



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

Email: BoardOfVeterinaryExaminers@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfVeterinaryExaminers

Veterinary License by Credentials Application Instructions

Please read the application and instructions carefully. It is your responsibility to be aware of licensing requirements and provide all necessary documentation.

Under Alaska Statute 08.98.120 a person may not practice veterinary medicine, surgery, or dentistry in the state unless the person is licensed as a veterinarian under AS 08.98 or has a temporary permit issued under AS 08.98.186.

Emailed applications will not be accepted.

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

1. APPLICATION

A signed, completed application (#08-4925, pages 1-5).

2. FEES

Fees made payable to "State of Alaska" in accordance with 12 AAC 02.350.

Nonrefundable Application Fee: \$ 200.00

License Fee: \$ 600.00

Alaska Jurisprudence Exam Fee \$ 200.00

Total Fees Due: \$1,000.00

3. OFFICIAL TRANSCRIPTS

Official college transcripts showing graduation from an accredited veterinary school, or official records showing successful completion of the Educational Commission for Foreign Veterinary Graduates (ECFVG) or Program for the Assessment of Veterinary Education Equivalence (PAVE) certification process.

4. PROFESSIONAL REFERENCES

Four professional reference forms (#08-4925b), completed by the veterinarians listed on the applicant's application. Reference must be sent directly to the division from the person completing the reference form.

5. VERIFICATION OF LICENSURE

Verification of Licensure must be sent directly to the department from each jurisdiction where the applicant holds or has ever held a license to practice veterinary medicine. Each verification must include an explanation of any disciplinary action taken against the licensee. Check with each of the state boards you are or have been licensed in for their verification request process. If a state offers primary source verification on their website, that can be accepted as long as the website clearly confirms that it's a primary source verification.

6. VIVA SCORE

A completed Veterinary Information Verifying Agency (VIVA) score reporting form sent directly from the American Association of Veterinary State Boards.

7. VERIFICATION OF ACTIVE PRACTICE

Verification of active practice of veterinary medicine for at least five of the seven years before the date of application. Active Practice means at least 1,000 hours of practicing veterinary medicine, surgery, or dentistry during a calendar year. An Affidavit of Active Practice Form (#08-4925c) must be completed by an individual who has direct personal knowledge of the applicant's practice of veterinary medicine and be submitted directly to the Division from the person completing the form.

8. DEA INFORMATION

If you hold a DEA number, you must submit a copy of the valid DEA registration.

VET Information

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.

CONTINUING COMPETENCY REQUIREMENTS:

Licenses shall complete 30 contact hours of continuing education acceptable to the board for the concluding two-year licensing period.

FEDERAL HEALTH CERTIFICATES:

A veterinarian who does not hold a current permanent license in this state is prohibited from issuing federal health certificates needed for interstate travel. Temporary licenses and temporary permits are NOT permanent licenses.

STATE VETERINARY JURISPRUDENCE:

The examination is required for applicants applying by examination or credentials. Electronic materials and answer sheet will be sent directly to the applicant at their request after the application and fees have been received. 12 AAC 68.015.

NAVLE EXAMINATION:

Applicants who have not yet passed a national examination may be scheduled for the next available NAVLE examination. Examination applications must be received by the department at least 120 days before the first day of the NAVLE administration's testing window. The NAVLE is held in April and November of each year. Examination dates, candidate bulletin and other information may be obtained from www.icva.net.

VETERINARY INFORMATION VERIFYING AGENCY (VIVA):

12101 W 110th St., Suite 300

Overland Park, KS 66210

Phone: (877) 698-VIVA

Email: aavsb@aavsb.org

Website: www.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.

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 License by Credentials Application

PART I Payment of Fees

Required Fees:	<input type="checkbox"/> Application, License, and AK Jurisprudence Exam Fee (\$200 is Non-Refundable)	\$1000.00
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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).			
<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:	
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:	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
<i>Note: If both boxes are selected above, you will receive correspondence electronically.</i>			
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 Information

Exam scores must be sent directly to this office from the Veterinary Information Verification Agency (VIVA) verifying you have passed the North American Veterinary Licensing Examination (NAVLE) or National Board Examination and the Clinical Competence Test (NBE and CCT).	
Date Exam Passed:	

PART IV Education Information

Name of Veterinary School:				
Address:	P.O. Box or Street	City	State	Zip
Date Attended From:		Date Attended To:		
Degree Awarded:		Date Awarded:		

PART V Work History

List all positions held during the seven years preceding the date of application.

Name of Employer	Employer Address	Position Held	Date(s) Employed	Hours per Year

PART VI 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	License Category	Issue Date	Expiration Date

PART VII Professional References

List four professional references.

Reference Name	Reference Address
1.	
2.	
3.	
4.	

PART VIII 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 IX 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 X 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 denied a certificate, or the privilege of taking an exam by any state Veterinary board? Yes No

PART X Professional Fitness Questions *(continued)*

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3. Are you currently under investigation by another veterinary licensing authority concerning a violation or alleged violation of any state regulations, statutes, or law, or any violation or alleged violation of the Veterinary Practice Act, or unprofessional or unethical conduct? Yes No
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4. Have you ever surrendered or had a federal controlled substance registration revoked, suspended, restricted, denied, or placed on probation? Yes No
-
5. 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
-
6. Do you have any pending criminal charges? Yes No
-
7. Are you currently suffering from any condition, mental or physical, that impairs your judgment or that would otherwise adversely affect your ability to practice veterinary medicine in a competent, ethical and professional manner? Yes No
-
8. Do you use drugs or alcohol in any manner that impairs your ability to practice veterinary medicine competently and safely? Yes No
-

"Yes" Answers

If you answered "yes" to questions 7 or 8, in addition to your personal statement, you must submit a statement from your health care provider indicating your ability to safely practice veterinary medicine. 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 XI 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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Affidavit of Professional Reference

This affidavit must be completed by a professional reference and returned directly to the Alaska State Board of Veterinary Examiners at the address listed above.

→ **Applicant:** Complete the identifying information below and forward a copy of this form to the appropriate individuals. Duplicate this form as needed.

Full Legal Name:			
Applicant Signature:		Date Signed:	

→ **Reference:** 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.

Reference Name:				
Reference Address:	P.O. Box or Street	City	State	Zip
Reference Phone:		Reference Email:		
Associated with Applicant from Date:		Associated with Applicant to Date:		
Personal Statement:				

Signature

I certify I am/was professionally associated with the above-named applicant during the time frame above. In addition, I recommend the applicant as being professionally capable, reliable, worthy of confidence, and having clinical skills, in accordance with 12 AAC 68.048(a)(9). I certify the above information is true and correct.

Reference Printed Name:		Credentials: (DVM, Etc.)	
Reference Signature:		Date Signed:	



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Affidavit of Active Practice

This document must be completed and submitted by an individual who has direct personal knowledge of the applicant's practice of veterinary medicine.

Applicants applying for a license by credentials must document active practice of veterinary medicine for at least five of the seven years before the date of application. Active Practice means at least 1,000 hours of practicing veterinary medicine, surgery, or dentistry during a calendar year.

Applicant Name:	
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→ **Sponsoring Veterinarian:** Complete this bottom part and return this form to the applicant or directly to the Alaska State Board of Veterinary Examiners at the letterhead address.

Sponsor Name:			
Relationship to Applicant:			
Date Associated From:		Date Associated To:	
Sponsor License Number:		Sponsor Phone Number:	
Sponsor Address:	P.O. Box or Street	City	State Zip

Signature

By my signature below, I certify the above-named applicant has been engaged in the active practice of veterinary medicine, surgery, or dentistry for at least 1,000 hours per calendar year in accordance with 12 AAC 68.035, during the dates of association listed above.

Sponsoring Veterinarian Printed Name:		Credentials: (DVM, Etc.)	
Sponsoring Veterinarian Signature:		Date Signed:	



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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:		All 3 fields MUST be completed. This section will be destroyed after the payment is processed.
2. Expiration Date:		
3. Security Code:		