



DEPARTAMENTO DE

SALUD

GOBIERNO DE PUERTO RICO

SECRETARÍA AUXILIAR PARA LA REGULACIÓN
DE LA SALUD PÚBLICA

División de Licenciamiento de Médicos y
Profesionales de la Salud

Junta Examinadora de Médicos Veterinarios

TEMPORARY LICENSE APPLICATION

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

Date of receipt of this application _____ Approved _____ Denied _____

Date _____ Board Member Signature _____

Applicant's name _____

Address _____
Street Number Town/ City Zip Code

Postal Address _____

Nationality/Citizenship _____ E-mail: _____

Name and address of medical school/college you attended and graduated from

Name of Agency where you will be working at _____

Agency's address and telephone number _____

Name, address, and telephone number of licensed Doctor of Veterinary Medicine who will be the
applicant's immediate supervisor _____

OFFICIAL SCHEDULE OF FUNCTIONS

DAYS	AM	PM	TOTAL HOURS
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

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 shall expire upon the conclusion of the first licensing examination session to be held after the date of issuance of such license.

APPLICANT'S SIGNATURE

DATE

To be filled out by the mentor Doctor of Veterinary Medicine:

I have read _____'s application for a temporary license and understand that he/she will only practice veterinary medicine under my direct supervision.

MENTOR'S SIGNATURE

DVM'S LICENSE NUMBER

NOTICE:

- 1) 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)**

INCOMPLETE APPLICATIONS NOT BE ACCEPTED.

PUERTO RICO BOARD OF EXAMINERS OF VETERINARY MEDICINE

EXT. 6561 / EMAIL: gonzalez.juliany@salud.pr.gov

PO Box 10200, San Juan, PR 00908-0200 | 787-999-8989 | www.salud.pr.gov