



State of Alaska  
Department of Commerce, Community and Economic Development  
Division of Corporations, Business and Professional Licensing  
**BOARD OF VETERINARY EXAMINERS**  
State Office Building, 333 Willoughby Avenue, 9<sup>th</sup> Floor  
PO Box 110806, Juneau, AK 99811-0806  
Phone: (907) 465-2542 ★ Fax: (907) 465-2974  
E-mail: [license@alaska.gov](mailto:license@alaska.gov)  
Website: [www.commerce.alaska.gov/occ/pvet.htm](http://www.commerce.alaska.gov/occ/pvet.htm)

## **PROCEDURE FOR OBTAINING A VETERINARY TECHNICIAN LICENSE IN ALASKA**

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Please read the application, statutes, regulations, and all instructions carefully. It is your responsibility to be aware of licensing requirements and provide all necessary documentation. (If you received this application other than directly from the Division or its official website, the application may be outdated or not an official version. To ensure you have the official version, please contact the division.)

Following are the requirements to obtain a Veterinary Technician License in the State of Alaska:

1. A complete, notarized application.
2. The required fees, check or money order made payable to the State of Alaska:
  - \$ 50.00 Nonrefundable Application Fee
  - \$ 65.00 License Fee (may be submitted after results of VTNE are known)
3. Three notarized reference letters, at least two of which must be from licensed doctors of veterinary medicine. **MUST BE SENT DIRECTLY TO THE DIVISION FROM THE PERSON COMPLETEING THE PROFESSIONAL REFERENCE.**

-- EITHER #4 OR #5 BELOW --

4. Graduation from a veterinary technician training program accredited by the American Veterinary Medical Association or the Canadian Veterinary Medical Association. **Official transcripts must be sent directly from the training institution.**

**OR**

5. Completion of two years of on-the-job veterinary technician training under the supervision of a licensed veterinarian. **Notarized employment verification forms must be completed by the supervising veterinarian, and sent directly to the Division from the veterinarian completing the form.**

**AND**

6. Successful completion of the Veterinary Technician National Examination, (VTNE), sponsored by the American Association of Veterinary State Boards, (AAVSB). Your score must be reported directly from AAVSB's Veterinary Technician Information Verifying Agency (TIVA), 380 West 22<sup>nd</sup> Street, Suite 101, Kansas City, MO., 64108. Telephone: Toll Free (877) 698-8482 or (816) 931-1604. Email: [vettech@aavsb.org](mailto:vettech@aavsb.org). You can also access TIVA online at the AAVSB website at [www.aavsb.org](http://www.aavsb.org).

**EXAMINATION INFORMATION:** If you wish to be scheduled for the next available Veterinary Technician National Examination (VTNE), the Board must approve you to sit for the exam. The Division must receive, no later than 45 days before the examination date, a completed Application for Veterinary Technician License, nonrefundable application fee and the three notarized reference letters (received in the Division directly from the professional giving the reference). Items 1 through 3 (listed above) must be on file before your request to sit for the examination will be considered. You will apply directly with the American Association of Veterinary State Boards (AAVSB) to take the exam. Examination dates and other information may be obtained from [www.aavsb.org](http://www.aavsb.org).

## **GENERAL INFORMATION**

**RENEWAL** - All licenses expire on December 31 of even-numbered years regardless of the date of issue, except new licenses issued within 90 days of the expiration date will be issued through the next biennium. Renewal notices are mailed approximately 30 days prior to the license expiration. It is the licensee's responsibility to ensure renewal of the license. Please contact the division if you have a change of address. Failure to receive a renewal notice does not excuse nonrenewal.

**SOCIAL SECURITY NUMBERS** – AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the “Request for Exception from Social Security Number Requirement” form located on the division’s website at: [www.commerce.alaska.gov/occ](http://www.commerce.alaska.gov/occ) OR contact the division for a copy of the form.

**SPECIAL ACCOMMODATIONS FOR EXAMINATION** – Programs under the jurisdiction of the Division of Corporations, Business and Professional Licensing are administered in accordance with the Americans with Disabilities Act. If you require a special accommodation when taking the licensing examination, you must submit a complete “Application for Examination Accommodation for Candidates with Disabilities” form. This form is available on the division’s website: [www.commerce.alaska.gov/occ](http://www.commerce.alaska.gov/occ) or contact the division to request the form.

**PAYMENT OF CHILD SUPPORT AND STUDENT LOANS** -- If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, or if the Alaska Commission on Post-Secondary Education has determined you are in loan default, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 or the Post-Secondary Education office at (907) 465-2962 or 1-800-441-2962 to resolve payment issues.

**ADDRESS CHANGES** – In accordance with 12 AAC 02.900, it is the applicant’s responsibility to notify the Division of Corporations, Business and Professional Licensing, in writing, of changes of address. The address of record with the division will be used to send renewals and all other official notifications and correspondence.

**ABANDONMENT** – Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice and the application fee is forfeited. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of license and other fees paid. If no request for refund is received, all fees are forfeited.

**PUBLIC INFORMATION** – Please be aware that all information on the initial application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the Division’s website at: [www.commerce.alaska.gov/occ](http://www.commerce.alaska.gov/occ) under “License Search.”

**DENIAL OF APPLICATION** – Please be aware that the denial of an application for licensure may be reported to any person, professional licensing board, federal, state or local government agency, or other entity making a relevant inquiry or as may be required by law.



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**VET**

For Division Use Only

### APPLICATION FOR VETERINARY TECHNICIAN LICENSURE

**Appropriate fees must be included with this application. Make check or money order payable to the State of Alaska.**

- Application Fee                                   \$ 50.00
- Initial License Fee                                 \$ 65.00

**This application must be filled out in full. If any section does not apply, please indicate N/A.**

Name: \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_

U.S. Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Daytime Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Other Names under which you have been known: (maiden name, etc.): \_\_\_\_\_

#### EXAMINATION REQUIREMENT

Have you taken the Veterinary Technician National Examination sponsored by the American Association of Veterinary State Boards?  YES  NO

If yes, date taken \_\_\_\_\_ Place \_\_\_\_\_

Your scores must be sent **directly** from American Association of Veterinary State Boards to the board at the address above.

Do you wish to be approved for the next national exam?  YES  NO

#### EDUCATION

Have you graduated from a veterinary technician training program accredited by the American Veterinary Medical Association or the Canadian Veterinary Medical Association?  YES  NO Dates of Attendance \_\_\_\_\_

Name and Location of School \_\_\_\_\_

Official transcripts must be sent **directly** from the institution to the board at the address above.

#### TRAINING

Have you completed two years of on-the-job training as a veterinary technician under the supervision of a licensed veterinarian?  YES  NO

1. \_\_\_\_\_  
 Name of Employer                                   Address                                   Position Held                                   Dates

2. \_\_\_\_\_  
 Name of Employer                                   Address                                   Position Held                                   Dates

**REFERENCES**

List three references, at least two of which are licensed doctors of veterinary medicine, who have knowledge of your character and professional abilities. These individuals must also provide notarized reference letters regarding your character and professional abilities.

1. \_\_\_\_\_  
 Name Address

2. \_\_\_\_\_  
 Name Address

3. \_\_\_\_\_  
 Name Address

**REGISTRATION DATA**

Please list any states or provinces in which you are licensed as a veterinary technician:

1. \_\_\_\_\_  
 State Registration Number Date Issued Expiration Date

2. \_\_\_\_\_  
 State Registration Number Date Issued Expiration Date

**PERSONAL DATA**

If you answer "Yes" to any of the following questions, please explain dates and circumstances on a separate piece of paper, and send any supporting documents that are applicable (court records, etc.).

	YES	NO
1. Has your professional license in any state or jurisdiction ever been denied, revoked, suspended, surrendered, stipulated, on probation, or been subject to any restriction, censure, reprimand or other disciplinary action? .....	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been denied a certificate, or the privilege of taking an exam by any state veterinary board? .....	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been the subject of an inquiry or under investigation by any state board or other licensing agency concerning a violation or alleged violation of any state regulation, statutes, or law, or any violation or alleged violation of the Veterinary Practice Act, or unprofessional or unethical conduct? .....	<input type="checkbox"/>	<input type="checkbox"/>
4. Within the past five years, have you been convicted of a felony or any criminal offense other than a minor traffic violation (convictions include "suspended imposition of sentence")? .....	<input type="checkbox"/>	<input type="checkbox"/>
5. Within the past five years, have you been or are addicted to, excessively used, or misused alcohol, narcotics, barbiturates, or habit-forming drugs? .....	<input type="checkbox"/>	<input type="checkbox"/>
6. Within the past five years, have you been or are you currently being treated for bipolar disorder, schizophrenia, paranoia, psychotic disorder, substance abuse, depression (except for situational or reactive depression) or any other mental or emotional illness? .....	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have a physical disability which may impair or interfere with your ability to practice as a veterinarian technician? .....	<input type="checkbox"/>	<input type="checkbox"/>

If granted licensure, I will be governed by the rules and regulations for the Alaska State Board of Veterinary Examiners and will, at all times, observe and abide by the Code of Ethics adopted by the board.

SIGN HERE 

\_\_\_\_\_  
Signature of Applicant

SUBSCRIBED AND SWORN TO BEFORE ME, a notary public in and for the State of \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.



\_\_\_\_\_  
Notary Public

NOTARY SEAL

My Commission Expires: \_\_\_\_\_

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**EMPLOYMENT VERIFICATION**  
**(Required if applying by experience)**

**APPLICANT:** Complete only the top portion of this form. The remaining portion of this form is to be completed by your present or former supervisor who supervised your veterinary technician training. **THIS DOCUMENT MUST BE SUBMITTED DIRECTLY TO THE DIVISION BY THE PROFESSIONAL GIVING THE REFERENCE.**

I, \_\_\_\_\_, am applying for a Veterinary  
(Print Name)

Technician License and hereby authorize you to release information as required on this form.

Employment Dates: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**TO THE SUPERVISING VETERINARIAN:** Please complete this form and return to the Board of Veterinary Examiners at the above address. Provide dates and information that include on-the-job training performing veterinary technician duties only. Kennel assistant and receptionist duties are examples of tasks that do not meet the requirements for veterinary technician training.

1. Employee's position: \_\_\_\_\_
2. Dates you supervised employee: \_\_\_\_\_
3. Location where you supervised employee: \_\_\_\_\_
4. Type of practice: \_\_\_\_\_
5. Approximate number of hours employee worked per week: \_\_\_\_\_
6. Your rating of employee's ability: \_\_\_\_\_

**Please provide details regarding the employee's responsibilities:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Supervising Veterinarian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
License Number

SUBSCRIBED AND SWORN TO BEFORE ME, a notary public in and for the State of \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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I do certify that I was professionally associated with \_\_\_\_\_  
(Name of Applicant)  
from \_\_\_\_\_, to \_\_\_\_\_.

Personal Statement:

I can personally attest that this applicant is professionally competent, reliable and worthy of confidence, as reflected in the following statement.

PERSONAL STATEMENT (REQUIRED): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have some concern about the applicant's professional competence, reliability and being worthy of confidence, as reflected in the following statement.

PERSONAL STATEMENT (REQUIRED): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I do not have sufficient experience with this applicant to establish their professional capabilities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_ Title \_\_\_\_\_ License Number

\_\_\_\_\_  
Address

SUBSCRIBED AND SWORN before me, a Notary Public in and for the State of \_\_\_\_\_,  
this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
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\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

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License Number

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\_\_\_\_\_

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Address

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