



STATE OF IDAHO

Board of Veterinary Medicine

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**VERIFICATION OF SUPERVISION FOR APPLICANTS
REQUESTING TEMPORARY CERTIFICATION TO PRACTICE
VETERINARY TECHNOLOGY**

The Veterinary Technician Rules of the Idaho State Board of Veterinary Medicine state that an applicant requesting a temporary certification shall either provide notarized verification of twelve (12) months of active practice as a certified/licensed/registered veterinary technician in another state or shall perform all veterinary technology procedures under the direct supervision of the employing veterinarian holding an active license in the state of Idaho. Direct supervision is defined as meaning the supervisor is on the premises where the animal is being treated, is quickly and easily available, and the animal has been examined by the supervising veterinarian as acceptable veterinary medical practice requires. A supervisor shall be individually responsible and liable, regardless of the supervision provided, for all damages arising out of his delegation of acts pertaining to the practice of veterinary medicine to any individual in his employ. [Idaho Code Sections 54-2103(14) and (38), and Administrative Rule IDAPA 46.01.01.101]

Please familiarize yourself with these sections of the Law and Rules, fill in the verification form below, sign before a notary public, whose notary seal appears on this page, and return the form to the Idaho Board of Veterinary Medicine office.

Date: _____

State of Idaho
Board of Veterinary Medicine
P. O. Box 7249
Boise, Idaho 83707

I, _____, D.V.M., Idaho Veterinary License No. _____,
(Name of Supervising Veterinarian)
hereby certify that _____ will be employed by me and
(Name of Applicant)
working under my direct supervision while such temporary certification is in effect.

Signature: _____

Printed name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone No.: (____) _____

(SEAL)

Signature: _____
Notary Public for the State of _____
Residing at _____
My Commission Expires _____