

Auxiliar Secretary for Public Health Regulation

Division of Licensing of Medicine and Health Professionals

Approved _____ Denied ____

PUERTO RICO BOARD OF VETERINARY EXAMINERS TEMPORARY LICENSE APPLICATION

In accordance with Article 11 of Public Law No. 194 of August 4, 1979

Date of receipt of this application _____

Date	Board Member Signa	ature		
Applicant's name				
Address	Street Number			
Postal Address	Street Number		Town/ City	Zip Code
Name and address of r	medical school/college you atte	ended and graduate	d from	
Name of Agency where	e you will be working at			
Agency's address and	telephone number			
	lephone number of licensed D			
	supervisor			
			· · · · · · · · · · · · · · · · · · ·	
	Official Schedul	e of Functions		
Days	AM	PM	Tota	I Hours
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				



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I understand that I will practice veterinary	medicine under the immediate supervision of
licensed Doctor of Veterinary Medicine	
as my mentor, under the conditions set forth	in Public Law No. 194 of August 1979 and in the
Regulation, and that my temporary license	e shall expire upon the conclusion of the first
licensing examination session to be held afte	r the date of issuance of such license.
APPLICANT'S SIGNATURE	DATE
To be filled out by the mentor Doctor of Veter	rinary Medicine:
I have read	's
	rstand that he/she will only practice veterinary
medicine under my direct supervision.	
	MENTOR'S SIGNATURE
	DVM'S LICENSE NUMBER

NOTICE:

 The Temporary License application fee shall be paid by money order or certified check made payable to the Secretary of the Treasury, or by debit card, in the amount of fifty dollars (\$50.00) or ATM, VISA, MasterCard. (NON-REFUNDABLE)

PUERTO RICO BOARD OF EXAMINERS OF VETERINARY MEDICINE

Ext. 6561 / Email: gonzalez.juliany@salud.pr.gov

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