



**EMPLOYMENT VERIFICATION FOR
 NEW GRADUATES WITH TEMPORARY VETERINARY LICENSE (CLINICAL PRACTICE
 EXPERIENCE)**

A new graduate veterinarian who has been granted a degree from a veterinary college but who cannot provide evidence of sixty (60) days clinical practice experience, post-graduation may practice with a temporary license under the direct supervision of a licensed veterinarian. The temporary license is not renewable and shall entitle the holder to practice until the sixty (60) days have been accrued and the Board has acted upon the applicant's application for permanent licensure. Refer to Sections 40-69-20 (3), 40-69-220, and 40-69-240(C) (2)

Name of Applicant: _____

The Board may issue a temporary license to practice veterinary medicine to an applicant who:

- 1) has filed an application for licensure, including all required documents and fees, with the board
- 2) is employed and under the *direct supervision* of a Board approved South Carolina veterinarian;
- 3) who remits the temporary license fee of fifty dollars (\$50.00) along with permanent license fee (\$175.00)
- 4) is a graduate and has provided a certified copy of veterinary school transcript indicating date of degree, or ECFVG or PAVE Certificate.

Upon completion of the clinical practical experience, the supervising veterinarian shall submit a Supervisor's Report affirming the applicant has satisfactorily completed the clinical practical experience.

TO BE COMPLETED BY THE SUPERVISING VETERINARIAN:

Practice Name: _____ Anticipated Start Date: _____

Practice Street Address: _____

City: _____ State: _____ Zip: _____

Business Phone Number: _____ Fax Number: _____

Applicant's Immediate Supervisor(s):

All supervisors are required to sign below. Attach an additional sheet if needed.

Name: _____ License No.: _____ Expires: _____

Name: _____ License No.: _____ Expires: _____

I affirm that the above-stated applicant will work under my *direct supervision*. I also understand that disciplinary action may be taken against my South Carolina license should the applicant commit any violations under the Veterinary Board Practice Act or Regulations during this experience.

Signature of Supervising Veterinarian

Print Name

Date

Signature of Supervising Veterinarian

Print Name

Date

Return completed form to the Board office at above listed address.