



**STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF NATURAL RESOURCES
WILDLIFE DIVISION**

Wildlife Rehabilitation Statement of Apprenticeship

Part I: Applicant Information

Name:		
Mailing Address:		
City/Town:	State:	Zip Code:
E-Mail Address:		
Telephone Number:	ext.	Fax:

Part II: Sponsor Information

Name:		
Affiliation:		
Mailing Address:		
City/Town:	State:	Zip Code:
E-Mail Address:		
Telephone Number:	ext.	Fax:

Part III: Apprenticeship Information

1. Amount of time spent with sponsor:				
Number of hours:	Time per week/month:	Duration:		
2. Check the appropriate box(es) identifying the animals you have cared for (check all that apply):				
Birds	Mammals	Reptiles/ Amphibians	RVS	Deer
3. Check the appropriate box(es) identifying the age of the animals you have cared for (check all that apply):				
Juveniles	Nestlings (birds only)	Adults		
4. List the species of the animals you have cared for:				
5. Check the appropriate box(es) identifying the activities you were directly involved with (check all that apply):				
Cage building or design	Capture/rescue	Cleaning Cages		
Emergency Care	Euthanasia	Feeding juveniles/nestlings		
Handling	Phone advice	Preparing feeding solutions		
Rehydration	Tube feeding			

Part IV: Applicant Certification

<p>"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of those individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief. I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the General Statutes, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute."</p>	
Signature of Applicant	Date
Name of Applicant (print or type)	Title (if applicable)

Part V: Sponsor Certification

<p>"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of those individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief. I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the General Statutes, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute."</p>	
Signature of Sponsor	Date
Name of Sponsor (print or type)	Title (if applicable)

Please Note: If you have worked with RVS, you must also send verification of rabies pre-exposure shots. Please call 860-424-3011 to receive a Certificate of Rabies Immunization.

Please return this form along with any additional required materials to:

Laurie Fortin, Wildlife Division
Department of Environmental Protection
79 Elm Street
Hartford, CT 06106-5127
860-424-3011