



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

CERTIFICATE OF TECHNICAL SCHOOL OR COLLEGE

This form must be submitted for applicants who have completed a 4-semester course in veterinary technology from an AVMA or CVMA accredited Veterinary Technology program.

This form must come directly from your school to the Veterinary Examining Board.

Please type or print clearly in ink.

I, _____, Registrar of _____,
 (Name of Registrar) (Name of Technical School or College)

address: _____,

hereby certify that _____ completed a 4-semester course of study
 (Applicant)

in _____

at _____ on the _____ day of _____, _____.
 (Name of Technical School or College)

 Signature of Registrar

SCHOOL SEAL

 Date

ATTENTION CERTIFYING SCHOOL:

DO NOT COMPLETE THIS FORM UNTIL THE INDIVIDUAL NAMED ABOVE HAS ACTUALLY GRADUATED.

Anticipated dates of graduation will not be accepted.