

**Declaration by the Responsible Veterinarian/Aquatic Animal Health Biologist in Support of the Application for a License as an Aquatic Animal Health Biologist Assistant**

We hereby confirm that the Aquatic Animal Health Student:

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| Name:   | Born:   |
| Student at:   |    |

The student will be employed under a temporary license as a Aquatic Animal Health Student under my/our supervision. I/we hereby assume full professional responsibility for the student

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| Name(s) of Responsible Veterinarian/Aquatic Animal Health Student (printed in capital letters)     |

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| --- | --- | --- |
| Period of Employment | Start Date: | End Date: |

 Signature of all veterinarians/ Aquatic Animal Health assuming professional responsibility:

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Signature and Date:

This statement shall accompany the application for a license to practice as an Aquatic Animal Health Student assistant.