



Wisconsin Department of Agriculture, Trade and Consumer Protection
 Division of Animal Health
 Bureau of Animal Disease Control
 Veterinary Examining Board
 Phone: (608) 224-4353 Email: DATCPVEB@wisconsin.gov

APPLICATION FOR A VETERINARY CONSULTING PERMIT

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes, unemployment insurance contributions, or child or family support. Wis. Stat. §. 93.135. Personally identifiable information you provide may be used for purposes other than that for which it was originally collected per Wis. Stat. § 15.04(1)(m). Completion of this form is required for issuance of a consulting permit per Wis. Stat. § 89.072(2) and Wis. Admin. Code § VE 1.36(4).

PLEASE TYPE OR PRINT CLEARLY IN INK

LEGAL NAME / LAST:	FIRST:	MIDDLE:	FORMER / MAIDEN NAME(S):	
ADDRESS:		CITY:	STATE:	ZIP CODE:
MAILING ADDRESS (if different):		CITY:	STATE:	ZIP CODE:
E-MAIL:			PHONE: () -	DATE OF BIRTH:

DEGREE INFORMATION

SCHOOL NAME:		DATE DEGREE GRANTED:
CITY:	STATE:	
DEGREE:	SPECIALTY:	

PREVIOUS LICENSES

List all state/countries in which you are now or have ever been licensed:

Have you requested letters of verification from these states/countries? Yes No

You are required to have each state/country board in which you have ever been licensed submit letters of verification to the Wisconsin Veterinary Examining Board. The letters will be required in order to complete your application for licensure.

FEES

Temporary Consulting Permit

Initial Credential Fee: **\$160.00**

Mail your application and payment to:

DATCP
 ATTN: Veterinary Examining Board
 PO Box 93598
 Milwaukee, WI 53293-3598

REQUIRED DOCUMENTS

Application is not complete until all the following documents have been received. Application for licensure must be approved by two members of the Veterinary Examining Board prior to issuance of a license.

<input type="checkbox"/> Fee attached to application	<input type="checkbox"/> Letters from all State Boards where licensed or certified (includes active and inactive licenses). <i>Letters are to be sent directly to:</i> Wisconsin Department of Agriculture, Trade and Consumer Protection ATTN: Veterinary Examining Board PO Box 8911 Madison, WI 53708
<input type="checkbox"/> Applicant's Social Security Number (DAH-BADC-019)	<input type="checkbox"/> A letter requesting the applicant's consulting services from a veterinarian licensed to practice veterinary medicine in the State of Wisconsin.

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

	YES	NO
1. Have you ever surrendered, resigned, cancelled 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 license number.	<input type="checkbox"/>	<input type="checkbox"/>
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, or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have any felony or misdemeanor charges pending against you? If yes, submit Convictions and Pending Charges (DAH-VEB-014).	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been convicted of a misdemeanor or a felony? If yes, submit Convictions and Pending Charges (DAH-VEB-014).	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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 (DAH-VEB-015).	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what states(s):	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under:	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>

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 Department of Agriculture, Trade and Consumer Protection change.

SIGNATURE

PRINT NAME

DATE

STATE OF _____

COUNTY OF _____

Subscribed and sworn to before me on _____

NOTARY PUBLIC (PRINT NAME)

(SEAL)

NOTARY PUBLIC (SIGN NAME)

My commission: expires _____ is permanent.

***A NOTARIAL SEAL OR STAMP IS REQUIRED**