

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935

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Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703

E-Mail: dsps@wi.gov
Website: http://dsps.wi.gov

VETERINARY EXAMINING BOARD

APPLICATION FOR TEMPORARY PERMIT TO PRACTICE VETERINARY MEDICINE

Application materials must be received by DSPS at least two weeks prior to the date the applicant intends to begin work. Any change or addition of a preceptor shall be reported by filing a new DSPS form # 2818.

An applicant applying for a temporary permit must also submit a completed DSPS application form #655 for full licensure and all required forms and fees. A temporary permit may only be issued once and shall expire upon any of the following: notification of failure of any examination, failure to take the next scheduled examination, or issuance of a license.

PLEASE TYPE OR PRINT IN INK

NAME OF APPLICANT: _____

Applicant, check all that apply and forward this form to your preceptor for completion:

I have taken the North American Veterinary Licensing Examination (NAVLE) on ___/___/____ and I am awaiting results.

I am scheduled to take the next available North American Veterinary Licensing Examination (NAVLE) on ___/___/____.

Preceptor, please complete the below information and forward to DSPS at the above address:

I request that a Temporary License to practice veterinary medicine in the State of Wisconsin be issued to

(Applicant's printed name)

As required under Wis. Adm. Code, § VE 3.05(3), I verify that _____
is employed to practice veterinary medicine under my supervision.

(Applicant's printed name)

I am aware that a Temporary Permit may be issued and remains valid until any of the following occurs: notification of failure of any examination, failure to take the next scheduled examination, or issuance of a license.

Signature and Title

Agency/Department

Print Name and Wisconsin License Number

Street Address

City and State

___/___/____
Date