



Wisconsin Department of Agriculture, Trade and Consumer Protection  
 Division of Animal Health  
 Veterinary Examining Board  
 2811 Agriculture Drive, PO Box 8911, Madison, WI 53708-8911  
 Phone: (608) 224-4353 Email: [DATCPVEB@wisconsin.gov](mailto:DATCPVEB@wisconsin.gov)

# Application for Temporary Permit to Practice Veterinary Medicine

*Personally identifiable information provided on this form may be used for purposes other than which it is originally collected. Wis. Stat. § 15.04(1)(m). 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. Completing this form is required to apply for a temporary permit to practice veterinary medicine per Wis. Admin. Code § VE 1.34.*

A temporary permit is solely for the purpose of allowing applicants who have graduated but have not taken examinations (NAVLE/State Law Exam), that are required for licensure to practice. This permit allows for the permit holder to practice under supervision of a preceptor as long as permit holder has not previously held a temporary permit, previously taken and failed an examination that is required for licensure, and they are scheduled to take the examination at the next scheduled time possible.

A temporary permit may only be issued once and will expire upon any of the following: failure to take the next scheduled examination that is required for licensure, notification of failure of any examination required for licensure, or issuance of a license.

An applicant applying for a temporary permit **must also submit a completed application form DAH-VEB-005 for full licensure and all required forms and fees.**

Application materials must be received by the Veterinary Examining Board at least two weeks prior to the date the applicant intends to begin work. Any change or addition of a preceptor shall be reported by filing this form.

**PLEASE TYPE OR CLEARLY PRINT IN INK**

*Wis. Admin. Code § VE 1.34.*

## APPLICANT SECTION

LEGAL NAME OF APPLICANT:

Applicant, check all that apply and forward this form to your preceptor for completion:

- I have taken the (NAVLE) on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ and I am awaiting results.
- I am scheduled to take the next available (NAVLE) on \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

## PRECEPTOR SECTION

*Please complete the below information and forward to the Veterinary Examining Board at:*

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

I request that a Temporary Permit to practice veterinary medicine in the State of Wisconsin be issued to

\_\_\_\_\_  
 (APPLICANT'S PRINTED NAME)

I am aware that a Temporary Permit may be issued and remains valid until any of the following occurs: notification of failure of any examination, failure to take the next scheduled examination, or issuance of a license.

PRINT NAME

AGENCY/DEPARTMENT OR COMPANY'S NAME

TITLE/WISCONSIN LICENSE NUMBER

ADDRESS

SIGNATURE & DATE

CITY

STATE

ZIP CODE

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

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

(SEAL)

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

\_\_\_\_\_  
NOTARY PUBLIC (PRINT NAME)

\_\_\_\_\_  
NOTARY PUBLIC (SIGN NAME)

My commission:  expires \_\_\_\_\_  is permanent.

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

## **ADDITIONAL INFORMATION FOR THE PRECEPTOR**

You have agreed to employ and supervise an applicant who has been issued a temporary permit to practice veterinary medicine in Wisconsin.

### **Your responsibilities as preceptor are as follows:**

- (1) Supervise and approve applicant's work in accordance with VE 1.44
- (2) Delegate only those tasks commensurate with demonstrated abilities of the temporary permit holder.
- (3) Be available for direct communication with the temporary permit holder when the temporary permit holder is providing veterinary services. Direct communication shall be either verbal, by telephone, or email.

### **The applicant and preceptor should be advised of the following in regard to the temporary permit:**

- a. The temporary permit is valid until the occurrence of one of the following: notification of failure of an examination conducted by the Examining Board; failure to take the next scheduled examination; or the issuance of a license to practice veterinary medicine.
- b. The temporary permit is valid only while the applicant practices under your supervision. The applicant may not practice until the effective date on the permit which is the date of Board approval. If the applicant terminates his or her employment with you, notify the Board office when and why the employment was terminated. If the applicant wishes to practice under a new veterinarian, the applicant must first request and obtain a temporary permit designating the new veterinarian.
- c. The temporary permit allows the applicant to practice veterinary medicine in Wisconsin. However, the areas of veterinary medicine covered under accreditation, such as issuing health certificates, testing and examining animals, and vaccinating calves for brucellosis is regulated by the United States Department of Agriculture (USDA) and is not allowed under the temporary permit.
- d. When submitting samples to Central Animal Health Laboratory, please be sure that your name appears on the form, not that of the permit holder.

**If you have any further questions, please contact the Board office, at the address and phone number above.**