



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, 9th Floor
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2542 ★ Fax: (907) 465-2974
E-mail: license@alaska.gov
Website: www.commerce.alaska.gov/occ/pvet.htm

APPLICATION TO PRACTICE VETERINARY MEDICINE

Under Alaska Statute 08.98.120 a person may not practice veterinary medicine, surgery, or dentistry in the State unless the person is licensed as a veterinarian under AS 08.98 or has a temporary permit issued under AS 08.98.186.

Applicants may qualify for licensure by examination (see Part I) or by credentials (see Part II). Part III describes the procedures for obtaining a temporary license while awaiting examination results for permanent licensure. Part IV describes the procedures for obtaining a temporary permit for a person licensed to practice veterinary medicine in another state who will conduct the practice of a person licensed in this State who is absent from his/her practice.

State Veterinary Jurisprudence: The examination is required for applicants applying by examination or credentials. Upon receipt of the appropriate application and fee, the open book examination and study materials will be mailed directly to each applicant for completion. 12 AAC 68.015(c).

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(If you received this application other than directly from the Division or its official website, the application may be outdated or not an official version.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).

If you have questions concerning the licensing requirements, please contact the licensing examiner for the State Board of Veterinary Examiners at (907) 465-2542.

APPLICATION BY EXAMINATION

The following documents must be on file before the board will review an application by examination:

1. A completed notarized application.
2. Fees (**make check or money order payable to the State of Alaska**):
 - \$250.00 Nonrefundable application
 - \$375.00 Initial licensure
 - \$150.00 Alaska State Jurisprudence Examination
 - \$75.00 Temporary License
3. Official college transcripts showing graduation from an accredited veterinary school, or official records showing successful completion of the Educational Commission for Foreign Veterinary Graduates (ECFVG) certification process.

An applicant in the final year of veterinary school who is applying for approval to sit for the NAVLE, may submit a letter of good standing, sent **DIRECTLY FROM THE DEAN OF THE APPLICANT'S VETERINARY SCHOOL**.
4. Four professional reference forms, notarized and completed by the veterinarians listed on the applicant's application (new graduates may utilize instructors for two of the references). **Reference must be sent directly to the Division from the person completing the reference form.**
5. Verification of licensure and evidence of good standing as set out in 12 AAC 68.048, including the disposition of any disciplinary action taken or pending against the applicant, from all licensing jurisdictions where the applicant holds or has ever held a veterinary license.
6. A completed Veterinary Information Verifying Agency (VIVA) score reporting form **sent directly from the American Association of Veterinary State Boards** verifying that within 60 months before the date of application, the applicant has passed the
 - (A) National Board Examination and the Clinical Competence Test; or
 - (B) North American Veterinary License Examination;

Veterinary Information Verifying Agency (VIVA), 380 West 22nd Street, Suite 101, Kansas City, Missouri, 64108, (877) 698-VIVA, website: www.aavsb.org; email: aavsb@aavsb.org

Applicants who have not yet passed a national examination referenced above, may be scheduled for the next available NAVLE examination. Examination applications **MUST BE RECEIVED BY THE DEPARTMENT AT LEAST 120 DAYS BEFORE** the first day of the NAVLE administration's testing window. The NAVLE is held in April and November of each year. Examination dates, candidate bulletin and other information may be obtained from www.nbvme.org.

TEMPORARY LICENSE: An applicant whose application has been approved by the board may receive a nonrenewable temporary license **WHILE WAITING FOR THE ALASKA STATE JURISPRUDENCE EXAMINATION RESULTS.** To apply for a temporary license, submit all of the items under Application By Examination and the Statement of Supervision form, 08-609d, signed by the supervising veterinarian.

LICENSE BY CREDENTIALS

The following documents must be on file before the board will review an application by credentials:

1. A completed notarized application.
2. Fees (**make check or money order payable to the State of Alaska**):
 - \$250.00.....Nonrefundable application
 - \$375.00.....Initial licensure
 - \$150.00.....Alaska State Jurisprudence Examination
 - \$75.00.....Temporary License
3. Verification of active practice of veterinary medicine for at least five of the seven years before the date of application. Active Practice means at least 1,000 hours of practicing veterinary medicine, surgery, or dentistry during a calendar year. An "Affidavit of Active Practice", form 08-609b, must be completed by an individual who has direct personal knowledge of the applicant's practice of veterinary medicine, **and be submitted directly to the Division from the person completing the form.**
4. Official college transcripts showing graduation from an accredited veterinary school, or official records showing successful completion of the Educational Commission for Foreign Veterinary Graduates (ECFVG) certification process.
5. Four professional reference forms, notarized and completed by the veterinarians listed on the applicant's application, **and be submitted directly to the Division from the person completing the form.**
6. Verification of licensure and evidence of good standing as set out in 12 AAC 68.048, including the disposition of any disciplinary action taken or pending against the applicant, from all licensing jurisdictions where the applicant holds or has ever held a veterinary license.
7. A completed Veterinary Information Verifying Agency (VIVA) score reporting form **sent directly from the American Association of Veterinary State Boards** verifying the applicant has passed the
 - (A) National Board Examination and the Clinical Competence Test; or
 - (B) North American Veterinary License Examination;

Veterinary Information Verifying Agency (VIVA), 380 West 22nd Street, Suite 101, Kansas City, Missouri, 64108.
Telephone: (877) 698-VIVA, website: www.aavsb.org; email: aavsb@aavsb.org

TEMPORARY PERMIT: A person licensed to practice veterinary medicine in another state may be granted a temporary permit to **CONDUCT THE PRACTICE OF A PERSON LICENSED IN THIS STATE WHO IS ABSENT FROM HIS/HER PRACTICE.** A temporary permit is valid for no longer than 60 days after issuance, but may be renewed for an additional 60-day period upon approval of the board. Please allow at least three weeks for processing of the temporary permit application.

The following documents must be on file before the board will review an application for temporary permit:

1. Temporary permit application signed by the veterinarian who will be absent from his/her practice and by the applicant.
2. \$75.00 temporary permit fee.
3. Notarized copy of veterinary college diploma showing graduation from an accredited veterinary school, or official records showing successful completion of the Educational Commission for Foreign Veterinary Graduates (ECFVG) certification process.
4. Verification of Licensure and evidence of good standing from another jurisdiction where the applicant is currently licensed and **sent directly to the board by the agency completing the form.**

FOREIGN GRADUATES: A foreign graduate of veterinary medicine must have met the requirements of the Education Commission for Foreign Veterinary Graduates (ECFVG). A verified copy of the ECFVG certificate must be submitted with the application.

GENERAL INFORMATION:

RENEWAL INFORMATION : All licenses expire on December 31 of even-numbered years, regardless of when issued, except new licenses issued within 90 days of the expiration date are issued through the next biennium.

CONTINUING COMPETENCY REQUIREMENTS: Licensees shall complete 30 contact hours of continuing education acceptable to the board for the concluding two-year licensing period.

FEDERAL HEALTH CERTIFICATES: A veterinarian who does not hold a current **permanent** license in this State is prohibited from issuing federal health certificates needed for interstate travel. Temporary licenses and temporary permits are **NOT** permanent licenses.

ADDRESS CHANGE: In accordance with 12 AAC 02.900, a person must notify the Division in writing of a change of address. We will accept a fax, e-mail, or written notice that comes directly from the licensee or applicant. We will not accept a telephone call for a change of address. A change of address form may be obtained from the division's website at: www.commerce.alaska.gov/occ under "Professional Licensing."

SOCIAL SECURITY NUMBER: Alaska Statute 08.01.060(b) requires an applicant for an occupational license to provide a United States Social Security Number. Applicants who do not have a social security number must complete the "Request for Exception from Social Security Number Requirement" form located on the division's website at: www.commerce.alaska.gov/occ or contact the division to request the form.

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 under "License Search."

PAYMENT OF CHILD SUPPORT AND STUDENT LOANS: If the Alaska Commission on Postsecondary Education has determined you are in loan default or if the Alaska Child Support Enforcement Division has determined you are in arrears on child support, you will be issued a nonrenewable temporary license valid for 150 days. Contact Postsecondary Education at 1-800-441-2962 or (907) 465-2962 or Child Support Services at (907) 269-6657 if your last name begins with A – M; Contact (907) 269-6845 if your last name begins with N – Z; or 1-800-478-3300 to resolve payment issues.

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 an examination accommodation, you must submit a completed "Application for Examination Accommodation for Candidates with Disabilities" form. This form is available on the division's website at: www.commerce.alaska.gov/occ or contact the division to request the form.

STATUTES AND REGULATIONS: The complete set of Board of Veterinary Examiner Statutes and Regulations is available on the board's website at: www.commerce.alaska.gov/occ/pvet.htm. If you are unable to download the statutes and regulations, please contact the division and request a copy by mail.

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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For Division Use Only

APPLICATION FOR VETERINARY LICENSURE

Make check or money order payable to the State of Alaska.

- Nonrefundable Application Fee: \$250.00
Initial License Fee: \$375.00
State Written Examination Fee: \$150.00
Temporary License Fee: \$75.00
Temporary Permit Fee: \$75.00

I hereby apply for a license to practice veterinary medicine, surgery, and dentistry in the State of Alaska by:

- Credentials Examination

(If applying by examination, do you want a temporary license while awaiting examination results: Yes No)

If any section does not apply, write "NA" in the space provided.

Name: Last First Middle Initial

Mailing Address: Street or P.O. Box Number City State Zip Code

Social Security No.: Birth Date: Gender: Male Female

Daytime Telephone Number: Email:

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

EXAMINATION INFORMATION: YES NO

Have you taken the North American Veterinary Licensing Examination?
If yes, scores must be sent directly to this office from the National Board Examination Committee (NBEC) or Veterinary Information Verification Agency (VIVA).

If no, have you applied through the National Board of Veterinary Medical Examiners (NBVME) to take the next scheduled NAVLE exam through Alaska?

(You must contact NBVME for an application, or you may obtain information from the NBVME website at http://www.nbvme.org

Have you taken the National Board Exam?

If yes, date taken: State:

Have you taken the Clinical Competency Test?

If yes, date taken: State:

EDUCATION:

School of Veterinary Medicine Name and Location Dates Attended

Diploma Received Date of Diploma

OCCUPATIONAL STATUS: List positions held for the past seven years only.

Name of Employer	Address & Telephone Number of Employer	Position Held	Dates & Approximate Number of Hours per Year

LICENSING DATA: List all states or jurisdictions in which you are or have been licensed to practice veterinary medicine:

1. _____
 State License Number Date Issued Expiration Date

2. _____
 State License Number Date Issued Expiration Date

REFERENCES: List four references who are doctors of veterinary medicine and who have knowledge of your character and professional abilities. Have these four individuals complete the attached professional reference forms.

1. _____
 Name Address ZIP Code

2. _____
 Name Address ZIP Code

3. _____
 Name Address ZIP Code

4. _____
 Name Address ZIP Code

PROFESSIONAL FITNESS

If any of the following answers are YES, you must explain fully in a separate letter and attach applicable legal documentation.

	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. Are you currently under investigation by another veterinary licensing authority concerning a violation or alleged violation of any state regulations, 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. Have you ever held a DEA registration number?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever surrendered or had a federal controlled substance registration revoked, suspended, restricted, denied, or placed on probation?.....	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever 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"/>
7. Do you have any pending criminal charges?	<input type="checkbox"/>	<input type="checkbox"/>
8. Within the past five years, have you been or are you addicted to, excessively used, or misused alcohol, narcotics, barbiturates, or habit-forming drugs?	<input type="checkbox"/>	<input type="checkbox"/>

PROFESSIONAL FITNESS CONTINUED:

- | | YES | NO |
|--|--------------------------|--------------------------|
| 9. 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"/> |
| 10. Do you have a physical disability which may impair or interfere with your ability to practice veterinary medicine? | <input type="checkbox"/> | <input type="checkbox"/> |

The contents of licensing files are generally considered public records. If you believe that the additional information you are attaching to explain a "yes" answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted.

By my signature below, I attest that all facts, statements, and answers contained in this application are true and correct; I am not omitting any information which might be of value to this board in determining my qualifications and character, whether it is called for or not. Such falsification, omissions, or withholding shall serve as sufficient grounds for the suspension, cancellation, or revocation of my veterinarian license even though it is not discovered until after issuance.

I have read the Alaska Veterinary Practice Act. I solemnly declare upon my honor that, if granted a license in Alaska, I will respectfully comply with any law governing the practice of veterinarians in this state, and will do my best to uphold and maintain the ethics of the profession.

SIGN HERE 

Signature of Applicant

Date

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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PROFESSIONAL REFERENCE

The information below must be completed by a professional reference. It may not be completed by the applicant. **This document must be submitted directly to the Division by the professional giving the reference.**

I do certify that I have been professionally associated with _____
(Name of Applicant)

from _____, to _____
month / year month / year

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 No.

Address

Telephone No.

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Printed Name

Title

License No.

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Telephone No.

SUBSCRIBED AND SWORN before me, a Notary Public in and for the State of _____,
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(Name of Applicant)

from _____, to _____
month / year month / year

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PERSONAL STATEMENT (REQUIRED): _____

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

Signature

Printed Name

Title License No.

Address

Telephone No.

SUBSCRIBED AND SWORN before me, a Notary Public in and for the State of _____,

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PROFESSIONAL REFERENCE

The information below must be completed by a professional reference. It may not be completed by the applicant. **This document must be submitted directly to the Division by the professional giving the reference.**

I do certify that I have been professionally associated with _____
(Name of Applicant)

from _____, to _____
month / year month / year

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 No.

Address

Telephone No.

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

NOTARY SEAL

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**AFFIDAVIT OF ACTIVE PRACTICE
(for Credential Applicants)**

**TO BE COMPLETED BY AN INDIVIDUAL WHO HAS DIRECT PERSONAL KNOWLEDGE OF THE
APPLICANT'S PRACTICE OF VETERINARY MEDICINE**

Applicants applying for a license by credentials must document active practice of veterinary medicine for at least five of the seven years before the date of application. Active Practice means at least 1,000 hours of practicing veterinary medicine, surgery, or dentistry during a calendar year. **This document must be submitted directly to the Division by the person completing the form.**

By my signature below, I certify that _____
(Applicant's Name)

has been engaged in the active practice of veterinary medicine, surgery, or dentistry for at least 1,000 hours per calendar year from _____, to _____.
month / year month / year

I am/was associated with the applicant in the following manner: _____

I certify that the above information is true and correct to the best of my knowledge.

Signature

Printed Name

Title/License Number if applicable

Address

Telephone Number

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

Notary Public

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VERIFICATION OF LICENSURE

Applicant: Complete this section and mail to each jurisdiction in which you hold or have held a license to practice veterinary medicine. Some jurisdictions require a fee for completion of a license verification; you may wish to check with that agency prior to submitting this form for completion.

Applicant Signature: _____

Printed Name: _____

License No.: _____

Address: _____

PLEASE DO NOT DETACH. The information below must be completed by the State Licensing Board; it may not be completed by the applicant.

PLEASE MAIL DIRECTLY TO THE STATE OF ALASKA

State of _____

Name of Licensee: _____

Type of License Granted: _____

License No.: _____ Issue Date: _____ Expiration Date: _____

Licensed by: State Exam National Exam Other

Status: Current -- Expiration Date: _____
 Inactive -- Lapsed Suspended
 Revoked -- Reinstated (if applicable, please explain)

The above-named applicant is is not in good standing with this board.

Has the applicant's license ever been suspended, revoked or subject to any disciplinary actions? Yes No
If so, for what reason?

Please provide any information you believe relevant to the applicant's qualifications to practice as a veterinarian:

(BOARD SEAL)

Signature

Printed Name

Title

Email Address

PLEASE MAIL DIRECTLY TO:
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APPLICATION FOR TEMPORARY LICENSE

Temporary License Fee: \$75.00

I hereby apply for a temporary license to practice veterinary medicine, surgery, and dentistry in Alaska until the results of my State Jurisprudence Examination are reported.

Name: _____

Address: _____

I will be employed at:

Business Name: _____

Business Address: _____

Business Telephone: _____

Employer: _____
(Name of Sponsoring Veterinarian)

Signature of Applicant

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STATEMENT OF SUPERVISION

(Only to be used if applying for a temporary license while awaiting state jurisprudence examination results)

Date: _____

To Board of Veterinary Examiners:

I, _____, am willing to assume the full responsibility of supervising
_____ who is submitting an application for examination in the practice of
veterinary medicine. The supervision will take place at: _____
Name and Address of Practice

This supervision will be held in compliance with the statutes and regulations set forth by the Board of Veterinary Examiners.

I understand that the above-named applicant must work under my direct supervision and within my physical presence. I further understand that the temporary license is valid until the results of the examination for which the applicant is scheduled are published and that the temporary license is nonrenewable.

I certify that the above information is true and correct.

Signature of Sponsoring Veterinarian

Alaska License No.

