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| VEB\_7 1/2017  |
|  | Wisconsin Department of Agriculture, Trade and Consumer ProtectionVeterinary Examining Board2811 Agriculture Drive, PO Box 8911, Madison, WI 53708-8911Phone: (608) 224-4353  |
| VETERINARIAN CERTIFICATE OF PROFESSIONAL EDUCATIONCh.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)**

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| First | Middle  | Last (Maiden) |

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| **Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Street

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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)**

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 | **Address of Institution**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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City, State, Zip Code  |
| **Type of Degree Awarded**

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|       |

 | **Major**

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| **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.