



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](mailto:DATCPVEB@wisconsin.gov)

## Continuing Education Fulfillment for Faculty Licensure

Form is due by December 31 of each odd numbered year.

PLEASE TYPE OR PRINT CLEARLY IN INK

Wis. Admin. Code § VE 1.30 & VE 1.32

LAST NAME:	FIRST NAME:	MI:	FORMER / MAIDEN NAME(S):	
ADDRESS:		CITY:	STATE:	ZIP CODE:
MAILING ADDRESS (If different):		CITY:	STATE:	ZIP CODE:
EMAIL:	DAYTIME PHONE: (     ) -	BIRTH YEAR:	CREDENTIAL NUMBER:	

### CONTINUING EDUCATION

Failure to complete biennial continuing education requirements may result in your license expiring and additional fees will be assessed. For auditing purposes, every veterinarian shall maintain records of continuing education hours for at least five years from the date the certification statement is signed. The board may audit for compliance by requiring a veterinarian to submit evidence of compliance to the board for the biennium immediately preceding the biennium in which the audit is performed. Veterinarian education requirements are found in Wis. Admin. Code Chapter § VE 1.30 & 1.32.

### VETERINARIANS HOLDING FACULTY LICENSE

I completed 30 hours of continuing education during this biennium, as required under Wis. Admin. Code. VE 10.02(1).

### SIGNATURE

**Affidavit of license holder** - I declare that I am the person referred to on this form and that my attestation is 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 this form may result in a revocation, suspension or limitation of my license; or any combination thereof; or such other penalties as may be provided by law.

By signing below, I am signifying that I have read the above statements and understand the obligation I have as a license holder to report any change, to the information I have provided, to the Veterinary Examining Board.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

**MAIL this form to:**

OR

**EMAIL this form to:**

DATCP

ATTN: Veterinary Examining Board

PO Box 8911

Madison, WI 53708-8911

[DATCPVEB@wisconsin.gov](mailto:DATCPVEB@wisconsin.gov)