



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. 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.
- 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.
- 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.

Emailed applications will not be accepted.

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 |
| <hr/> | |
| Total Fees Due: | \$250.00 |

3. VERIFICATION OF LICENSURE

- A. Verification of a valid license to practice veterinary medicine in another state or a province of Canada;
- 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 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.

4. SPONSOR OR INTERVIEWING VETERINARIAN STATEMENT

A completed Sponsor or Interviewing Veterinarian Statement form (#08-4040a) sent directly from the sponsor or applicant to the division.

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 processing time varies by program. When the application is complete and correct, all supporting documents have been received and all fees have been paid, the license may 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.

DENIAL OF APPLICATION:

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.

ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the applicant'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. 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 requires a U.S. Social Security Number be on file with the division before a professional license is issued. If you do not have a U.S. Social Security Number, complete the Request for Exemption from Social Security Number Requirement form located at ProfessionalLicense.Alaska.Gov.

PUBLIC INFORMATION:

All information on the application form will be available as a public record, unless required to be kept confidential by state or federal law.

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. To receive notification of all proposed regulation changes, send a request with your name, preferred contact method (mail or email), and the program you want to be updated on to the regulation specialist at the following email: RegulationsAndPublicComment@Alaska.Gov.



THE STATE of ALASKA

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

VET

FOR DIVISION USE ONLY

Board of Veterinary Examiners
PO Box 110806, Juneau, AK 99811
Website: ProfessionalLicense.Alaska.Gov/BoardOfVeterinaryExaminers

Veterinary Courtesy License Application

PART I Payment of Fees

Required Fees: [] Application and Courtesy License Fee (\$125 is Non-Refundable) \$250.00

PART II Personal Information

Full Legal Name:

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).

- [] Not Applicable
[] Other Names Used:

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

Contact Phone: Date of Birth:

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.

Email Address: Select One: [] Send my Correspondence Electronically [] Send my Correspondence by Mail

Note: If both boxes are selected above, you will receive correspondence electronically.

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.

PART III Current Residency

[] I hereby certify I am not an Alaska resident.

State or Country of Residency:

PART IV Professional License(s)

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) |
|-----------------------|----------------|------------|---------------------------------|
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PART V Description of Purpose

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: | |
|--|--------------------|--|------------------|--|

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: | |
|---------------------------------|--|--------------------|--|-------------------------|--|

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**, 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:

PART VIII Alaska Law

I hereby certify I have reviewed, understand and will abide by the statutes and regulations applicable to my profession (AS 08.98 and 12 AAC 68).

PART IX Attestations

By my signature below, I attest 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: | | |
| Alaska License Number (if known): | | <input type="checkbox"/> <i>Application in Process</i> |

PART X Agreement

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

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

I further understand 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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Sponsor or Interviewing Veterinarian Statement

→ **Applicant:** Complete the information below and forward a copy of this form to the sponsor or interviewing veterinarian in Alaska.

| | | | |
|--|--|-----------------------|--|
| Applicant Name: | | Date of Birth: | |
| Brief Description of Special Event: | | | |
| Start Date: | | End Date: | |
| Applicant Signature: | | Date Signed: | |

→ **Sponsor or Interviewing Veterinarian:** Complete this bottom part for the applicant identified above and return the form directly to the letterhead address or to the applicant.

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



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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 |
| <input type="checkbox"/> | Application Fee: | | |
| <input type="checkbox"/> | License or Renewal Fee: | | |
| <input type="checkbox"/> | Other (fine, exam, etc.): | | |
| 1. | | | |
| 2. | | | |
| | | | TOTAL: |

| | | | |
|----------------------------------|--|-------------------|--|
| Name (as shown on credit card): | | | |
| Mailing Address: | | | |
| Phone Number: | | Email (Optional): | |
| Signature of Credit Card Holder: | | | |

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

| | | |
|------------------------|--|---|
| 1. Credit Card Number: | | <p>All 3 fields MUST be completed.</p> <p>This section will be destroyed after the payment is processed.</p> |
| 2. Expiration Date: | | |
| 3. Security Code: | | |