



THE STATE
of

ALASKA

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

Board of Veterinary Examiners

State Office Building, 333 Willoughby Avenue, 9th Floor
PO Box 110806, Juneau, AK 99811-0806

Phone: (907) 465-2695 • Email: license@alaska.gov

Website: ProfessionalLicense.Alaska.gov/BoardOfVeterinaryExaminers

VETERINARY TECHNICIAN LICENSURE APPLICATION PACKET

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.

! Application Instructions

The following documents and fees must be on file with the division before the file will be reviewed;

1. **APPLICATION:** Completed, signed and notarized. An applicant with a “yes” answer to one or more professional conduct questions must submit a separate written, signed and dated explanation and provide copies of any supporting documents.
2. **FEES:**

Nonrefundable Application Fee	\$100
License Fee (may be submitted after)	\$100
TOTAL FEES DUE	\$200

Make check or money order payable to the State of Alaska. You may pay by credit card by submitting Credit Card Payment Form 08-4438.
3. **REFERENCES:** Three notarized reference letters, 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. **EXAM:** 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 Technician Information Verifying Agency (TIVA), 380 West 22nd Street, Suite 101, Kansas City, MO., 64108. 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 LICENSURE** as a veterinary technician from each state where the applicant has ever held a license.

To qualify you must document completion of education or training as noted below:

- 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. **Notarized employment verification forms 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.**

EXAMINATION INFORMATION: If you wish to be scheduled for the next available Veterinary Technician National Examination (VTNE), the Board must approve you to sit for the exam. The Division must receive, no later than 45 days before the examination date, a completed Application for Veterinary Technician License, nonrefundable application fee and the three notarized reference letters (received in the Division directly from the professional giving the reference). Items 1 through 3 (listed above) must be on file before your request to sit for the examination will be considered. You will apply directly with the American Association of Veterinary State Boards (AAVSB) to take the exam. Examination dates and other information may be obtained from aavsb.org.

APPLICATION PROCESSING: The amount of time it takes to process the application varies, depending on when all complete and correct documents and fees are received by the division. If the application is incomplete, the applicant will be notified of incomplete and/or incorrect documents and fees. When the application is complete and correct, all supporting documents have been received, and all fees have been paid, a license will be issued and sent to you with an accompanying cover letter with further information about Alaska statutory requirements. If the application is not approved for licensure, a written explanation of the basis of that denial and information on how to appeal the decision will be provided.

SOCIAL SECURITY NUMBERS: AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exception from Social Security Number Requirement form located at ProfessionalLicense.Alaska.gov or contact the division for a copy of the form.

SPECIAL ACCOMMODATIONS FOR EXAMINATION: Programs under the jurisdiction of the Division of Corporations, Business and Professional Licensing are administered in accordance with the Americans with Disabilities Act. If you require a special accommodation when taking the licensing examination you must submit an *Application for Examination Accommodations for Candidates with Disabilities form* (08-4214).

“YES” RESPONSES: A “Yes” response in the application does not mean your application will be denied. If you have responded “Yes” to any professional fitness question in the application be sure to submit an explanation and documentation.

PAYMENT OF CHILD SUPPORT AND STUDENT LOANS: If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, or if the Alaska Commission on Postsecondary 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 Postsecondary Education office at (907) 465-2962 or 1-800-441-2962 to resolve payment issues.

VETERINARY TECHNICIAN LICENSE TERM: Licenses are issued for a two-year period. However, all Veterinary licenses expire on December 31 of even-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date are issued to the next biennial expiration date. One renewal notice will be mailed at least 30 days before license expiration to the last known address of record.

ADDRESS OR NAME CHANGE: In accordance with 12 AAC 02.900, it is the applicant's/licensee'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 and correspondence. The name appearing on the license must be your current legal name.

ABANDONMENT: 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, however the application fee will not be refunded. If no request for refund is received within that time frame, no refund will be issued.

DENIAL OF APPLICATION: Please be aware that the denial of an application of 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.

PUBLIC INFORMATION: Please be aware that all information on the initial 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 ProfessionalLicense.Alaska.gov under License Search.

STATUTES AND REGULATIONS: The complete set of statutes and regulations for this program is available on the division's website at ProfessionalLicense.Alaska.gov - If you are unable to download the statutes and regulations please contact the division and request a copy by mail.

NOTIFICATION OF PROPOSED REGULATION CHANGES

If you would like to receive notice of all proposed regulations changes for your program please send a request in writing with your name, preferred contact method (mail or e-mail) and the program you want to be updated on to:

REGULATIONS SPECIALIST
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
P.O. Box 110806
Juneau, Alaska 99811-0806



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VET

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VETERINARY TECHNICIAN LICENSE APPLICATION

PART I Payment of Fees

Check Appropriate Box	<input type="checkbox"/> Nonrefundable Application Fee	\$100
	<input type="checkbox"/> Initial License Fee	\$100
Make checks payable to the State of Alaska or use the attached credit card payment form.		TOTAL: \$200

PART II Personal Identification Information (Please fill out each section. Write "N/A" if not applicable.)

Full Legal Name (Last, First, Middle)	Last	First	Middle
Other Names Used (Document all Legal Name Changes)	Last	First	Middle
Date of Birth (mm/dd/yyyy)			Gender
Mailing Address (Street or PO Box)	Address		
	City	State	ZIP Code
Residential Address (Optional)	Address		
	City	State	ZIP Code
Telephone (Area Code + Number)	Work	Home	
E-Mail Address (Optional)	E-Mail		
Social Security Number: As required by state law, please provide your United States Social Security Number. It is considered CONFIDENTIAL information and is not for public disclosure; it may be used to verify inter-state licensure. (AS 08.01.100)			Social Security Number

PART III Examination

Veterinary Technician National Examination sponsored by the American Association of Veterinary State Boards

Date Passed	Location of Exam

Your scores must be sent directly from the American Association of Veterinary State Boards to the Division.

Do you wish to be approved for the next national exam?

Yes No **PART IV Licensing Data**

List all states or jurisdictions where you are, or have been, licensed to practice as a veterinary technician:

State	License Number	Date Issued	Expiration Date

PART V Education —or— Training

COMPLETE EITHER TABLE A OR TABLE B:

A. Have you graduated from a veterinary technician training program accredited by the American Veterinary Medical Association or the Canadian Veterinary Medical Association?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of School	Location	Dates of Attendance
Official transcripts must be sent <u>directly</u> from the institution to the Division.		

— or —

B. Have you 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?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Name of Employer	Address	Position Held	Dates
Complete the top part of the attached employment verification form. The bottom part of the form must be completed by the professional providing the verification and returned <u>directly</u> to the Division.			

PART VI References

List three references, at least two of which are licensed doctors of veterinary medicine, who have knowledge of your character and professional abilities. These individuals must also provide notarized reference letters using the attached form regarding your character and professional abilities.

Name	Address

PART VII Professional Fitness

The following questions must be answered. A "Yes" answer may not automatically result in license denial. If you answer "Yes" to the question, please explain dates and circumstances on a separate piece of paper, signed and dated, and send any supporting documents that are applicable (court records, judgments, charging documents, etc.). Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.

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. Within the past five years, have you been or are addicted to, excessively used, or misused alcohol, narcotics, barbiturates, or habit-forming drugs which may interfere with or impair your ability to practice as veterinarian? * Yes No
5. Within the past five years, have you experienced or been treated for, bipolar disorder, schizophrenia, paranoia, depression (except for situational or reactive depression), psychotic disorder, or other mental or physical condition or disability may interfere with or impair your ability to practice as veterinarian? * Yes No

* *If "Yes" to questions 4 and/or 5 your healthcare provider must submit a signed and dated statement describing his/her relationship to the issue of concern and address your ability to safely practice.*

All information submitted with this application is considered public information unless required by state or federal law to remain confidential. If additional information of a confidential nature is required, you will be notified in writing. Licensee information, including mailing addresses, is available on the division's website at ProfessionalLicense.Alaska.gov under License Search.

PART VIII Notarized Signature

I certify that the information on this form is true and correct to the best of my knowledge and that all credentials supplied by me to support my application are true and correct. The Division may deny, suspend, or revoke the license of a person who has obtained or has attempted to obtain a license by fraud or deceit. The person may also be subjected to criminal charges for perjury or unsworn falsification. (AS 11.56.210)

<p>Notary Stamp</p>	Applicant's Signature:		Printed Name:	
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary's Signature:		My Commission Expires:	



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PART X Verification of Employment

(Required for applicants applying by experience)

Name and Address of Veterinary
Technician License Applicant

I, the applying veterinary technician, authorize the release of the information on this form:

Dates of Employment

Signature

TO SUPERVISING VETERINARIAN: The bottom part of this form must be completed by my present or former supervisor who supervised my veterinary technician training. **This document must be submitted directly to the Division by the professional providing the reference.** Please complete this form and return **directly** to the Board of Veterinary Examiners at the above 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.

— — THIS PART TO BE COMPLETED BY THE SUPERVISING VETERINARIAN — —

Employee's position			
Dates you supervised the employee		Number of hours employee worked per week	
Location where you supervised the employee		Type of Practice	
Your rating of the employee's ability			
Provide details regarding the employee's responsibilities			
<div style="border: 1px dashed gray; padding: 10px; min-height: 200px;"> <p style="text-align: center; color: gray;">Notary Stamp</p> </div>	_____ Signature of Supervising Veterinarian		
	_____ Printed Name and License Number		
	_____ Address		
	_____ SUBSCRIBED AND SWORN TO before me on this day		
	_____ Notary Public for the State of		_____ My Commission Expires



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PART XI Professional Reference

(Print copies of this page for the required three references)

Applicant's Name:

--

I certify that I was professionally associated with the above-named applicant between these dates:

From:

--

Until:

--

I can personally attest that this applicant is professionally competent, reliable and worthy of confidence, as reflected in the following statement:

Professional Statement (Required)

--

--

— or —

I have some concern about the applicant's professional competence, reliability and being worthy of confidence, as reflected in the following statement:

Professional Statement (Required)

--

--

— or —

I do not have sufficient experience with this applicant to establish their professional capabilities.

<div style="border: 1px dashed gray; padding: 5px; text-align: center;">Notary Stamp</div>	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <p style="text-align: center;">Subscribed and Sworn to before me</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <p style="text-align: center;">Notary Public for the State of</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <p style="text-align: center;">My Commission Expires</p>	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <p style="text-align: center;">Signature of Supervising Veterinarian</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <p style="text-align: center;">Printed Name and License Number</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <p style="text-align: center;">Address, City, State, ZIP Code</p>
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CREDIT CARD PAYMENT

For security purposes, do not email credit card information. Mail this credit card payment form to the division. Do not email or fax. Completion of this form is not proof of payment until the division processes the information. If any information on this form is illegible, the form will be rejected.

Name of Applicant or Licensee: _____

License 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 05/01/18

Credit Card Payment Form

VISA or Mastercard Number: _____ Expiration Date: _____

Billing ZIP Code: _____ 3-Digit Security Code: _____

This section below the dotted line will be destroyed upon processing of the payment.