



**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 <input type="checkbox"/> YES <input type="checkbox"/> 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	
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? <input type="checkbox"/> YES <input type="checkbox"/> 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 waive, 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: BOARDOFVETERINARY@DOH.VI.GOV

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