



Tammy S. Wallace
Executive Director

**ALABAMA STATE BOARD OF
VETERINARY MEDICAL EXAMINERS**
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MONTGOMERY AL 36130-5330
(334) 262-8068
(334) 262-8716 (fax)
www.asbvme.alabama.gov



INTERNSHIP APPLICATION INSTRUCTIONS

Alabama provides for a foreign veterinary graduate to intern under the direct or indirect supervision of an approved licensed veterinarian under strict guidelines. Anyone interested in interning must first obtain a sponsor and then apply for approval of the internship along with the sponsor's signature.

The following items or certifications are needed as attachments to the application for Board evaluation:

1. Internship Application (attached)
2. Enrollment certification in the AVMA Educational Commission of Foreign Veterinary Graduate Program*
3. Copy of College Transcript
4. Copy of Diploma
5. National Board Scores
6. Proof of Citizenship Status or Proof of Permanent Residency Status
7. If licensed in any other state in the U.S., license verifications will be needed as well.

*If you are not currently enrolled in the foreign graduate program, you may contact the following for more information regarding enrollment:

Ms. Mary Barbosa
AVMA ECFVG Program
1931 North Meacham Road Suite 100
Schaumburg, IL 60173-4360

1-800-248-2862 extension 254

INTERNSHIP APPLICATION (ECFVG CANDIDATES)

COMPLETE THIS SECTION REGARDING APPLICANT (ECFVG CANDIDATE)		
Name:		
Address:		
City:	State:	Zip:
Phone #:	Cell:	
Date of Birth:	SSN#:	
Graduate of:	Year:	
Citizenship or Visa Status:		
Registered in the ECFVG program where?		
Projected date of Commission:		
NBE Date:	Raw Score:	% Score:
CCT Date:	Raw Score:	% Score:
NAVLE Date:	Raw Score:	% Score:

I certify that I have read and understand the provision of the Alabama Veterinary Practice Act (Ala. Code. §34-29-60, et. seq.) and its Administrative Code and will abide by these laws during the period of internship status under direct supervision of my veterinarian sponsor listed below. I understand that this privilege if approved by the Board can be rescinded at anytime.

Applicant's Signature Date Signed

COMPLETE THIS SECTION REGARDING EMPLOYER (DVM SPONSOR)		
Employer (Sponsor's) Name:		
Name of Business:		
Address:		
City:	State:	Zip:
Phone #:	Cell:	

Employer's Signature Date Signed