

North Carolina Veterinary Medical Board

INTERN APPLICATION

PO Box 37549, Raleigh, NC 27627

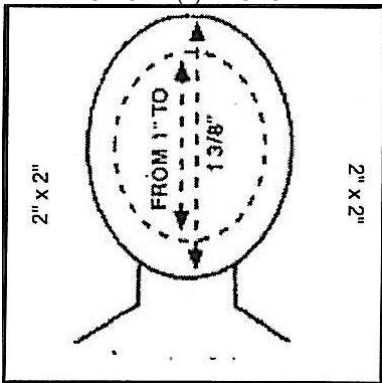
Telephone: (919) 854-5601

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

- 1) Check or money order in the amount of \$15.00
- 2) One passport photo taken within six (6) months. *(No digital or personal pictures.)*
- 3) Copy of Social Security Card
- 4) Deans Letter

Application must be received in the Board office 15 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.

ATTACH ONE (1) 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) and 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, 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 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.

Applicant Identifying Information

You must notify the North Carolina Veterinary Medical Board office, in writing, of any address changes after you file this application to receive information.

1. Legal Name – First, Middle, Last – Provide Former / Maiden Name(s)	2. Social Security Number <hr/> <small>(Copy required with application)</small>
3. Home Mailing Address – City, State, County, Zip	

4. Place of Birth (City, County, State or Jurisdiction, Country)	5. Date of Birth / /	6. Gender [] Male [] Female
7. Daytime Telephone Number	8. Evening Telephone Number	

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

Education Information

Name of Veterinary School State or Country

_____/_____/_____
Month, Day, Year of Graduation

Supervising Veterinarian(s)

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 Preceptee.

Signature of Applicant Date

Signature of Supervising Veterinarian License number Date

Signature of Other Supervising Veterinarian License number Date

Name of Practice Facility

Street Address

City Zip County

Telephone Number: _____ - _____ Fax Number _____ - _____