



Washington State Department of
Health

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

Training Veterinarian Affidavit

(Please print in ink)

Complete this form if you completed an educational program that meets, at a minimum, the criteria set in the model training program approved by the veterinary board of governors.

Applicant's Name _____

Training Veterinarian's Name _____

Training Veterinarian's License Number _____

Training Veterinarian's Facility Address _____

City _____ State _____ Zip Code _____

Required training and instruction was received in the following areas as outlined in the Veterinary Medication Clerk Model Training Program.

Definitions—Applicant must be able to define the following:

- Drug
- Brand Name
- Legend Drug
- Controlled Substance
- Generic Name

Abbreviations—Applicant must be familiar with the following:

- Pharmacy
- Practice
- Routes of Administration
- Apothecary Equivalents

Calculations—Applicant must be familiar with the following:

- Quiz on Calculation Competency
- Procedures Concerning Counting, Labeling, and Packaging Requirements
- Supervision and Protocol Requirements for Ordering, Stocking, Inventory and Delivery of Medications.

Training Veterinarian Signature

Medication Categories—Applicant must be familiar with drugs utilized and have knowledge of the category under which they fall. Yes No

Excluded Tasks -- Applicant is aware of the functions which **cannot** be delegated by the veterinarian to any non-veterinarian. Yes No

The boundaries of direct and indirect supervision were discussed with the applicant. Yes No

Applicant has a high school graduation or equivalency. Yes No

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

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 Training Veterinarian:

Today's Date: