Request for permission to train Certified Euthanasia Technicians

Print Form

Animal Welfare Section
NC Department of Agriculture and Consumer Services
1030 Mail Service Center
Raleigh, NC 27699-1030
phone: (919) 715-7111 FAX: (919) 733-6431
e-mail: aws.agr@ncagr.gov
URL: 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.

your contact information

Affiliation _____ (name of organization, veterinary hospital, etc., that you represent)

Address _____ city _____

State North Carolina ZIP (5 digit only) _____ Phone Number _____

location of training session

location of class _____ (college name, building name, etc.)

Address _____

city _____ State North Carolina ZIP (5 digit only) _____

Date of class (dd/mm/yyyy) _____ County where class is to be held _____

◯ Approved ◯ Disapproved

Approved CET Trainer number

Signed By

Date (dd/mm/yyyy) _____