**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 | | | | |