



Supervision by a Veterinarian (Applicants of Limited Registration)

Veterinary Practitioner - Limited Registration Section 23

*To be completed and signed by supervising veterinary practitioner.
Original to be forwarded to the Veterinary Practitioners Board of NSW.*

Details of Supervisory Veterinarian

Given Name(s) Surname Certificate No.

Hospital/Clinic Name

Phone Number

Details of Applicant for Limited Registration

Please tick basis for limited registration application: NVE Applicant Other Applicant

Given Name(s) Surname

Application Details

Please state the specific purpose in respect of which the applicant seeks registration

Supervisory Veterinarian Declaration

I agree to **supervise / directly supervise** * the above named applicant for the period of the applicant's Limited Registration as stated on the application form and on the Certificate of Limited Registration.

I understand my responsibility under the Veterinary Practitioners Act and that I take full responsibility for their actions.

Signature

Date

*** Place an x in applicable box**

- an NVE applicant for limited registration requires **direct** supervision
- Other applicants for limited registration require general supervision