

North Carolina Veterinary Medical Board

4th YEAR STUDENT APPLICATION

1611 Jones Franklin Rd., Suite 106, Raleigh, NC 27606

Telephone: (919) 854-5601

Required documents must be submitted with application form. Fee is not refundable or transferable.

1. Check or money order is to be made payable to NCVMB in **American funds** for the amount of \$25
2. Copy of Social Security Card – *If from a foreign country, submit a copy of your passport*
3. Dean's Letter – *This should note your anticipated graduation date and eligibility for clinical rotations*

Application must be received in the Board office 15 business days before the requested registration date. The certificate of registration will not be issued until all required documents have been received in the Board office. It should be noted that individuals must be enrolled in an accredited school of veterinary medicine as defined by the AVMA.

As defined in G.S. 90-181, I hereby make application for registration as a **Veterinary Student Intern**: § 90-181.(9) "Veterinary student intern" means a person who is enrolled in an accredited veterinary college, has satisfactorily **completed the third year of veterinary college** education and is registered with the Board as a veterinary student intern.

.0303 SPECIAL REGISTRATIONS OF VETERINARY TECHNICIANS, INTERNS AND PRECEPTES

(c) To become registered as a veterinary student intern or veterinary student preceptee, no examination is required but the applicant shall demonstrate to the satisfaction of the Board that he meets the qualification requirements of G.S. 90-181(9) or (10) and is currently employed by a licensed veterinarian who directs and supervises his work.

Duties allowed to perform: Please read G.S. 90-187.6 on-line at <http://www.ncvmb.org/webPracticeAct2.html>

Have you previously applied for a 4th Year Student Certificate in NC? Yes [] No []

NOTE: You must notify the Board office in writing of any address change after you file this application.

1. Name – First, Middle, Last – Provide All Former Names [i.e. Maiden, Other]		2. Social Security Number – –	
3. Home Mailing Address – Street, City, State, Zip			NC County
4. Place of Birth – City, State or Jurisdiction, County, Country		5. Date of Birth / /	6. Gender [] Male [] Female
7. Daytime Phone Number		8. E-mail – Please make numbers & letters obvious	

Education Information

Name of Veterinary School

State or Country

_____/_____
Month Year of Graduation

Intern Permit Date: _____ **until** _____
(Completed application must be received 15 days before the requested registration date)

Applicant: As the applicant, I understand the conditions in which I may work. I certify that I have read the sections of the North Carolina Veterinary Practice Act, Administrative Rules and understand the provisions provided for the registration of veterinary student Interns.

Signature of Applicant

Date

Supervising Veterinarian(s): As a supervisor, I understand the responsibilities for the applicant's supervision. I certify that I have read the sections of the North Carolina Veterinary Practice Act, Administrative Rules and understand the provisions provided for the registration of veterinary student Interns.

Name of Practice Facility

Street Address

City

Zip

NC County

Telephone Number: (_____) - _____ - _____

Fax Number (_____) - _____ - _____

Signature of **PRIMARY** Supervising Veterinarian

License number

Date

Signature of Supervising Veterinarian

License number

Date

Signature of Supervising Veterinarian

License number

Date

Signature of Supervising Veterinarian

License number

Date

Signature of Supervising Veterinarian

License number

Date

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License number

Date

Signature of Supervising Veterinarian

License number

Date

Signature of Supervising Veterinarian

License number

Date

Only Use/Submit This Page If You Have Additional Supervising Veterinarians

Applicant Name: _____
 First Middle Initial Last

Intern Permit Date: _____ until _____
 Completed application must be received 15 days before the requested registration date

Additional Supervising Veterinarians(s): As a supervisor, I understand the responsibilities for the applicant's supervision. I certify that I have read the sections of the North Carolina Veterinary Practice Act, Administrative Rules and understand the provisions provided for the registration of veterinary student Interns.

Signature of Supervising Veterinarian	License number	Date
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