**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](https://www.dhp.virginia.gov/media/dhpweb/docs/vet/forms/Applicant_LicenseVerificationForm.docx) 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 or 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**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** SignatureDate |