



LICENSURE VERIFICATION FORM

TO THE APPLICANT – List name and license number in top section only and forward to all jurisdictions (U.S. States or Territories and Washington, D.C.) in which you have ever been issued a license to practice as a veterinarian or veterinary technician.

Applicant Full Name:	License Number:
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STATE LICENSURE BOARD OR REGULATORY AGENCY – The person listed above is applying for a license to practice as a veterinarian or veterinary technician in Virginia. The Virginia Board of Veterinary Medicine requests that the form be completed by each jurisdiction in which he/she holds or has ever held a license/certificate. Please complete the form and return it to the address or email address listed above.

State/Commonwealth of: _____

Licensee Name:	Issued Date:
License/Certification Number:	<input type="checkbox"/> Veterinarian <input type="checkbox"/> Veterinary Technician

Licensed/Certified Through (check one):

National Examination
 Clinical Competency Examination
 NAVLE
 State Board Examination

Reciprocity/Endorsement from another U.S. State or Territory (Name of State)

Status of License is:
 Active
 Current Inactive
 Expired/Lapsed
 Expired Date _____

Revoked Suspended

Has the applicant’s license/certificate ever been suspended or revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Has there been any disciplinary history? If yes to any of the questions, please provide all information available under your state’s freedom of information statutes.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Is continuing education required for renewal? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, how many hours are required per year?
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Comments, if any:

BOARD SEAL

 Signature

 Date