

APPLICATION FOR LEAD CAET DESIGNATION

If you are applying for designation as the Lead CAET at your facility, this certification must be completed and returned in original form, along with copy of current CDS and DEA licenses for the facility.

I, _____, certify that I have been appointed by
Print NAME OF APPLICANT

_____ to take the responsibility as LEAD
CAET
Print NAME OF EMPLOYING SHELTER/FACILITY

for the shelter/facility.

Signature of Applicant

Date: _____

TO BE COMPLETED BY SHELTER/FACILITY DIRECTOR OR SUPERVISOR:

I, _____, _____
Print NAME OF DIRECTOR/SUPERVISOR Print TITLE

for _____, certify that the above named
applicant has
Print NAME OF SHELTER/FACILITY

been appointed by this shelter/facility to take the responsibility as LEAD CAET.

Signature of Director/Supervisor

Date: _____

CertOfLeadDesgntn – Rev. 7/2015

Mail ORIGINAL form to:

LA Board of Veterinary Medicine
301 Main St., Suite 1050
Baton Rouge, LA 70801