

**VERIFICATION OF SUPERVISION  
FOR TEMPORARY PERMIT APPLICANTS  
FROM UNACCREDITED SCHOOLS OF VETERINARY MEDICINE**

The Idaho Veterinary Law and Administrative Rules allow for a graduate of an unaccredited veterinary school who has completed a curriculum of not less than four (4) academic years in a veterinary medical program approved by the board and satisfactorily completed clinical education equivalent in purpose, content, experience and length to the clinical training received by students in an accredited veterinary medical program, to apply for a temporary permit to practice in this state. [Idaho Code Section 54-2107(3) and Administrative Rule IDAPA 46.01.01.010.b.ii]

A graduate of an unaccredited veterinary school applying for a temporary permit shall work under the professional supervision of a veterinarian with an active Idaho Veterinary License. Professional supervision is defined as meaning the supervisor is in daily contact by telephone, radio or other means with the temporary licensee and is individually responsible and liable for the acts and omissions performed by the temporary licensee. [Idaho Code Section 54-2103(34) and (38), Idaho Code Section 54-2111 and Administrative Rule IDAPA 46.01.01.013] An individual granted a temporary permit under the above provisions, may renew such temporary permit for up to three (3) years by paying the current active license renewal fee.

Please complete 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.

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

Ladies and Gentlemen:

I, \_\_\_\_\_, D.V.M., Idaho Veterinary License No. \_\_\_\_\_,  
(Name of Veterinarian)  
hereby certify I have read and understand the Laws and Rules pertaining to the supervision of temporary permit holders from unaccredited veterinary schools and that \_\_\_\_\_  
(Name of Applicant)  
will be employed by me and working under my professional supervision while his/her temporary permit is in effect.

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

Printed name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_

(SEAL)

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