



Wisconsin Department of Agriculture, Trade and Consumer Protection

Division of Food Safety

PO Box 8911, Madison, WI 53708-8911

Phone: (608) 224-4681 Fax (608) 224-4710

Evidence of Course Enrollment & Completion: Proper Administration of Animal Medications

ATCP 55.07, Wis. Admin. Code

ENROLLEE INFORMATION

NAME OF ENROLLEE		PHONE: () -	E-MAIL:	
ENROLLEE ADDRESS STREET		CITY	STATE	ZIP
LICENSED VETERINARIAN OF RECORD NAME		PHONE: () -	E-MAIL:	
VETERINARIAN ADDRESS STREET		CITY	STATE	ZIP
VETERINARIAN OF RECORD LICENSE CREDENTIAL NUMBER				

COURSE INFORMATION

NAME OF COURSE				
COURSE LOCATION ADDRESS STREET		CITY	STATE	ZIP
INSTRUCTOR NAME		PHONE: () -	EMAIL:	
COURSE ENROLLMENT DATE (NO MORE THAN 30 DAYS AFTER LISTING ON USDA RESIDUE REPEAT VIOLATOR LIST)		COURSE COMPLETION DATE (NO MORE THAN 180 DAYS FROM ENROLLMENT DATE)		

Certificate Received

PLEASE ATTACH CERTIFICATE TO THIS FORM AND MAIL TO:

WDATECP – DFS

ATTN: DIRECTOR: BUREAU OF MEAT SAFETY INVESTIGATION

PO BOX 8911

MADISON, WI 53708-8911

The undersigned hereby certifies that the information provided on this form and all additional supporting documents required are true, complete and accurate to facilitate review for determination of compliance with ATCP 55.07(6)(d), Wis. Admin. Code. Animals from producers listed in the U.S. Department of Agriculture Residue Repeat Violator List for Use by Livestock Markets and Establishments can be accepted for slaughter at a Wisconsin-licensed meat establishment if the producer enrolls and completes a course on proper administration of animal medications approved by the department. Completion of the course shall occur not more than 180 days after enrollment. Certification of course enrollment and completion shall be provided to the department for approval. Once this form is returned to enrollee; he/she may present a copy accompanying livestock presented for slaughter at any Wisconsin-licensed facility until enrollee is no longer on the Residue Repeat Violator List.

ENROLLEE SIGNATURE	DATE
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FOR DEPARTMENT USE ONLY

Certificate Provided: Yes <input type="checkbox"/> No <input type="checkbox"/>	Department Approval: Yes <input type="checkbox"/> No <input type="checkbox"/>
DIRECTOR SIGNATURE	DATE