



Wisconsin Department of Agriculture, Trade and Consumer Protection
Veterinary Examining Board
 2811 Agriculture Drive, PO Box 8911, Madison, WI 53708-8911
 Phone: (608) 224-4353

APPLICATION FOR A POST-GRADUATE TRAINING PERMIT

Ch.89, Wis. Stats

Issued to a person by the board which allows the permit holder to practice veterinary medicine on privately owned animals only within the scope of the permittee's internship or residency program at a school of veterinary medicine in this state.

PLEASE TYPE OR CLEARLY PRINT IN INK

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

SCHOOL NAME			DATE DEGREE GRANTED / /	
ADDRESS STREET		CITY		STATE / ZIP CODE
DEGREE		SPECIALTY		

APPLICATION FEE:

\$ 100.00

Mail this completed application and your check payable to DATCP:

DEPARTMENT OF AGRICULTURE, TRADE AND CONSUMER PROTECTION (DATCP)
 ATTN: VEB
 LOCKBOX 93598
 MILWAUKEE, WI 53293-3598

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ALL OF THE FOLLOWING DOCUMENTS ARE REQUIRED TO PROCESS THE APPLICATION:

- Application Fee attached to this notarized application
- Copy of professional diploma, and translation if necessary
- Passing score from Wisconsin Statutes and Rules Examination (Email will follow after application is processed)
- Application for Post Graduate from UW Madison to verify post graduate training (Page 4 of this application)
- Applicant's Social Security Number (Form #VEB_25)

POST-GRADUATE TRAINING AND ACTIVITIES: List in chronological order all post-graduate training and practice *from date of graduation from veterinary school to the present time* (attach additional sheet if necessary). **Include professional and non-professional activities.**

TRAINING/PRACTICE	EMPLOYER	LOCATION	DATES (FROM-TO) MO/YR	FULL/PART
			to	
			to	
			to	
			to	

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 your 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. Have you ever been convicted of a misdemeanor or a felony, or do you have any felony or misdemeanor charges pending against you? If yes, submit Convictions and Pending Charges (Form# VEB_2). | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have any suits or claims ever been filed against you as a result of professional services? If yes, submit Malpractice Suits, Claims and Settlements (Form #VEB _3). | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you registered or licensed in any other profession(s)? If yes, state what profession(s), license number(s), and in what states(s) on an attached sheet. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. 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"/> |

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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.

Applicant Print and Sign 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.

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To be completed by UW-Madison School of Veterinary Medicine

I, _____, Dean of the University of

Wisconsin-Madison, School of Veterinary Medicine, hereby certify that

_____, D.V.M., who has

received the degree of doctor of veterinary medicine or equivalent, will begin undertaking (check one)

☐ intern

or

☐ residency

training at the University of Wisconsin-Madison, School of Veterinary Medicine,

effective on or about _____, 20

In accordance with s. VE 1.40(5) and ch. 89, Stats., I agree to notify the Board immediately upon

termination of Dr. _____'s

intern or residency program.

Signature of Dean

Date ____ / ____ / ____

Please return directly to:

S E A L

Department of Agriculture, Trade and Consumer Protection

ATTN: Veterinary Examining Board

2811 Agriculture Drive,

PO Box 8911

Madison, WI 53718-8911