



KATIE HOBBS
GOVERNOR

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
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VETBOARD.AZ.GOV

VICTORIA WHITMORE, EXECUTIVE DIRECTOR

EQUINE DENTAL PRACTITIONER INFORMATION

Alternative Format for Submitting Application: An individual with a disability who, as a result of the disability, requires this registration to be in an alternative format may contact the Board's Americans with Disability coordinator at (602) 364-1738, or Voice Relay Service (800) 842-4681 or TTY at (800) 367-8939 to make their needs known.

Name: _____

Address: _____

Mailing Address (if different): _____

Home Phone: _____ Cell phone: _____ Email: _____

PLEASE COMPLETE ALL OF THE FOLLOWING

- I am certified by: _____ Effective Date: _____
 - Continuing Certification Date: _____
 - Provide proof of current certification from the International Association of Equine Dentistry or the Academy of Equine Dentistry.
- Attach a written statement signed by each supervising licensed veterinarian that the certified equine dental practitioner will be under the general or direct supervision of the licensed veterinarian: A.R.S. §32-2231 (B)(3).
- I will be supervised by the following Arizona licensed veterinarian(s): (If additional space is required, please attach a separate sheet of paper.)

Veterinarian's Name: _____

Clinic Name: _____

Clinic Address: _____

Clinic Phone: _____

Veterinarian's Name: _____

Clinic Name: _____

Clinic Address: _____

Clinic Phone: _____

Veterinarian's Name: _____

Clinic Name: _____

Clinic Address: _____

Clinic Phone: _____

I hereby declare under penalty of perjury under the laws of the state of Arizona that the answers I have given are true and correct to the best of my knowledge.

_____/_____
Signature Date