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

TEMPORARY VETERINARY PERMIT REQUEST

RELIEF VETERINARIAN - PLEASE TYPE (*HANDWRITTEN APPLICATIONS ARE NOT ACCEPTED*)

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: FROM: TO:

PURPOSE FOR REQUEST:

EDUCATION/TRAINING

VETERINARY SCHOOL	GRADUATE	GRADUATION YEAR	DEGREE
	❑ YES ❑ NO		

STATE/PROFESSIONAL CERTIFICATIONS

STATE LICENSED	LICENSE #	LICENSE DATES
STATE LICENSED	LICENSE #	LICENSE DATES

LIABILITY CARRIER	POLICY #	START /END DATE	OFFICE USE ONLY

BACKGROUND INFORMATION

HAVE YOU WORKED IN THE VI PREVIOUSLY? IF YES, WHEN AND FOR WHOM?

DO YOU HAVE ANY CURRENT OR PENDING DISCIPLINARY ISSUES ON YOUR RECORD? ❑ YES ❑ NO
IF YES, PLEASE EXPLAIN:

HAVE YOU EVER UNDERGONE DISCIPLINARY HEARING? ❑ YES ❑ NO
IF YES, PLEASE
EXPLAIN:

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? ❑ YES ❑ NO
IF YES, PLEASE EXPLAIN:

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

Applicant's Signature	Date	Witness Signature	Date

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: PLHPDOCUMENTS@DOH.VI.GOV

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