



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 CREDENTIAL RENEWAL

PLEASE TYPE OR PRINT CLEARLY IN INK

LEGAL NAME/LAST	FIRST	MIDDLE	FORMER / MAIDEN NAME(S)	
ADDRESS/STREET	CITY		STATE	ZIP
MAILING ADDRESS/STREET (If different)	CITY		STATE	ZIP
EMAIL		DAYTIME PHONE (   )   -		YEAR OF BIRTH
CREDENTIAL NUMBER				

**MAIL THIS FORM ALONG WITH YOUR CHECK PAYABLE TO:**

**DEPARTMENT OF AGRICULTURE, TRADE AND CONSUMER PROTECTION (DATCP) - VEB**

**LOCKBOX 93598**

**MILWAUKEE, WI 53293-3598**

**RENEWAL FEE: \$160.00** \*NOTE: If paying after December 31, please add a late fee of \$25.00

☐ VETERINARIAN

☐ VETERINARY TECHNICIAN

### CONTINUING EDUCATION

For auditing purposes, every veterinarian and veterinary technician shall maintain records of continuing education hours for at least 5 years from the date the certification statement signed. The board may audit for compliance by requiring a veterinarian or veterinary technician to submit evidence of compliance to the board for the biennium immediately preceding the biennium in which the audit is performed. Continuing education requirements are found in Wis Admin. Codes ss. 1.30 & 1.32 (veterinarians and ss. VE 2.14 & 2.16 (CVTs)).

### VETERINARIANS

☐ I completed 30 hours of continuing education during the biennium immediately preceding this application for renewal, as required under Wis. Admin. Code. s. VE 1.30(1).

☐ I plan to complete the continuing education course. NO LICENSE WILL BE ISSUED until continuing education is completed. A notice will be mailed to you to declare the completion of your continuing education requirement. Failure to complete the continuing education may result in your license expiring and additional fees will be assessed.

☐ I am exempt from this requirement because I am an applicant who is applying to renew a license or certificate that expires on the first expiration date after initial issuance of the license or certificate as listed under Wis. Admin. Code. s. VE 1.30(2).

## VETERINARY TECHNICIANS

☐ I completed 15 hours of continuing education during the biennium immediately preceding this application for renewal, as required under Wis. Admin. Code. s. VE 2.14(1).

☐ I plan to complete the continuing education course. NO LICENSE WILL BE ISSUED until continuing education is completed. A notice will be mailed to you to declare the completion of your continuing education requirement. Failure to complete the continuing education may result in your license expiring and additional fees will be assessed.

☐ I am exempt from this requirement because I am an applicant who is applying to renew a license or certificate that expires on the first expiration date after initial issuance of the license or certificate as listed under Wis. Admin. Code. s. VE 2.14(2).

## LEGAL STATUS

If you do not have a Social Security Number on file with us or are exempt from having a Social Security Number, and/or your legal status as a qualified alien or nonimmigrant lawfully present in the United States has changed since your last renewal (or the issuance of your credential/license if you have not renewed before), Please contact DATC-VEB at 608-224-4353 or [datcpVEB@wi.gov](mailto:datcpVEB@wi.gov).

## AFFIDAVIT OF CHARGES OR CONVICTIONS

A holder of any credentials/licenses who is convicted of a felony or misdemeanor, since the issuance of the credential/license or since the last renewal, in the state or elsewhere shall notify the department in writing of the date, place and nature of the conviction or finding within 48 hours after the entry of the judgment of conviction. Notice shall be made by mail and shall be proven by showing proof of the date of mailing the notice. Notice shall include a copy of the judgment of conviction and a copy of the complaint or other information which describes the nature of the crime and the judgment of conviction in order that the department may determine whether the circumstances of the crime of which the credential/license holder was convicted are substantially related to the practice of the credential/license holder. VEB\_2 form and/or VEB\_3 form should be completed and submitted to the department along with the associated fees and all requested documents.

## 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 CREDENTIAL HOLDER

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 (Affidavit of Charges or Convictions, Continuing Duty of Disclosure and Affidavit of Credential Holder) and understand the obligation I have as a credential-holder should information I have provided to the Department of Agriculture, Trade and Consumer Protection change.

Applicant  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_