



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

Email: BoardOfVeterinaryExaminers@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfVeterinaryExaminers

Veterinary Technician License Application Instructions

Average processing time to complete an application and issuance of a license is 4-6 weeks. If you have passed the VTNE, then your license will be issued 2-3 weeks after receipt of your passing score.

Emailed applications will not be accepted.

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

1. APPLICATION

A signed, completed application (#08-4251, pages 1-4).

2. FEES

Fees made payable to "State of Alaska."

Nonrefundable Application Fee:	\$100.00
License Fee*:	\$100.00

Total Fees Due:	\$200.00
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**License fee may be submitted after VTNE results.*

3. REFERENCES

Three professional reference letters (using form #08-4251b), at least two of which must be from licensed doctors of veterinary medicine. They must be sent directly to the division from the person completing the professional reference.

4. EXAMINATION

Successful completion of the Veterinary Technician National Examination (VTNE) sponsored by the American Association of Veterinary State Boards (AAVSB). Your score must be reported directly from AAVSB's Veterinary Information Verifying Agency (VIVA). Telephone: Toll Free (877) 698-8482 or (816) 931-1604. Email: vettech@aavsb.org. You can also access VIVA online at the AAVSB website at aavsb.org

5. VERIFICATION OF LICENSE

Verification of license as a veterinary technician from each state where the applicant has ever held a license or certification.

6. EDUCATION OR TRAINING REQUIREMENT

To qualify for licensure, you must document completion one of the following:

- a. **EDUCATION:** Graduation from a veterinary technician training program accredited by the American Veterinary Medical Association or the Canadian Veterinary Medical Association. **Official transcripts must be sent directly from the training institution.**

-OR-

- b. **TRAINING:** Completion of at least two years of on-the-job veterinary technician training under the supervision of a licensed veterinarian within the immediate three years prior to an application. At least one of the two years must be within the State of Alaska. **Employment verification forms (#08-4251c) must be completed by the supervising veterinarian verifying that the applicant has been working at least 700 hours a year for at least two of the previous three years immediately preceding the date of application, at least one year of which must be within the State of Alaska. But a technician who is currently licensed in another state and meets the employment verification requirements listed in this subparagraph, is not required to work for one year within this state.**

VET Information

EXAMINATION INFORMATION:

If you wish to be scheduled for the next available Veterinary Technician National Examination (VTNE), you must be approved by the American Association of Veterinary State Boards (AAVSB). Applications for licensure are not required by the division prior to passing the exam. For more information and exam dates, visit their website at aavsb.org.

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:

Licenses are issued for a two-year period and expire on December 31 of even-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date which are issued to the next biennial expiration date. One renewal notice will be sent via email or mail at least 30 days before license expiration to the last known email or mailing address of record. Failure to receive a renewal notice does not relieve a licensee from the responsibility of renewing a license on time.

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, submit an explanation with the charging and closing court documentation (e.g. court records, fitness letters, etc.).

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*.



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Veterinary Technician License Application

PART I Payment of Fees

Required Fees: Application and License Fee (\$100 is Non-Refundable) **\$200.00**

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 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 Examination

Veterinary Technician National Examination (VTNE) sponsored by the American Association of Veterinary State Boards (AAVSB). Your scores must be sent directly from the AAVSB to the division.

To be scheduled for the next available examination, you must be approved by the AAVSB. For more information and exam dates, visit their website at aavsb.org.

Date passed

Location of Exam

PART IV Professional License(s)

List all states or jurisdictions in which you currently are or have ever been licensed or certified to practice as a veterinary technician.

Check here if none.

State or Jurisdiction	License Number	Date Issued	Expiration Date

PART V Education or Training Requirement

Choose ONE (1) of the following options.

- A. I have graduated from a veterinary technician training program accredited by the American Veterinary Medical Association or the Canadian Veterinary Medical Association and will request that Official transcripts must be sent directly from the institution to the division.

Name of School	City and State	Date Attended From (mm/yyyy)	Date Attended To (mm/yyyy)

-OR-

- B. I have completed two years of on-the-job training within the previous three years of this application as a veterinary technician under the supervision of a licensed veterinarian and will have the supervising veterinarian submit the completed Verification of Employment form (#08-4251c) to the division.

Name of Employer	Address	Position Held	Dates of Employment

PART VI References

Three professional reference letters (using form #08-4251b), at least two of which must be from licensed doctors of veterinary medicine. They must be sent directly to the division from the person completing the professional reference.

Name	Address

PART VII 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 VIII Professional Fitness Questions

The following questions must be answered. "Yes" answers may not automatically result in license denial.

For each "yes" response to any question, you must provide an **explanation and documentation**. Use the letter of explanation form (#08-4752) appended to this application; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. A separate letter of explanation form must be provided for each "yes" answer documented below. Documentation includes copies of court orders, charging documents, board, or license actions, etc.

The contents of licensing files are generally considered public records, unless required to be kept confidential by state or federal law.

When in doubt, disclose and explain.

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? Yes No
2. Have you ever been the subject of an inquiry or under investigation by any state board or other licensing agency concerning a violation or alleged violation of any state regulation, statutes, or law, or any violation or alleged violation of the Veterinary Practice Act, or unprofessional or unethical conduct? Yes No
3. 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, but not limited to, 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. Yes No
4. Are you currently suffering from any condition, mental or physical, that impairs your judgment or that would otherwise adversely affect your ability to practice as a veterinary technician in a competent, ethical and professional manner? Yes No
5. Do you use drugs or alcohol in any manner that impairs your ability to practice as a veterinary technician competently and safely? Yes No

"Yes" Answers

If you answered "yes" to questions 4 or 5, in addition to your personal statement, you must submit a statement from your health care provider indicating your ability to safely practice as a veterinary technician. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.



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Signature Page

Applicant Name:		
Alaska License Number (if known):		<input type="checkbox"/> <i>Application in Process</i>

PART IX 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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Professional Reference

→ **Applicant:** Complete the identifying information below and forward a copy of this form to the supervising veterinarian.

Applicant Name:		Date of Birth:	
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→ **Supervisor:** Provide the information requested below for the applicant identified in this form and return the form directly to the Alaska State Board of Veterinary Examiners at the letterhead address.

Supervisor Name:		License Number:	
I certify that I was professionally associated with the above-named applicant between these dates:			
Start Date:		End Date:	
Practice Name:			
Email:		Phone:	

<input type="checkbox"/>	I can personally attest that this applicant is professionally competent, reliable and worthy of confidence, as reflected in the following statement (required):

-OR-

<input type="checkbox"/>	I have some concern about the applicant's professional competence, reliability and being worthy of confidence, as reflected in the following statement (required):

-OR-

<input type="checkbox"/>	I do not have sufficient experience with this applicant to establish their professional capabilities.
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Signature

I hereby certify the above information is true and complete to the best of my knowledge.			
Supervising Veterinarian Name:			
Supervising Veterinarian Signature:		Date Signed:	



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Verification of Employment

→ **Applicant:** Complete the identifying information below and forward a copy of this form to the supervising veterinarian.

Applicant Name:		Date of Birth:	
Applicant Signature:		Date Signed:	

→ **Supervisor:** Provide the information requested below for the applicant identified in this form and return the form directly to the Alaska State Board of Veterinary Examiners at the letterhead address. Provide dates and information that include on-the-job training performing veterinary technician duties only. Kennel assistant and receptionist duties are examples of tasks that do not meet the requirements for veterinary technician training.

Employee's Position:			
Dates Supervised:		Number of Hours Worked Per Week:	
Location Supervised:		Types of Practice:	
Rating of Employee's Ability:			
Employee's Responsibilities:			

Signature

I hereby certify the above information is true and complete to the best of my knowledge.			
Supervising Veterinarian Name:		License Number:	
Supervising Veterinarian Signature:		Date Signed:	
Address:			
Email:		Phone Number:	



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Letter of Explanation for a Professional Fitness “Yes” Answer

Use this form only to explain and document any professional fitness “yes” answers. A “yes” answer is not necessarily disqualifying but concealing one may be.

Each “yes” answer requires a separate explanation and associated documentation. Submit all relevant documentation with this form, even if you have previously provided it.

- **Explanations** include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. If the space provided is insufficient, make additional copies as needed.
- **Documentation** includes copies of court orders, charging documents, board or license actions, decisions against your professional certification, satisfaction of consent agreements (fines paid, community service completed, off probation, etc.), and fitness to practice letters (statement from your provider that you are safe to practice if you check “yes” to any of the questions regarding mental or physical health, or drug or alcohol abuse or addiction).
- **Disciplinary actions** may include, but not be limited to, suspension, surrender, revocation, probation, academic probation, reprimand, censure, restricted license, limited license, conditioned license, or letters of counseling, concern, advice, warning, caution, admonishment, or reprimand.

If you have multiple “yes” answers or multiple incidents for any professional fitness question, you must use a separate copy of this form and provide a full explanation and documentation for each incident.

The contents of licensing files are generally considered public records, unless required to be kept confidential by state or federal law.



Write the professional fitness question number you are answering “yes” to in the box.

Location of Incident:		Date of Incident:	
Explanation of Incident: When in doubt, disclose and explain. <i>Make copies as necessary.</i>			

Did you attach all applicable documents associated with this incident?

- Court Orders
 Consent Agreements
 Disciplinary Actions
 Charging Documents
 Court Records
 Fitness to Practice
 All Other Documentation Related to This Incident
 I have additional incidents for this “yes” answer, or “yes” answers to other Professional Fitness questions and have attached a separate copy of this form for each incident.

Full Name:		Program:	
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:		