



**GOVERNMENT OF THE VIRGIN ISLANDS OF THE UNITED STATES
DEPARTMENT OF HEALTH
OFFICE OF PROFESSIONAL LICENSURE & HEALTH PLANNING**

TEMPORARY VETERINARY LICENSE REQUEST

PLEASE TYPE OR PRINT LEGIBLY

| | | | | |
|--|---------------------------|-----------------|--------------------|--------------|
| DATE: MM/DD/YYYY | FIRST | MIDDLE | LAST | SUFFIX |
| DOB: MM/DD/YYYY | LAST 4 DIGITS OF SS# | | EMAIL ADDRESS | CELL PHONE # |
| MAILING ADDRESS | | CITY | STATE | ZIP CODE |
| REQUESTING VI DVM: | | LICENSE#: | DATE(S) REQUESTED: | |
| EDUCATION/TRAINING | | | | |
| VETERINARY SCHOOL | GRADUATE YES NO | GRADUATION YEAR | DEGREE | |
| STATE/PROFESSIONAL CERTIFICATIONS | | | | |
| STATE LICENSED | LICENSE # | LICENSE DATES | | |
| STATE LICENSED | LICENSE# | LICENSE DATES | | |
| LIABILITY CARRIER | POLICY # | START /END DATE | OFFICE USE ONLY | |
| HAVE YOU WORKED IN THE VI PREVIOUSLY? IF YES, WHEN AND FOR WHOM? | | | | |
| DO YOU HAVE ANYCURRENT OR PENDING DISCIPLINARY ISSUES ON YOUR RECORD? YES OR NO. IF YES, PLEASE EXPLAIN. | | | | |
| BACKGROUND INFORMATION | | | | |
| HAVE YOU EVER UNDERGONE DISCIPLINARY HEARING? _____ YES _____ NO | | | | |
| IF YES, EXPLAIN: _____ _____ _____ | | | | |

WERE YOU EVER CONVICTED OF A FELONY OR MISDEMEANOR? _____ YES _____ NO

IF YES,

EXPLAIN: _____

I hereby affirm under the penalties of perjury that the statements made in this application are true, complete and correct. I further waive, for process of this application, any confidentiality provisions concerning the information required to be provided to this application.

_____/_____
Applicant's Signature Date

Witness

_____/_____
REQUESTING VI DVM SIGNATURE Date

PLEASE BE SURE TO ATTACH:

1. LEGIBLE COPY OF GOVERNMENT ISSUED IDENTIFICATION;
2. COPY OF STATE LICENSE & VERIFICATION
3. COPY OF INSURANCE
4. COPY OF DIPLOMA

EMAIL TO: DEBORAH.RICHARDSON-PETER@DOH.VI.GOV AND JAHKESHA.ARCHIBALD@DOH.VI.GOV

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