



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

VETERINARY CERTIFICATE OF PROFESSIONAL EDUCATION

Personally identifiable information provided on this form may be used for purposes other than which it was originally collected. Wis. Stat. § 15.04(1)(m).

PLEASE TYPE OR CLEARLY PRINT IN INK

Wis. Stat. § 89.06; Wis. Admin. Code § VE 1.14(3).

**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.)**

LEGAL NAME / LAST:	FIRST:	MIDDLE:	FORMER / MAIDEN NAME(S):
ADDRESS:		CITY:	STATE: ZIP CODE:
MAILING ADDRESS (if different):		CITY:	STATE: ZIP CODE:
DATE OF GRADUATION:			

**CERTIFYING SCHOOL - Please complete this section and MAIL to the Veterinary Examining Board at:
 DATCP, ATTN: Veterinary Examining Board, PO Box 8911, Madison, WI 53708-8911
 OR EMAIL to: DATCPVEB@wisconsin.gov**

NAME OF INSTITUTION:			
INSTITUTION ADDRESS:		CITY:	STATE: ZIP CODE:
TYPE OF DEGREE AWARDED:		MAJOR:	DATE DIPLOMA GRANTED*:

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

SIGNATURE

SIGNATURE OF DEAN/DEPARTMENT HEAD	(SCHOOL SEAL)
PRINTED NAME OF DEAN/DEPARTMENT HEAD	
DATE	