

Letterhead – Must show veterinary facility name, address, phone number, and (if available) website.

DATE

Dear Members of the Board,

The undersigned is a / are Kentucky licensed veterinarian(s), and have met and endorse the applicant, Dr. XXX XXX, for the opportunity to practice under a special permit issued by the Kentucky Board of Veterinary Examiners (KBVE) pursuant to [KRS 321.201](#).

I/We accept the responsibility of supervision, and understand that the law requires that the special permittee shall only practice veterinary medicine while under the **direct supervision** of a KBVE licensed veterinarian who is registered with and approved by the KBVE as a supervisor.

I/We understand that:

- 1) "Direct supervision" means the supervising veterinarian is readily available on the premises where the patient is being treated. [KRS 321.181\(61\)\(c\)](#).
- 2) If at any time Dr. XXX is not under the direct supervision of a KBVE-approved veterinarian supervisor, I/we shall ensure the permittee restricts themselves to the duties appropriate to a **veterinary assistant** until direct supervision resumes. [KRS 321.443](#), [201 KAR 16:750](#).
- 3) A supervising veterinarian is individually and separately responsible and liable for the performance of the acts delegated to and the omissions of the special permittee working under the veterinarian's supervision. This responsibility shall not be construed to relieve the special permittee working under supervision of any responsibility or liability for any of their own acts or omissions. [KRS 321.190\(7\)](#).
- 4) The special permit shall expire seven (7) days after the pending exam results are released, and any veterinarian duties assigned to Dr. XXX shall cease and desist until such time as a full license or new special permit is issued by KBVE. [KRS 321.201](#).

The special permittee shall be supervised at the following location(s):

- **Veterinary Facility Name, Address, Phone, Hours of Operation**

Please contact me/us with any questions or concerns.

Sincerely,

Signature: _____

Veterinarian: **Printed Name** – License # **XXXXXXX**

_____ Date

Signature: _____

Veterinarian: **Printed Name** – License # **XXXXXXX**

_____ Date

*Note – Multiple veterinarians within a practice may jointly submit a single letter. Ensure that each supervising veterinarian's name, signature, date of signature, and license number are included.