



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
VERIFICATION OF EMPLOYMENT

VETERINARY MEDICAL BOARD
 3605 MISSOURI BOULEVARD
 P.O. BOX 633
 JEFFERSON CITY, MO 65102

INSTRUCTIONS

1. Complete all sections below.
2. Section 340.310, RSMo states that the board shall not send a certificate of registration until the applicant has submitted proof of employment and supervision by a Missouri licensed veterinarian. Please make certain that the verification of employment submitted will be your permanent employment.
3. This form is to be completed by your Missouri licensed supervising veterinarian **after graduation** from an AVMA accredited college. This form will be returned if received prior to you obtaining your associate degree in veterinary technology.

TO BE COMPLETED BY APPLICANT/VETERINARY TECHNICIAN

NAME OF APPLICANT (PLEASE TYPE OR PRINT)	TELEPHONE NUMBER
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ADDRESS (STREET, CITY, STATE, ZIP CODE)

COLLEGE ATTENDED	YEAR OF GRADUATION	EMPLOYMENT DATES
		FROM TO

I authorize release of this permanent employment information by my supervising veterinarian directly to the Missouri Veterinary Medical Board (MVMB).

APPLICANT SIGNATURE	DATE
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TO BE COMPLETED BY MISSOURI LICENSED SUPERVISING VETERINARIAN

NAME OF MISSOURI LICENSED SUPERVISING VETERINARIAN (PLEASE TYPE OR PRINT)	TELEPHONE NUMBER
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ADDRESS (STREET, CITY, STATE, ZIP CODE)

LICENSE NUMBER

VERIFICATION INFORMATION (TO BE COMPLETED BY SUPERVISING VETERINARIAN)

I HEREBY CERTIFY THAT _____
APPLICANT'S NAME

IS PERMANENTLY EMPLOYED BY _____
NAME OF VETERINARY FACILITY PERMIT NO.

AND IS CURRENTLY UNDER THE SUPERVISION OF _____
NAME OF VETERINARIAN

DATE OF **PERMANENT EMPLOYMENT** _____

MISSOURI LICENSED SUPERVISING VETERINARIAN SIGNATURE	DATE
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