STATE OF IDAHO

Board of Veterinary Medicine

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VERIFICATION OF SUPERVISION FOR APPLICANT REQUESTING A TEMPORARY PERMIT TO PRACTICE VETERINARY MEDICINE

The Idaho Veterinary Law and Administrative Rules state that an applicant for a temporary permit shall either provide verification of one year of veterinary practice in another state or shall work under the professional supervision of a veterinarian holding an active license in the state of Idaho. 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 Sections 54-2103(34) and (38), Idaho Code Section 54-2111 and Administrative Rule, IDAPA 46.01.01.013)

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:_____

Idaho Board of Veterinary Medicine

P. O. Box 7249

Boise, Idaho 83707

I, _____, D.V.M., Idaho Veterinary License No. _____,

(Name of Veterinarian)

hereby certify that _____ will be employed by me and

(Name of Applicant)

working under my professional supervision while such temporary permit 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_____