



THE STATE
of **ALASKA** *Department of Commerce, Community, and Economic Development*
Division of Corporations, Business and Professional Licensing

Board of Veterinary Examiners

PO Box 110806, Juneau, AK 99811-0806
(907) 465-2550

Email: BoardofVeterinaryExaminers@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardofVeterinaryExaminers

Veterinary Student Permit Application Instructions

An individual must hold a veterinary student permit before beginning an externship in the state per 12 AAC 68.500 and 08.98.188.

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. No permit will be issued until your application file is complete.

Processing may take 4-5 weeks. Plan ahead so that your permit is issued in time.

The following documents must be on file to be considered for a Veterinary Student Permit:

1. Completed and signed student permit application.
2. **Fees made payable to the State of Alaska.**
\$125.00 nonrefundable student permit fee
3. A letter of good standing received by the division from the dean of the applicant's veterinary school, verifying applicant is in fourth year of veterinary school.
4. Completed and signed Declaration of Sponsorship of Veterinary Student form.

GENERAL INFORMATION

PERMIT INFORMATION

A student permit issued under this section is nonrenewable and is valid for one year from the date of issue or until the date of the applicant's graduation from the applicant's accredited college of veterinary medicine, whichever occurs first.

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 a professional 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 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 STUDENT LOAN PAYMENTS

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.

STATUTES AND REGULATIONS

The complete set of Board of Veterinary Examiner's Statutes and Regulations is available on the board's website at ProfessionalLicense.Alaska.Gov/BoardofVeterinaryExaminers If you are unable to download the statutes and regulations, please contact the division and request a copy by mail.

12 AAC 68.500. Student permit. (a) The board will issue a student permit to an applicant who meets the requirements of AS 08.98.188 and this section.

(b) An applicant for a student permit under this section must submit to the department

(1) a complete application, on a form provided by the department;

(2) the applicable fees established in 12 AAC 02.350;

(3) a letter of good standing from the dean of the applicant's accredited college of veterinary medicine verifying the applicant is in the applicant's fourth year of veterinary school; and

(4) a signed sponsor statement from a veterinarian licensed in this state stating that the veterinarian will supervise the student as specified in AS 08.98.188

(c) A student permittee must be sponsored by a specific veterinarian licensed in this state, but may work under the appropriate supervision of another veterinarian licensed in this state in the same practice as the sponsor.

(d) A student permit issued under this section is nonrenewable and is valid for one year from the date of issue or until the date of the applicant's graduation from the applicant's accredited college of veterinary medicine, whichever occurs first per AS 08.98.050 and AS 08.98.188.



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VET

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Veterinary Student Permit Application

THIS APPLICATION MUST BE COMPLETED IN FULL. If any section does not apply, please write N/A in the space provided. TYPE OR PRINT IN INK ALL INFORMATION. Make check or money order payable to the State of Alaska.

Student Permit Fee: \$125.00

I HEREBY MAKE APPLICATION for Veterinary Student Permit in the State of Alaska.

Name: Last First Middle

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

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.

U.S. Social Security Number: Date of Birth: Sex:

Work Telephone: Home Telephone:

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.

E-mail:

VETERINARY EDUCATION

Name of School: City and State:

Dates Attended: Expected date of Graduation:

I HEREBY CERTIFY that the information contained in this application is true and correct to the best of my knowledge. I further certify that all credentials supplied by me are true and correct. I understand that any false information or falsification of credentials may result in failure to obtain a student permit to practice as a veterinarian intern in the State of Alaska.

Applicant Signature

Date



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Declaration of Sponsorship of Veterinary Student Externship

An individual must hold a veterinary student permit before beginning an externship in the state.

To be completed by the Student's sponsor.

I, _____, will be the supervising veterinarian of _____
(Name of Supervisor) (Name of Student)

for the period of _____ through _____. I further attest that I have read AS 08.98.188 listed below and agree to abide by the requirements of that statute in my role as supervising veterinarian.

Printed Name of Supervisor

Signature of Supervisor

License Number

Date

Email

Phone Number

- Sec. 08.98.188. Student permit.** (a) The board may approve the issuance of a student permit to a student enrolled in and in good standing at an accredited college of veterinary medicine who has completed three years of study and is participating in an externship program as part of the college's educational curriculum.
(b) A student permit is valid for not longer than one year and may not extend beyond the student's graduation.
(c) A holder of a student permit is subject to the following limitations:
(1) assistance in diagnosis and surgery must be under the immediate supervision of a veterinarian licensed in this state;
(2) assistance in treatment must be under the direct or indirect supervision of a veterinarian licensed in this state;
(3) not more than one student permit holder at a time may be under the direct supervision of a veterinarian licensed in this state; and
(4) a veterinary practice may not retain more than two student permit holders at a time.
(d) The board shall establish requirements for student permits by regulation.
(e) A person holding a permit under this section is not subject to provisions of this chapter other than this section.
(f) In this section,
(1) "direct supervision" means the supervising veterinarian is on the premises where the animal is being treated and is quickly and easily available;
(2) "immediate supervision" means the supervising veterinarian is in the immediate area and within audible and visual range of the animal patient and the person treating the patient;
(3) "indirect supervision" means the supervising veterinarian does not need to be on the premises but has given either written or oral instructions for the treatment of the animal;
(4) "veterinary practice" means a business that provides veterinary services.



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Verification of Education and Good Standing

All applicants for Veterinary Student Permit must verify they are in their fourth year of an AVMA accredited veterinary school.

SECTION A: TO BE COMPLETED BY THE APPLICANT

Type or print legibly.

After completing Section A, submit this form to the Dean of the college or university where your degree is being pursued.

Last Name First Name Middle Name Maiden Name

Mailing Address

City

State

Zip Code

Date of Birth:

I hereby request and authorize to provide any and all pertinent information requested in this form to the Alaska Board of Veterinary Examiners to complete an application filed with that agency.

Applicant Signature

Date

SECTION B: TO BE COMPLETED AND MAILED BY THE DEAN OF COLLEGE OR UNIVERSITY

I HEREBY CERTIFY that the student named above is a veterinary student in their fourth year of education at the

(College or University of Veterinary Medicine)

Date of Matriculation: Expected Graduation Date:

Printed Name of Dean

Signature of Dean

Date

Email

Phone Number

Please return this form directly to:

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Board of Veterinary Examiners
P.O. Box 110806
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SEAL OF COLLEGE OR UNIVERSITY



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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: _____

Program Type: _____ 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 (name change, wall certificate, fine, duplicate license, 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 12/26/18

Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!	
<p>1. Credit Card Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Security Code: _____</p>	<p>All 3 fields MUST be completed!</p> <p>This section will be destroyed after the payment is processed.</p>