



Board of Veterinary Examiners
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550

Email: BoardOfVeterinaryExaminers@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfVeterinaryExaminers

Veterinary Courtesy License Application Instructions

Under AS 08.98.120 no person may practice veterinary medicine, surgery, or dentistry in the state without first obtaining an Alaska license (AS 08.98.120). Regulations provide for issuance of a courtesy license to certain individuals for special events.

A courtesy license may be issued to a non-resident to practice veterinary medicine for a special event only.

A courtesy license does not authorize the licensee to conduct a general veterinary practice or to perform services outside the scope of practice required for that special event.

A courtesy license is valid for 30 consecutive days. A person may not be issued more than two courtesy licenses in a calendar year. The holder of a courtesy license is obligated to uphold the standards of practice identified in 12 AAC 68.070- 12 AAC 68.190 and is subject to the disciplinary provisions of AS 08.01.075 and AS 08.98.235.

A completed application must be postmarked or received by the division NO LATER THAN 30 days before the special event for which the courtesy license is requested.

The following must be received by the division before your application for Veterinary Courtesy License can be reviewed:

1. APPLICATION

A signed, completed application (#08-4040, pages 1-4).

2. FEES

Fees made payable to "State of Alaska."

Nonrefundable Application Fee:	\$125.00
Courtesy License Fee:	\$125.00
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Total Fees Due:	\$250.00

3. AUTHORIZATION FOR RELEASE OF RECORDS

A completed Authorization for Release of Records form (#08-4040a).

4. VERIFICATION OF LICENSURE

- A. Verification of a valid license to practice veterinary medicine in another state or a province of Canada (#08-4040b);
 - B. Current status as a specialist certified by a board recognized by the American Veterinary Medical Association (AVMA) in the specialty area for which the applicant is requesting a courtesy license; **or**
 - C. A valid license to practice veterinary medicine in a licensing jurisdiction outside of the United States or Canada; and **either**
 - verification of having passed the examination of the Education Commission for Foreign Veterinary Graduates (ECFVG) or the Program for the Assessment of Veterinary Education Equivalence (PAVE) certification process.
- or -
- a signed acknowledgment that the applicant will practice only under the direct supervision of a veterinarian who holds a permanent license in this state or who holds a permanent license in another state and a courtesy license in this state.

Note: If the special event is a "specialty clinic" as defined in 12 AAC 68.041(f)(3), submit verification of current status as a specialist certified by the American Veterinary Medical Association (AVMA) in the specialty area for which the applicant is requesting a courtesy license. Forward to this office either a notarized copy of the required certificate or a letter sent directly from the AVMA specialty board verifying specialty status.

General Information

APPLICATION PROCESSING:

The average time to process a paper application varies by program but can take several weeks from the date it is received in this office complete with all correct forms, supporting documents and appropriate fees paid. When the application is complete and correct, and all supporting documents have been received and all fees have been paid, the license will be issued. Start the process far enough in advance to allow for processing time. Applications are reviewed in order of receipt in our office, and walk-in customers should not expect immediate review.

LICENSE TERM:

A courtesy license is valid for 30 consecutive days. A person may not be issued more than two courtesy licenses in a calendar year. The holder of a courtesy license is obligated to uphold the standards of practice identified in 12 AAC 68.070 - 12 AAC 68.190 and is subject to the disciplinary provisions of AS 08.01.075 and AS 08.98.235.

PROFESSIONAL FITNESS QUESTIONS:

A “yes” response in the application does not mean your application will be denied. If you have responded “yes” to any professional fitness questions in the application, be sure to submit a signed and dated explanation, and the charging document and judgement.

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 governmental agency, or other entity making a relevant inquiry or as may be required by law.

RANDOM AUDIT:

If your program requires continuing education, the Division will audit a percentage of the license renewals. If your license is randomly selected for audit, a letter will be sent with instructions to submit documentation as proof you satisfied the continuing competency requirements as stated on this renewal form. Licensees are randomly selected by computer and may be randomly selected as often as the computer program chooses. You must save your documents for at least four years so you can respond to audits.

ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the Division, in writing, of changes of address or name. Name and address change notification forms are available on the Division's website. The address of record with the division will be used to send renewals and all other official notifications and correspondence. The name appearing on the license must be your current legal name.

CERTIFIED TRUE COPIES:

If any of the required documents will be issued under a former name, indicate on the application and submit marriage license and/or court documents that are notarized as a “certified true copy of the original document”. To obtain a certified true copy, you must present the notary with the original document along with the photocopy. You must write, “I certify this is a true copy of the original document” and sign your name. The notary will compare the original document with the copy and then notarize your signature.

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 Exemption from Social Security Number Requirement form (#08-4372) located at *ProfessionalLicense.Alaska.Gov* or contact the division for a copy of the form. This form is required with every application if you do not have a U.S. Social Security Number.

PUBLIC INFORMATION:

Please be aware that all information on the 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 *ProfessionalLicense.Alaska.Gov* under License Search.

ABANDONED APPLICATIONS:

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. 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 biennial license and other fees paid. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued, and all fees will be forfeited.

BUSINESS LICENSES:

The status of a professional license will directly impact the status of an associated business license. Renewal applications for business licenses are mailed separately. For more information about business licenses, (907) 465-2550 or *BusinessLicense.Alaska.Gov*

STALE DOCUMENTS:

Application forms, authorizations and verifications older than 12 months from the date the document was received by the division will be considered stale; the document must be resubmitted as appropriate before the application will be considered by the division or a licensing board. Application documents include the application documents and verifications of licensure from other licensing jurisdictions. (12 AAC 02.915)

PAYMENT OF CHILD SUPPORT:

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 to resolve payment issues.

STATUTES AND REGULATIONS:

The complete set of statutes and regulations for this program are available by written request or online at the division's website: *ProfessionalLicense.Alaska.Gov*

If you would like to receive notice of all proposed regulation changes for your program, please send a request in writing with your name, preferred contact method (mail or email), and the specific program you want to be updated on to the address below.

Regulations Specialist
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
EMAIL: *RegulationsAndPublicComment@Alaska.Gov*



THE STATE
of **ALASKA**

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

VET

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Veterinary Courtesy License Application

PART I Payment of Fees

Required Fees:	<input type="checkbox"/> Nonrefundable Application Fee	\$125.00
	<input type="checkbox"/> Courtesy License Fee	\$125.00

PART II Personal Information

Full Legal Name:			
<p>Provide all other names used (maiden, nicknames, aliases). If any documentation will be received in a prior name, you must provide a certified true copy of the documentation showing proof of legal name change(s).</p> <input type="checkbox"/> Not Applicable <input type="checkbox"/> Other Names Used: _____			
Mailing Address:	P.O. Box or Street	City	State Zip
Contact Phone:	Date of Birth:		
<p>EMAIL AGREEMENT: By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.</p>			
Email Address:	Select One: <input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail		
<p><i>Note: If both boxes are selected above, you will receive correspondence electronically.</i></p>			
<p>SOCIAL SECURITY NUMBER: AS 08.01.060 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.</p>			

PART III Current Residency

<input type="checkbox"/> I hereby certify that I am not an Alaska resident.	
State or Country of Residency:	

PART IV Professional License(s)

Please list all states, territories, provinces, or foreign countries in which you currently hold or have ever held a license or permit to practice veterinary medicine.

State or Jurisdiction	License Number	Issue Date	Current Status (Active, Lapsed)

PART V Description of Purpose

Please describe the special event to which the courtesy license will be applied, and the intended scope of practice required for the event for which the courtesy license is requested (12 AAC 68.041(d)).

(SPECIALTY CLINIC APPLICANTS: If the special event is a “specialty clinic” as defined in 12 AAC 68.041(f)((3), verification of current status as a specialist certified by the American Veterinary Medical Association (AVMA) for the specialty area for which you are requesting a courtesy license must be submitted.)

Exact Dates License Required: (30 day maximum)	Start Date:		End Date:	
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PART VI Drug Enforcement Administration (DEA) Registration

Do you have a current DEA Registration number?

- a. NO, I do not have a current DEA Registration number.
- b. YES, I have a current DEA Registration number.

If you're unsure of the DEA issue date, indicate January 1st of the estimated year.

DEA Registration Number:		Issue Date:		Expiration Date:	
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PART VII Foreign Veterinary Graduates

(Foreign Applicants Only)

Have you successfully passed the examination of the Education Commission for Foreign Veterinary Graduates (ECFVG) or the Program for the Assessment of Veterinary Education Equivalence (PAVE)?

- Yes
- No

If NO, please complete the following:

- I agree to practice only under the direct supervision of the below-named veterinarian, who holds a permanent license in this state or who holds a permanent license in another state and a courtesy license in this state.

Supervising Veterinarian Name:		License Number:	
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PART VIII Sponsor or Interviewing Veterinarian

This section is to be completed by the sponsor or interviewing veterinarian.

Sponsor Printed Name:		License Number:	
Mailing Address:	P.O. Box or Street	City	State Zip
Sponsor Point of Contact Name:		Contact Phone:	
Sponsor Signature:		Date Signed:	

PART IX Attestations

By my signature below, I attest that I have not:

- Had a veterinary license suspended or revoked in any jurisdiction;
- Been convicted by a civilian court of this state, the United States, or another state or territory of a felony or misdemeanor involving alcohol or a controlled substance listed in AS 11.71.140 – AS 11.71.190 within the three years immediately before the date of application for a courtesy license;
- Had two or more convictions, by a civilian court of this state, the United States, or another state or territory of a felony or misdemeanor involving alcohol or a controlled substance listed in AS 11.71.140 – AS 11.71.190 within the five years immediately before the date of application for a courtesy license, unless I also successfully completed a treatment program related to abuse of alcohol or a controlled substance since the date of the most recent conviction.



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Signature Page

Applicant Name:	
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PART X Agreement

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand that any 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, certificate, or permit to practice in the state of Alaska.

I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

Applicant Signature:		Date Signed:	
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Authorization for Release of Records

I hereby authorize the Alaska Division of Corporations, Business, and Professional Licensing and its investigators to examine my employment, educational records, and records pertaining to litigation, judgments, suits and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of any and all such records pertaining to me to the Alaska Division of Corporations, Business, and Professional Licensing and its investigators.

I authorize the division to discuss my records with persons or organizations that are considered appropriate by the division in connection with an official investigation, and to provide copies of my records to those persons or organizations deemed appropriate by the division.

This release also applies to any documents or records which contain information pertaining to psychiatric, psychological, drug, or alcohol evaluation, counseling, diagnosis or treatment received by me and which were prepared or made in conjunction with, or under the authority or guidance of any local, state, or federal law which relates to psychiatric, drug or alcohol evaluation, diagnosis or treatment, including all information previously identified, collected, or stored under the authority of any state or federal law, including 42 CFR Part 2.

I request that upon presentation of this release, or a Certified True Copy thereof, that you provide copies of those records to the division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska.

This authorization is given expressly in connection with the application (initial, renewal, reactivation) for issuance of a veterinary courtesy license.

I hereby release you, your organization, the Alaska Department of Commerce, Community, and Economic Development, Division of Corporations, Business, and Professional Licensing and its investigators, and all others directly and/or indirectly involved in this matter from any liability or damage which may result from furnishing the information requested.

This authorization expires one (1) year from the date of my signature below.

Name:	First	Middle	Last
Full Address:	P.O. Box or Street	City	State Zip
Phone:		Date of Birth:	
Email:			
Signature:		Date Signed:	



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Verification of Licensure



Applicant:

Please complete the identifying information below and forward a copy of this form to the state, territory, or jurisdiction where you are currently licensed to practice veterinary medicine. Some jurisdictions require a fee for completion of a license verification; you may wish to check with the agency prior to submitting this form for completion.

Applicant Name:		License Number:	
Mailing Address:	P.O. Box or Street	City	State Zip
Applicant Signature:		Date Signed:	



Licensing Agency or State Board:

Please complete this bottom part for the applicant identified above and return the form directly to the Alaska State Board of Veterinary Examiners at the letterhead address.

Licensee Name: (As Shown in Your Records)		State or Jurisdiction:	
License Number:		License Type:	
Issued By:	<input type="checkbox"/> State Exam	<input type="checkbox"/> National Exam	<input type="checkbox"/> Other (Please Specify): _____
License Status:	<input type="checkbox"/> Current	<input type="checkbox"/> Inactive	<input type="checkbox"/> Other (Please Specify): _____
Original Issue Date:		Expiration Date:	

1. Is the above-named applicant in good standing? Yes No

2. Has the applicant's license ever been suspended, revoked or subject to any disciplinary actions? Yes No

"Yes" Answers

If you answered "yes" to question #2, please attach a detailed explanation or documentation signed and dated by the person whose signature appears below.

Board Seal	Signature:		Date Signed:	
	Printed Name:		Title:	
	Email:		Phone:	



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Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: _____

Profession Type (e.g., Acupuncture): _____

License Number (if applicable): _____

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

AMOUNT

Application Fee: _____

License or Renewal Fee: _____

Other (fine, exam, etc.): _____

1. _____

2. _____

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

Rev 12/06/2022

Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!

1. Credit Card Number: -----

2. Expiration Date: -----

3. Security Code: -----

All 3 fields **MUST** be completed!

This section will be destroyed after the payment is processed.