

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 Credentia	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>‡</i>)		
I, the undersigned, attest that I am the person application, and that I have ensured that the above named Veterinary Medication Clerk Model Training Pr Board of Governors on November 1, 1993.	d applicant has met the cor	npetencies of the	
I affirm that Class I, II, III, IV, or V controlled su specifically excluded from, any duties that a re perform.			
I understand that the Department may require false or incomplete information the application ultimately suspended or revoked.		· •	
Signature of Sponsoring Veterinarian:		Today's Date:	