



Veterinary Board of Governors
Credentialing
PO Box 47877
Olympia, WA 98504-7877
360-236-4700

Sponsoring Veterinarian Attestation

(Please print in ink)

Complete this form if you completed on-the-job training under the supervision of a sponsoring veterinarian.

Applicant's Name		Applicant's Credential Number	
Sponsoring Practice/Clinic			
Sponsoring Veterinarian's Name			
Practice/Clinic Address			
City		State	Zip Code
Practice/Clinic Telephone (enter 10 digit #)			

I, the undersigned, attest that I am the person identified as the Sponsoring Veterinarian in this application,
and that I have ensured that the above named applicant has met the competencies of the Veterinary Medication Clerk Model Training Program which was adopted by the Veterinary Board of Governors
on November 1, 1993.

I affirm that Class I, II, III, IV, or V controlled substances are not included in, and are specifically excluded from, any duties that a registered Veterinary Medication Clerk may perform.

I understand that the Department may require more information from me, and that if I provide false or incomplete information the application or registration may be denied, or the registration ultimately suspended or revoked.

Signature of Sponsoring Veterinarian:

Today's Date: