

NORTH CAROLINA VETERINARY MEDICAL BOARD APPLICATION FOR INTERNS AND PRECEPTEES

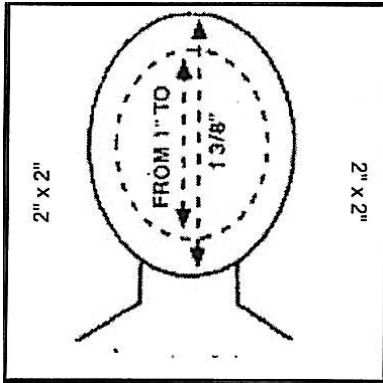
P.O. Box 37549
Raleigh, NC 27627
Telephone: (919) 854-5601

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

- Check or money order in the amount of \$15.00
- One passport photo taken within six months. (No digital or personal pictures)
- Deans Letter
- Copy of Social Security Card

Completed Application must be received 15 days before the requested Registration Date.

Attach One Photo Here



Passport Photo Information 2x2 inches in size, Taken within the past 6 months, showing current appearance, Color, Full face, front view with a plain white or off-white background, Between 1 inch and 1 3/8 inches from the bottom of the chin to the top of the head, Taken in normal street attire. Uniforms should not be worn in photographs except religious attire that is worn daily. Do not wear a hat or headgear that obscures the hair or hairline. If you normally wear prescription glasses, a hearing device, wig or similar articles, they should be worn for your picture. Dark glasses or nonprescription glasses with tinted lenses are not acceptable unless you need them for medical reasons. A medical certificate may be required.

As defined and covered in G.S. 90-181 and G.S. 90 187.6, I hereby make application for registration as:

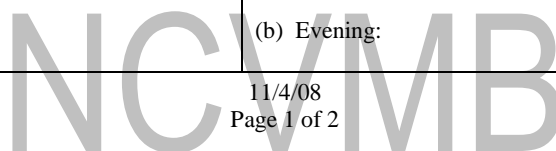
_____ **Veterinary Student Intern:** § 90-181. (9) "Veterinary student intern" means a person who is enrolled in an accredited veterinary college, has satisfactorily completed the third year of veterinary college education, and is registered with the Board as a veterinary student intern.

_____ **Veterinary Student Preceptee:** § 90-181. (10) "Veterinary student preceptee" means a person who is pursuing a doctorate degree in an accredited school of veterinary medicine that has a preceptor or extern program, has completed the academic requirements of that program, and is registered with the Board as a veterinary student preceptee.

.0303 SPECIAL REGISTRATION OF VETERINARY TECHNICIANS, INTERNS AND PRECEPTEES.

(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) and (10) and is currently employed by a licensed veterinarian who directs and supervises his work.

1. Legal First Name, Middle Name, Last Name		2. Social Security Number - -	
3. Home Mailing Address (City, State, County, Zip Code)			
4. Name(s) under which any documents will be submitted (Provide legal court documentation).			
5. Place of Birth (City, County, State or Jurisdiction, Country)		6. Date of Birth / /	7. Gender [] Male [] Female
8. Telephone Numbers (a) Daytime:		(b) Evening:	



Education Information:

(Name of veterinary school) _____ (State or Country)

_____/_____/_____
(Month, Day, & Year of graduation)

Registration Date: _____ To _____
(Completed Application must be received 15 days before the requested Registration Date.)

Have you applied for any examination in/through North Carolina? [] YES [] NO

What Exam have you applied for thru North Carolina? _____

Date of Examination _____

As the Supervising Veterinarian I understand the conditions in which this applicant may work and agree to be responsible for his or her supervision. I certify that I have read the sections of the North Carolina Veterinary Practice Act, Administrative Rules and understand the provisions provided for registration of Veterinary Technician, Student Intern, and Student Preceptees.

Signature of applicant _____ Date _____

Signature of Primary Supervising Veterinarian _____ License number _____ Date _____

Name of Practice Facility _____

Street _____

City _____ Zip _____ County _____

Telephone Number: _____ Fax Number _____