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| VEB\_12 10/2017 | |
|  | Wisconsin Department of Agriculture, Trade and Consumer Protection  Veterinary Examining Board  2811 Agriculture Drive, PO Box 8911, Madison, WI 53708-8911  Phone: (608) 224-4353 |
| APPLICATION FOR A VETERINARY FACULTY LICENSE | |

**Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 93.135, Wis. Stats.).**

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| PLEASE TYPE OR PRINT CLEARLY IN INK |  |  | | | | | |
| **Legal Name**: Last | | | First | | Middle | Former / Maiden Name(s) |
| Your Street Address (number, street, city, state, zip) | | | | | | |
| Mail To Address (if different) | | | | | | |
| Full Date of Birth  / / | | | | Daytime Telephone Number  ( ) - | | |

**School Name:**

**School Address:**

(City) (State)

**Date of Graduation:**

month/day/year

**Degree: Specialty:**

**POST GRADUATE TRAINING AND ACTIVITIES:** Outline in chronological order all post-graduate training and practice from the **date of graduation from veterinary school to the present time** (attach additional sheet if necessary). **Must include professional and non-professional activities. All time and dates must be accounted for.**

**TRAINING/PRACTICE EMPLOYER LOCATION DATES (FROM-TO) FULL/PART**

**mo/yr**

1.

2.

3.

|  |  |
| --- | --- |
| **Application Fee:**  **$185. 00** - **Veterinary Faculty License**  **Make your check payable to DATCP – VEB and mail along with this completed application to:**  **DATCP – VEB**  **LOCKBOX 93598**  **MILWAUKEE, WI 53293-0598** |  |
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**Wisconsin Department of Agriculture, Trade and Consumer Protection**

**APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:**

* Fee attached to application.
* Applicant’s Social Security Number Form (VEB\_25)
* Certificate of Professional Education (VEB\_7)
* Wisconsin Statutes and Rules Examination passing score (Information will follow after application received)
* Letter from Dean (see page 4)

**IS NAME ON ALL CREDENTIALS THE SAME? IF NOT, SUBMIT CERTIFIED COPY OF MARRIAGE CERTIFICATE, DIVORCE DECREE, ETC.**

**ANSWER THE FOLLOWING QUESTIONS:** (Attach additional sheets if necessary)

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|  | YES NO |
| 1. Have you ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency and your license number. | ❑ ❑ |
| 2. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation, revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action. | ❑ ❑ |
| 3. Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action. | ❑ ❑ |
| 4. Do you have any felony or misdemeanor charges pending against you? If yes, submit Convictions and Pending Charges (From #VEB\_2). | ❑ ❑ |
| 5. Have you ever been convicted of a misdemeanor or a felony? If yes, submit Convictions and Pending Charges (From #VEB\_2). | ❑ ❑ |
| 6. Are you incarcerated, on probation or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and, if applicable, list name, address and phone number of your probation or parole officer. | ❑ ❑ |
| 7. Have any suits or claims ever been filed against you as a result of professional services? If yes, submit Malpractice Suits, Claims and Settlements (Form VEB\_3). | ❑ ❑ |
| 8. Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what states(s). | ❑ ❑ |
| 9. Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under. | ❑ ❑ |
| 10. Has the Drug Enforcement Administration ever withdrawn your DEA number or warned you, or have you been denied a DEA number? If yes, give details on an attached sheet. | ❑ ❑ |
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**Wisconsin Department of Agriculture, Trade and Consumer Protection**

CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

A citizen or national of the United States, or

A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Agriculture, Trade and Consumer Protection immediately.

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I’ve provided to the Wisconsin Department of Agriculture, Trade and Consumer Protection change.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A notarial seal or stamp is required (SEAL)

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subscribed and sworn to before me on \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public (print name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ My commission:  expires \_\_\_\_\_\_\_\_\_\_\_\_.

Notary Public (sign name)  is permanent.

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**Wisconsin Department of Agriculture, Trade and Consumer Protection**

**APPLICATION FOR A VETERINARY FACULTY LICENSE**

**TO BE COMPLETED BY THE SCHOOL OF VETERINARY MEDICINE**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Dean of the University of Wisconsin-Madison, School of Veterinary Medicine, hereby certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, D.V.M., has been offered a position at the school which may require the practice of veterinary medicine on privately owned animals, only within the scope of employment at the school effective on or about \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.

In accordance with Stats., Ch. 89, I agree to notify the Board immediately upon termination of Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_'s employment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SCHOOL** **S E A L**

Signature of Dean

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