NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Narcotic Enforcement

Application for Certification as Euthanasia Technician for Animals

☐ **Check if Renewal** **Reg. No._____**

APPLICANT:

Name: _____
(Last) (First) (Middle Initial)

Home Address: _____

City: _____ State: _____ Zip: _____

Home Telephone No. _____Date Of Birth [__[__]-[__[__]-[__[__]

MINIMUM QUALIFICATIONS:

Type of Degree/Major:_____ Date Received: [__[__]-[__[__]-[__[__]

College or University: _____

Address: _____

City: _____State:_____ Zip:_____

Qualifying Experience: (attach separate sheet)_____

PRESENT EMPLOYER(S): (Attach separate sheet if necessary to list more employers.)

(1) Name: _____

Address: _____

City:_____State:_____ Zip:_____

Telephone:_____ Length of Employment:_____/_____
(Years) (Months)

(2) Name: _____

Address: _____

City:_____State:_____Zip:_____

Telephone: _____ Length of Employment: _____/_____
(Years) (Months)

Present Employer(s) is an: ( ) Incorporated Society ( ) Municipal Animal Control Facility ( ) Other:_____
(Specify)

AFFIRMATION

I affirm that all the information on this application is true and correct and that I will abide by all laws and regulations pertaining to Controlled Substances:

Signature:_____Date:_____

Mail completed application along with resume, copy of Degree, and "Statement of Employer for Euthanasia Technician" (DOH-2165) from each employer to: Bureau of Narcotic Enforcement
Riverview Center
150 Broadway
Albany, New York 12204
1-866-811-7957 (Option #3)