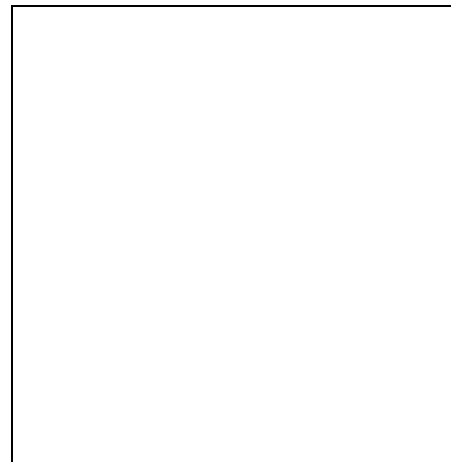




Department of Commerce, Community, and Economic Development
 Division of Corporations, Business and Professional Licensing
 Board of Veterinary Examiners
 P.O. Box 110806, Juneau, Alaska 99811-0806
 Phone: (907) 465-2542 ★ E-mail: license@alaska.gov
 Website: www.commerce.state.ak.us/occ/pvet.htm



**BIENNIAL VETERINARY TECHNICIAN
 LICENSE RENEWAL**

January 1, 2011 – December 31, 2012

IT IS TIME TO RENEW YOUR VETERINARY TECHNICIAN LICENSE

Your license to practice as a Veterinary Technician in the State of Alaska expires on December 31, 2010. It is illegal for you to practice if your license has expired. There is no grace period. To renew your license for the period January 1, 2011 through December 31, 2012 return this *signed* application to the above address with a check or money order payable to the State of Alaska, or use the attached credit card payment form. **Faxed or emailed applications will not be accepted.** This is the only renewal notice you will receive. **Incomplete applications or insufficient fees will result in your renewal being rejected.**

Complete the following information, including your name, mailing address, etc. In lieu of completing this form, the board's website offers an "interactive" version in which you may type all the required information and then print and mail the form with the required fee, at <http://www.commerce.state.ak.us/occ/pvet.htm>

Name: _____			
Last	First	Middle	
Mailing Address (complete only if your address is different than the address label shown above):			

P.O. Box or Street	City	State	Zip Code
Social Security Number: _____	Date of Birth: _____	License #: _____	
Daytime Telephone Number: _____	Email: _____		

- CHECK APPROPRIATE BOX:** **License \$65** – License #1 – #275
- Prorated License \$32.50** – Prorated fee **applies only to license #276 and above.**
- Penalty Fee \$30** – For licenses lapsed more than 60 days (renewals postmarked on or after 3/2/11) and for each year that the license has been lapsed.

NAME AND ADDRESS OF LICENSED VETERINARIAN PROVIDING SUPERVISION (12 AAC 68.300(d):

Name: _____

Address: _____

City, State, Zip: _____

PROFESSIONAL FITNESS: The following questions must be answered. If you answer "Yes" to any of the questions, you must explain dates, locations, and circumstances on a separate piece of paper, and send any supporting documents that are applicable (court records, etc.). "Yes" answers may not automatically result in license denial.

Since the date of your last application for a Veterinary Technician license:	YES	NO
1. Have you had a professional license denied, revoked, suspended, or otherwise restricted, conditioned, or limited or have you surrendered a professional license, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional license you have held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including a conviction involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine.	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you now or have you been addicted to or excessively used alcohol or any other legal or illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you now or have you experienced or been treated for bipolar disorder, schizophrenia, paranoia, a psychotic disorder, substance abuse, depression (except for situational or reactive depression) or any other mental or emotional illness?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you currently have a physical disability which may impair or interfere with your ability to practice as a veterinary technician?	<input type="checkbox"/>	<input type="checkbox"/>

CONTINUING COMPETENCY: Your license cannot be renewed unless you have met the continued competency requirements in Article 3 of 12 AAC 68 (see enclosed regulations).

RANDOM AUDIT: A percentage of license renewal applications will be randomly selected for audit. If selected, you must submit copies of certificates or other acceptable proof that you satisfied the continued competency requirements as you have stated on this application. You are required to save your documents for at least four years so you can respond to audits. Licensees unable to comply with the audit are subject to disciplinary license action.

You may not claim hours for education not yet "successfully completed" as of the date of submitting this application. Per 12 AAC 02.960(j) "successfully completed" means C.E. credit has been awarded.

STATEMENT OF COMPLIANCE
BY CHECKING THE APPROPRIATE BOX BELOW, YOU ARE CERTIFYING YOUR COMPLIANCE WITH THE CONTINUING COMPETENCY REQUIREMENTS IN ARTICLE 3 OF 12 AAC 68

- LICENSE #s 001-250** – I certify that I have "successfully completed" the required 10 hours of continuing education during the concluding licensing period of January 1, 2009 through December 31, 2010. If audited, I agree to provide documentation that verifies I meet the activity as claimed.
- LICENSE #s 251-275** – I certify that I have "successfully completed" the required 5 hours of continuing education during the concluding licensing period of January 1, 2009 through December 31, 2010. If audited, I agree to provide documentation that verifies I meet this activity as claimed.
- LICENSE #s 276 AND ABOVE** – Licenses initially issued after January 1, 2010 are not required to provide evidence of continuing education for this renewal only. Licensees will be subject continuing education requirements for subsequent renewals.

For applications postmarked after December 31, 2010 – I certify that I have successfully completed some or all of my hours of continuing education after December 31, 2010, but prior to submitting this renewal application. These hours were earned in accordance with Article 3 of 12 AAC 68. I have attached a letter of explanation regarding my late renewal and copies of certificates documenting completion of continuing education. Under 12 AAC 02.965, I understand that the hours I earned after December 31, 2010 may not be used for the subsequent renewal period (1/1/11 – 12/31/12).

ALL APPLICANTS:

I certify that the information furnished in this application is true and correct.

SIGN HERE

Applicant's Signature _____



Date: _____

WARNING: Falsification or misrepresentation of any item or response in this application, or any attachment hereto or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license or permit to practice as a veterinary technician in the state of Alaska.

NOTIFICATION OF PROPOSED REGULATION CHANGES

If you would like to receive notice of all proposed Board of Veterinary Examiners regulation changes, please send a written request adding your name to the Board of Veterinary Examiners Interested Parties List to:

REGULATIONS SPECIALIST

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
P.O. Box 110806, Juneau, Alaska 99811-0806

GENERAL INFORMATION

RENEWAL DUE DATE - If you have met the continuing competency requirements (see reverse), complete this form and return with the appropriate fee for processing. The processing time for correct and completed renewal applications is three to four weeks after receipt. Plan accordingly and submit your form by December 1, 2010 to ensure processing by the lapse date of December 31, 2010. Please allow additional time for processing if you answer "yes" to any of the professional fitness questions.

EXPIRED LICENSES - There is no "inactive" license status. If you choose not to renew your license before it expires, you may renew the license at a later date only after satisfying the requirements in Article 3 of 12 AAC 68. **Licenses which have expired more than five years cannot be renewed.**

NAME CHANGE - If you have had a legal name change since your last license was issued, please enclose a certified true copy of the legal document (marriage certificate, divorce decree, etc.) for proof of your name change.

SOCIAL SECURITY NUMBERS - In accordance with AS 08.01.100, the department is not authorized to renew a license unless the applicant's social security number has been provided to the department. If you do not have a social security number, contact the board office.

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.

PUBLIC INFORMATION - Please be aware that all information on this renewal 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.state.ak.us/occ under "License Search."

BUSINESS LICENSES - Renewal applications for business licenses will be mailed separately. For more information about business licenses, call (907) 465-2550 or access www.commerce.state.ak.us/occ

CONTINUING COMPETENCY REGULATIONS

Article 3.

CONTINUING COMPETENCY

Section

- 220. CONTINUING COMPETENCY REQUIREMENTS
- 225. CONTINUING COMPETENCY REQUIREMENTS FOR FIRST-TIME LICENSE RENEWAL
- 230. APPROVED CONTINUING EDUCATION PROGRAMS
- 240. CERTIFICATION OF COMPLIANCE

12 AAC 68.220. CONTINUING COMPETENCY REQUIREMENTS. (a) Except as provided in 12 AAC 68.225, an applicant for renewal of a veterinarian license must certify having completed 30 contact hours of continuing education during the concluding licensing period.

(b) Except as provided in 12 AAC 68.225, an applicant for renewal of a veterinary technician license must certify having completed 10 contact hours of continuing education during the concluding licensing period.

(c) For the purposes of this section,

- (1) one contact hour equals a minimum of 50 minutes of instruction;
- (2) one continuing education unit awarded by a professional association equals 10 contact hours;
- (3) one academic semester credit hour equals 15 contact hours;
- (4) one academic quarter credit hours equals 10 contact hours.

12 AAC 68.225. CONTINUING COMPETENCY REQUIREMENTS FOR FIRST-TIME LICENSE RENEWAL. (a) A veterinarian who is applying for license renewal for the first time shall certify having completed 15 contact hours of continuing education for each complete calendar year that the applicant was licensed during the concluding licensing period.

(b) A veterinary technician who is applying for license renewal for the first time shall certify having completed five contact hours of continuing education for each complete calendar year that the applicant was licensed during the concluding licensing period.

12 AAC 68.230. APPROVED CONTINUING EDUCATION PROGRAMS. (a) A veterinarian or veterinary technician shall obtain the number of continuing education contact hours required by 12 AAC 68.220 in a continuing education program sponsored by

- (1) the American Veterinary Medical Association;
 - (2) the American Animal Hospital Association;
 - (3) a state veterinary association;
 - (4) an accredited veterinary school;
 - (5) other formal, organized professional associations approved by the board;
 - (6) correspondence courses approved by the board; or
 - (7) the American Association of Veterinary State Boards Registry of Approved Continuing Education (RACE Program).
- (b) No more than one-third of the total continuing education contact hours required under this chapter may be in nonscientific topics.

12 AAC 68.240. CERTIFICATION OF COMPLIANCE. (a) A veterinarian or veterinary technician shall submit, on a form provided by the department, a statement of compliance with the continuing competency requirements of 12 AAC 68.220 - 12 AAC 68.230, at the time of license renewal.

(b) The board will, in its discretion, require a veterinarian or veterinary technician to submit additional evidence of compliance with the continuing competency requirements. The veterinarian or veterinary technician shall maintain evidence of compliance with continuing competency requirements for three years from the date the continuing competency was received.

(c) *Repealed 5/9/98.*



State of Alaska
 Department of Commerce, Community, and Economic Development
 Division of Corporations, Business and Professional Licensing
 PO Box 110806, Juneau, Alaska 99811-0806
 Phone: (907) 465-2550
 Fax: (907) 465-2974

OFFICE USE ONLY

CREDIT CARD PAYMENT

For security purposes, please **do not email or fax** credit card information. Mail this form with the completed renewal to the Division. Completion of this form is not proof of payment until the division processes the information contained herein. If any information on this form is illegible, the form will be rejected. Please print.

Name of Applicant or Licensee: _____
Corporate or Individual (first, middle, last)

License Number (if applicable): _____

Type of License: _____

I wish to make payment by credit card for the following (check all that apply):

- | | Amount |
|---|--------|
| <input type="checkbox"/> Application fee | _____ |
| <input type="checkbox"/> License (or renewal) fee | _____ |
| <input type="checkbox"/> Fine | _____ |
| <input type="checkbox"/> Other (specify): _____ | _____ |
| Total: | _____ |

Print Name on Credit Card: _____

Complete Mailing Address: _____

Telephone Number: _____

Email Address (optional): _____

Credit Card Type (check one): VISA MASTERCARD

Signature of Credit Card Holder: _____

Card Number: _____ **Expiration Date:** _____

The bottom section of this form will be destroyed upon processing of the payment.