

Oregon Veterinary Medical Examining Board

800 N.E. Oregon St., Suite 407
Portland, Oregon 97232
Phone: 971-673-0224 Fax: 971-673-0226

HOW TO GET YOUR VETERINARY INTERN LICENSE

For Applicants With Less Than 12 Months of Experience

This packet should contain the following forms:

- **Internship Requirements for Applicants and Supervisors**

PLEASE READ THIS!! Your supervising veterinarian should read it too.

- **Veterinary Intern Activation**

Fill in all parts that apply. If any information has changed since you applied for your permit, please note it on the form. *Be sure to include a check or money order for \$150 with this application.* Your intern license will expire one year from the date of issue. You will receive a notice prior to its expiration, but it is your responsibility to ensure that you have a valid license if you will be continuing to practice in Oregon.

- **Verification of Experience**

If you have experience in another state or territory of the US, or have participated in a preceptorship or externship through a Board-approved or an AVMA accredited program, have your employer or advisor sign this form. Practice experience or time spent in preceptorships or externships may be counted toward the one-year internship requirement, e.g., a two-month externship reduces the internship period to 10 months. (If you haven't participated in such a program or don't have other experience, disregard the form.)

- **Intern Supervision Agreement**

The licensed Oregon veterinarian(s) for whom you will be working must sign this form. By so doing, your supervisor agrees to all the terms and conditions of ORS 686.085 and OAR 875-010-0050.

Keep a copy of the completed forms and mail originals, including fee, to:

OVMEB
800 NE Oregon St., Suite 407
Portland, OR 97293-0260

Your intern license will be mailed to you when we have received all required forms and documents. Incomplete applications or missing forms will delay the process.

Call us at 971-673-0224 or email ovmeb.info@state.or.us if you have any questions.

IL Fee \$150
0251
Attach payment here

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Intern License Activation

| | | |
|---|--|-------------------------------|
| Name (please print): | | License No: |
| Home Address: | | Home Phone: |
| Practice/Business Name: | | Business Phone: |
| Address: | | |
| City: | | Oregon ZipCode: |
| Owner's Name: | | Diplomate Specialty (if any): |
| Practice Type: <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Mixed | | |
| <p>NOTE: Interns must complete one year of supervised experience to be eligible for an active license. Graduate residency or preceptorship/externship experience may be counted toward the internship period. If you are licensed and have veterinary experience in another state or province, that experience also counts toward the internship period, but you must have that state or province send a certified (Board sealed) "Letter of Good Standing" to the address above. List any states or provinces in which you are now or have ever been licensed to practice veterinary medicine: <input type="checkbox"/> None</p> | | |
| <p>YOU MUST ANSWER THE FOLLOWING QUESTIONS. Explain "yes" answers on a separate sheet. Failure to provide explanations or to be truthful could result in denial of licensure. A "yes" answer does not preclude licensure. The Board will review applications with exceptional circumstances on an individual basis and decide on the facts presented for each case in terms of the Oregon Veterinary Practice Act. If your application is denied, you have the right to a fair hearing to appeal the Board's decision.</p> | | |
| ■ Have you ever been convicted of a felony or misdemeanor other than traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| ■ Have you ever been treated for controlled substance or alcohol abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| ■ Have you ever had a veterinary or other professional license suspended or revoked, or been issued other disciplinary action in any other state or country? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| ■ Are there any other facts not disclosed by your previous answers which might bear adversely on your eligibility and competence to practice veterinary medicine? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| ■ Do you agree that, if there are other matter(s) that occur hereafter, before you receive your license as a veterinarian, which might adversely bear on your eligibility to practice veterinary medicine, such matter(s) will be disclosed by you immediately to the Oregon Veterinary Medical Examining Board? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| <i>I certify that the statements herein are true and correct.</i> | | |
| Applicant's signature _____ | | Date _____ |

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VERIFICATION OF EXPERIENCE—Intern

NOTE: If you do not have prior veterinary practice experience or did not participate in an externship or preceptorship, do not include this form with your application.

Applicant Name: _____ (please print) _____

Applicants for a Oregon veterinary **intern** permit may count experience gained in another state or through graduate residency or preceptorship/externship at an accredited veterinary college toward the one-year internship requirement. Experience must be verified by a licensed veterinarian employer or colleague with knowledge of applicant's work. Use a separate form (copy this original) for each veterinarian verifying experience. A signed letter with similar statements may be accepted in lieu of this form. Return form with original signature to address above. Form may be faxed if original is mailed.

Verification

- _____ months of experience as a practicing veterinarian in the state of _____ . (Only U.S. or U.S. territory experience qualifies.)

Applicant received this experience by practicing in (check all that apply):

- Private Practice
- Residency in a graduate veterinary program* of the following accredited veterinary school: _____.
- Preceptorship or externship in a veterinary program* of the following accredited veterinary school: _____.

I, _____, certify that I am a licensed
(print name)
veterinarian in the state of _____, that I have knowledge that the above-named
applicant for an Oregon veterinary license has the experience checked above, and that the

statements herein are true and correct.

(signature)

(date)

(address)

SEAL

*

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INTERN SUPERVISION AGREEMENT

Applicant Name: _____
(please print)

New graduates or applicants with less than one year of clinical experience must complete an internship under the supervision of a licensed Oregon veterinarian. If applicants have some licensed experience in another state or U.S. territory, or through a graduate residency or preceptorship/externship program, their employer or advisor must sign the "Verification of Experience" form. Prior experience may reduce the term of internship. The intern license will expire one year from the date of issue.

Internship may be satisfied by: practicing in Oregon under the supervision of an Oregon-licensed veterinarian; engaging in educational, regulatory or research work under the supervision of an Oregon-licensed veterinarian; or engaging in livestock sanitary control while in the employ of the state, the federal government, or a municipality of Oregon.

I, _____, certify that I am a licensed
(print name)
Oregon veterinarian, license number _____, and that I agree to supervise the above-named applicant for an internship during the next year (or _____ months), beginning approximately _____. I have read the "**Standard For Supervision of Veterinary Interns**" and understand that direct supervision of the applicant means that I may not be absent from supervision for more than 14 consecutive days, or more than 21 total days in a six month period (exclusive of weekends), and that I may not conduct the supervision from a separate site. If employment of the applicant ceases for any reason, I agree to immediately notify the Veterinary Medical Examining Board of the termination date.

(signature)

(date)

(address)

Oregon Veterinary Medical Examining Board

INTERNSHIP REQUIREMENTS

For Interns & Supervisors

1. The one-year internship is equivalent to 52 full-time work weeks, including holidays and weekends. The supervising veterinarian must have a current active Oregon license in good standing. If the intern is supervised by multiple veterinarians, each must sign an intern supervision form.
2. Supervision during internship requires that the supervising veterinarian exercise best professional judgment to determine the degree of supervision necessary. See Standard For Supervision of a Veterinary Intern (below) for guidelines. **At no time may the supervisor be absent from the clinic for more than 14 consecutive days or more than 21 total days during any 6-month period of the total one year; or conduct the supervision from a separate or satellite clinic.** The intern may make field visits, if the supervisor has determined that the intern is competent to handle procedures independently, and provided the intern is able to communicate with the supervisor for assistance.
3. An applicant may perform only veterinary technician duties until receiving the intern license, regardless of hire date. The supervising licensed veterinarian may be subject to discipline if the applicant is practicing veterinary medicine prior to issuance of the intern license. An applicant hired prior to graduation from veterinary school who subsequently does not graduate may not work as an intern until graduation requirements have been met.
4. The intern license is effective on the date issued and valid for one year from that date. Four to six weeks prior to expiration, the intern will receive an application for a permanent license and a verification of experience form for the supervisor to complete. **Interns may not legally practice veterinary medicine in Oregon after the intern license expires unless they have obtained a license.**
5. If the intern does not complete 12 months with the same supervisor, within 30 days the Board must be notified of end of employment and re-employment dates so that the internship can be calculated accurately. A supervision agreement must be completed by the new supervisor(s) and provided to the Board to ensure a record of continuous supervision. If the intern does not obtain 12 months of experience in a year, a second intern license may be requested.

STANDARD FOR SUPERVISION OF VETERINARY INTERNS

ORS 686.085, OAR 875-010-0050

The purpose of requiring supervision of an Intern is to help prepare the new graduate veterinarian for competent, independent practice by providing him/her with sufficient experience in medical and office practice procedures. Direct supervision means the Intern performs procedures in the immediate presence and at the direction of the supervisor. The internship shall commence with a period during which the supervising veterinarian directly supervises each and every procedure conducted by the Intern. The supervising veterinarian shall continue to directly supervise procedures conducted by Intern until such time as the supervising veterinarian can reasonably determine that Intern has sufficient training and experience to competently conduct a particular procedure, or class of procedures, independently. Once this determination is made, supervising veterinarian need not continue to directly supervise that procedure or class of procedures, but shall reasonably monitor results thereof.

The supervising veterinarian shall make competency determinations on a procedure-by-procedure, or class of procedures, basis. Competency determinations shall be documented and available to the Board on request. The supervising veterinarian shall continue to directly supervise all procedures performed by the Intern for which the supervising veterinarian has not yet made competency determinations.