provide training

_____ Signature of person requesting permission to provide training

This class is for:

This class is for:

- New Applicants Only**
- Returning Applicants Only**
- Both**

- Open** to outside applicants
- Closed** to outside applicants

Trainer Contact Information

Affiliation (Organization Represented):					
Email:		Phone Number:			
Address:					
City:		State:		Zip:	

Training Session Location

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

Attach additional date/time indications as needed

Approval (to be completed by AWS staff)

Approved **Disapproved** Approved CET Trainer Number: _____

Approved By: _____ Date: _____