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| VEB\_3 1/2017 | |
|  | 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* |
| MALPRACTICE SUITS, CLAIMS AND SETTLEMENTS FORM  Ch.89, Wis. Stats | |

This form must be completed in its entirety by the licensure applicant.

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| PLEASE TYPE OR CLEARLY PRINT IN INK | | | |
| LEGAL NAME / LAST | FIRST | MIDDLE |  |
| FULL DATE OF BIRTH RACE SEX  ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PROFESSION APPLYING FOR | | | |

List below all malpractice suits, claims, or settlements in which you were involved since the date of your initial licensure, (including post-graduate training, if applicable). Provide a brief description of the allegations and final disposition. For any malpractice suits resolved within the past ten (10) years, provide copies of claims/suits, final settlements, dispositions, or dismissed information. (Attach additional sheets if necessary.)

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| PARTIES | | |
| DATE FILED  /    / | DATE RESOLVED     /    / | COURT AND CASE NO. |
| DISPOSITION | | |
| **DESCRIPTION OF LEGAL ACTION OR CLAIM:** | | |
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Wisconsin Department of Agriculture, Trade and Consumer Protection

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| PARTIES | | |
| DATE FILED     /    / | DATE RESOLVED  /    / | COURT AND CASE NO. |
| DISPOSITION | | |
| **DESCRIPTION OF LEGAL ACTION OR CLAIM:** | | |
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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 for disciplinary action.

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| APPLICANT Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ­­­­­­­ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*STATE OF* ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (SEAL)

Notary Public (print name)

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

Notary Public (sign name)

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

is permanent.