

LICENSURE VERIFICATION FORM

TO THE APPLICANT – List name and license number in top section only and forward to all U.S. jurisdictions in which you have ever been issued a license to practice as a veterinarian or veterinary technician. (**NOTE:** Staff will obtain [licensure](#) verification from the U.S. jurisdictions that provide online primary source verification that includes disciplinary history.)

Applicant Full Name:

License Number:

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 email address listed above. (**Note: Completion of form not required if jurisdiction has alternative format for verification.**)

State/Commonwealth of:

Licensee Name:

Issued Date:

License/Certification Number:

Veterinarian

Veterinary Technician

Licensed/Certified Through (check one):

National Examination Clinical Competency Examination NAVLE

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

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

Revoked Suspended

Has the applicant's license/certificate ever been suspended or revoked?

Yes

No

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.

Yes

No

Is continuing education required for renewal? Yes No

If so, how many hours are required per year?

Comments, if any:

BOARD SEAL

Signature

Date