

Alternate Pathway Work Verification Form



Please Note: The Work Experience Verification Form is a required component for Alternate Pathway as the VTNE application. Candidates must fill out one form per work experience.

Applicant Information

Applicant Name _____ VIVA ID Number _____

Supervising Veterinarian Information

Please fill out the following section specifically about the applicant and their work experience with you.

Veterinarian Name _____ License Number _____

Veterinarian Email _____ Veterinarian Phone Number _____

Facility Name _____

Facility Address _____

Start and End Dates of Supervision _____

Total Hours Applicant Worked Under Your Supervision _____ Part Time Full Time

Describe the duties and responsibilities of the applicant:

Select the minimum relevant duties and responsibilities of the applicant:

General Veterinary Care Lab Skills X-Ray Experience Surgical Experience Dental Experience

Is the applicant currently employed with the facility? Yes No

Supervising Veterinarian's Signature

Date

Once completed, please sign the form and upload the completed form to your AAVSB Portal. By signing this form, you, the applicant, are attesting that the information listed is complete and accurate. Should any information listed be found inaccurate or invalid, you will not be eligible to take the VTNE.

I completed the work experiences for the jurisdiction in which I am applying for licensure.

Applicant Signature

Date