



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

CERTIFICATE OF TECHNICAL SCHOOL OR COLLEGE

Wis. Stat. § 89.06(3); Wis. Admin. Code § VE 2.04. 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).

This form must be submitted for applicants who have completed a four-semester course in veterinary technology from an AVMA or CVMA accredited Veterinary Technology program.

This form must come directly from your school to the Veterinary Examining Board.

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

PLEASE TYPE OR PRINT CLEARLY IN INK.

I, _____, Registrar of _____,
(NAME OF REGISTRAR) (NAME OF TECHNICAL SCHOOL OR COLLEGE)

address: _____,

hereby certify that _____ completed a four-semester course of study
(APPLICANT)

in _____

at _____ on the _____ day of _____,
(NAME OF TECHNICAL SCHOOL OR COLLEGE)

(SCHOOL SEAL)

SIGNATURE OF REGISTRAR

DATE

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