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| VEB\_7 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 |
| VETERINARIAN CERTIFICATE OF PROFESSIONAL EDUCATION  Ch.111, Wis. Stats. | |

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| **APPLICANT** **- Please complete this section and submit to certifying school for completion. Form must be returned directly from the school to the Veterinary Examining Board at the above address.** | | |
| **FULL LEGAL NAME (Please print clearly)**   |  |  |  | | --- | --- | --- | |  |  |  | | First | Middle | Last (Maiden) | | | |
| **Address**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Street   |  |  |  | | --- | --- | --- | |  |  |  |   City State Zip | **Date of Graduation**       /      / | |
| **CERTIFYING SCHOOL - Please complete this section and return directly to the Veterinary Examining Board at the above address.** | | |
| **Name of Institution (Please print clearly)**   |  | | --- | |  | | | **Address of Institution**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  | | --- | |  |   City, State, Zip Code |
| **Type of Degree Awarded**   |  | | --- | |  | | | **Major**   |  | | --- | |  | |
| **Date Diploma Granted\***\_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | | | |

**SCHOOL SEAL**

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

Signature and Printed Name of Dean/Department Head

Date     \_\_/      \_\_/      \_\_

**\* ONLY** **COMPLETE THIS FORM AFTER THE APPLICANT NAMED ABOVE HAS ACTUALLY GRADUATED.** Anticipated dates of graduation will not be accepted.