



**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	
ADDRESS (STREET, CITY, STATE, ZIP CODE)		LICENSE NUMBER (IF APPLICABLE)	
COLLEGE ATTENDED		YEAR OF GRADUATION	
PREVIOUS PLACE OF EMPLOYMENT (NAME OF FACILITY)		DATE BEGAN	DATE ENDED
NEW PLACE OF EMPLOYMENT (NAME OF FACILITY)		DATE BEGAN	

**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	
ADDRESS (STREET, CITY, STATE, ZIP CODE)			
LICENSE NUMBER	EMAIL ADDRESS		

**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 PERMANENT EMPLOYMENT BEGAN \_\_\_\_\_

MISSOURI LICENSED SUPERVISING VETERINARIAN SIGNATURE	DATE
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