



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 TEMPORARY PERMIT TO PRACTICE VETERINARY MEDICINE

Application materials must be received by the Veterinary Examining Board at least two weeks prior to the date the applicant intends to begin work. Any change or addition of a preceptor shall be reported by filing this form.

An applicant applying for a temporary permit **must also submit a completed application form #VEB\_4 for full licensure and all required forms and fees.** A temporary permit may only be issued once and will expire upon any of the following: notification of failure of any examination, failure to take the next scheduled examination, or issuance of a license.

**PLEASE TYPE OR CLEARLY PRINT IN INK**

LEGAL NAME OF APPLICANT: \_\_\_\_\_

Applicant, check all that apply and forward this form to your preceptor for completion:

☐ I have taken the (NAVLE) on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ and I am awaiting results.

☐ I am scheduled to take the next available (NAVLE) on \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

**Preceptor, please complete the below information and forward to the Veterinary Examining Board at the above address:**

I request that a Temporary Permit to practice veterinary medicine in the State of Wisconsin be issued to

\_\_\_\_\_  
 (Applicant's printed name)

I am aware that a Temporary Permit may be issued and remains valid until any of the following occurs: notification of failure of any examination, failure to take the next scheduled examination, or issuance of a license.

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Agency/Department or Company's Name

\_\_\_\_\_  
 Title and Wisconsin License Number

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 Signature and Date

\_\_\_\_\_  
 City and State

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me on \_\_\_\_\_

(SEAL)

\_\_\_\_\_  
 Notary Public (print name)

\_\_\_\_\_  
 Notary Public (sign name)

My commission: ☐ expires \_\_\_\_\_ ☐ is permanent.

## **ADDITIONAL INFORMATION FOR THE SUPERVISING VETERINARIAN**

You have agreed to act as supervising veterinarian, to employ and supervise an applicant who has been issued a temporary permit to practice veterinary medicine in Wisconsin.

Your responsibilities as supervising veterinarian are as follows:

- (1) Supervise and approve applicant's work.
- (2) Instruct applicant to consult with you when advice is needed on any unusual or difficult cases.
- (3) Report to the Board if so requested.
- (4) Delegate only those tasks commensurate with demonstrated abilities of the temporary permit holder.
- (5) Be available for direct communication with the temporary permit holder when the temporary permit holder is providing veterinary services. Direct communication shall be either verbal, by telephone or email.

The applicant should be advised of the following in regard to the temporary permit:

- a. The temporary permit is valid until the occurrence of one of the following: notification of failure of an examination conducted by the Examining Board; failure to take the next scheduled examination; or the issuance of a license to practice veterinary medicine.
- b. The temporary permit is valid only while the applicant practices under your supervision. The applicant may not practice until the effective date on the permit which is the date of Board approval. If the applicant terminates his or her employment with you, notify the Board office when and why the employment was terminated. If the applicant wishes to practice under a new veterinarian, the applicant must first request and obtain a temporary permit designating the new veterinarian.
- c. The temporary permit allows the applicant to practice veterinary medicine in Wisconsin. However, the areas of veterinary medicine covered under accreditation, such as issuing health certificates, testing and examining animals and vaccinating calves for brucellosis is regulated by the United States Department of Agriculture and is not allowed under the temporary permit.
- d. When submitting samples to Central Animal Health Laboratory, please be sure that your name appears on the form, not that of the permit holder.

If you have any further questions, please contact the Board office, at the address and phone number above.