Et bilde som inneholder Font, tekst, Grafikk, grafisk design

KI-generert innhold kan være feil.

**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:

|  |  |
| --- | --- |
| 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

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

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

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

|  |
| --- |
|  |
|  |
|  |
|  |

Signature and Date:

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