



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

CONTINUING EDUCATION FULFILLMENT FOR FACULTY LICENSURE

PLEASE TYPE OR PRINT IN INK

LAST NAME	FIRST NAME	MI	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 TO THE BOARD AT THE ADDRESS LISTED ABOVE.

FORM IS DUE BY DECEMBER 31 OF EACH ODD NUMBERED YEAR.

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 5 years from the date the certification statement 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 ss. 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. s. VE 1.30(1).

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: _____