



**District of Columbia
Veterinarian Student/Graduate
Employment/Termination Form**

(To be completed by DC licensed Veterinarian serving as supervisor)

Please complete one form per student/graduate.

Supervisor's/Veterinarian's Name: _____

Veterinarian's District of Columbia License Number: _____

Name of Facility: _____

Address of Facility: _____

EMPLOYMENT

I hereby certify that on _____ (date) I employed the student/graduate whose name appears below. I further certify that I am fully responsible for the actions of said student/graduate while in my employment.

Name of Student/Graduate: _____

Address: _____

TERMINATION

I hereby certify that on _____ (date) I terminated the student/graduate whose name appears below:

Name of Student/Graduate: _____

Address: _____

I further certify that the above statement is true and correct.

Veterinarian's Signature: _____

Date: _____

Return this form to:

Department of Health
Health Professional Licensing Administration
Board of Veterinary Examiners
899 North Capitol Street, NE - First Floor
Washington, DC 20002