Website: www.dph.state.ct.us

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

VERIFICATION OF LICENSED WORK EXPERIENCE
AS A VETERINARIAN

INSTRUCTIONS:

This form is to be used for verification of licensed work experience only if you meet all applicable requirements for Connecticut licensure by waiver of examination based on licensed practice. Please complete the upper portion of the form and forward the form to the individual who will be verifying your experience. The individual providing the verification must complete the lower portion and return this form directly to this office.

TO BE COMPLETED BY APPLICANT

Name of Applicant: _____

Date of Birth: _____ / _____ / _____ Social Security No.: _____-_____-_____

TO BE COMPLETED BY INDIVIDUAL PROVIDING VERIFICATION

Name of Individual verifying applicant's experience: _____

Licenses held if any (give state or territory and license #): _____

Position held in institution: _____

Source of knowledge regarding applicant's experience: _____

Site of experience: _____
Name of Institution

Address: _____
No. & Street City State Zip Code

Inclusive dates of applicant's experience: From _____ To _____

Responsibilities carried out by applicant: _____

I understand in completing this verification that I may be asked to provide further documentation; I agree to provide written records upon the request of the Department of Public health to substantiate this verification of applicant's experience.

Signed: _____ Title _____

State: _____ Date _____

Daytime Telephone Number: _____

Email: _____

Please complete and return directly to:

Department of Public Health
Veterinary Licensure
410 Capitol Avenue MS# **12APP**
P.O. Box 340308
Hartford, CT 06134-0308
Fax: (860) 707-1931