

# STATE OF CONNECTICUT

## PARTMENT OF PUBLIC HEALTH

### PRACTITIONER LICENSING AND INVESTIGATIONS SECTION

Veterinarian

#### AFFIDAVIT

Waiver of Continuing Education while not actively practicing:

I, \_\_\_\_\_, being duly sworn, attest that:

1. I am a licensed veterinarian in the State of Connecticut.
2. During the exemption period from \_\_\_\_\_ to \_\_\_\_\_ I did not/will not actively engage in the practice of veterinary medicine in the State of Connecticut;
3. I therefore claim an exemption for the above-specified period from the continuing education requirements that specifies that each licensee actively engaged in the practice of veterinary medicine must complete a minimum of 24 contact hours during the registration period.

### OR

Waiver of continuing education due to medical disability/illness

I hereby declare my eligibility for a waiver of the continuing education requirements based on a medical disability/illness pursuant to Section 10(f) of Public Act 09-232. I certify that due to a medical disability/illness, I am unable to complete the continuing education requirements from \_\_\_\_\_ to \_\_\_\_\_.

5. Attached is a certification of such disability/illness from a licensed physician.
4. The above statements are true to the best of my knowledge and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Connecticut Veterinarian License Number

Subscribed and sworn before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public



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