



THE STATE  
of

**ALASKA**

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

**Board of Veterinary Examiners**  
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Phone: (907) 465-2550

Email: [BoardOfVeterinaryExaminers@Alaska.Gov](mailto:BoardOfVeterinaryExaminers@Alaska.Gov)

Website: [ProfessionalLicense.Alaska.Gov/BoardOfVeterinaryExaminers](http://ProfessionalLicense.Alaska.Gov/BoardOfVeterinaryExaminers)

## VTNE Eligibility - Verification of Experience



### Applicant:

Complete the identifying information below and forward a copy of this form to your supervising veterinarian licensed in the state of Alaska. *Make additional copies of this form, as needed.*

<b>Applicant Name:</b>	
<input type="checkbox"/> I have completed at least 700 hours a year for at least two of the previous three years immediately preceding the date of application, of which at least one year was within the state of Alaska.	



### Supervising Veterinarian:

Complete this bottom part for the applicant identified above. Return the form directly to the applicant or to American Association of Veterinary State Boards at [vettech@AAVSB.org](mailto:vettech@AAVSB.org).

<b>Supervisor Name:</b>		<b>Alaska License Number:</b>	
<b>Facility Name:</b>			
<b>Facility Address:</b>	P.O. Box or Street	City	State      Zip
<b>Phone Number:</b>		<b>Email Address:</b>	
<b>Start Date of Supervision:</b>		<b>End Date of Supervision:</b>	
<b>Total hours applicant worked under your supervision:</b>		<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	
<b>Describe the duties and responsibilities of the technician:</b>			
<b>Did the duties and responsibilities of the technician include, at minimum:</b>			
<input type="checkbox"/> General Veterinary Care <input type="checkbox"/> Lab Skills <input type="checkbox"/> X-ray Experience <input type="checkbox"/> Surgical Experience <input type="checkbox"/> Dental Experience			
<b>Is the applicant currently employed with the facility?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No

## Signature

I certify that the above applicant has been actively engaged in obtaining experience hours to become a licensed veterinary technician in the State of Alaska. The applicant has completed the hours of experience listed above and has demonstrated sufficient skills and competency to practice as an Alaska Licensed Veterinary Technician.

<b>Supervisor Printed Name:</b>			
<b>Supervisor Signature:</b>		<b>Date Signed:</b>	