

**VERIFICATION OF OUT-OF-STATE LICENSURE, REGISTRATION
AND/OR EXAMINATION**

APPLICANT INSTRUCTIONS

1. Complete Section I. Enter your name as it appears on your licensure application (Form 1). Be sure to sign and date item 7.
2. Send this form to the appropriate state, province, or country, as instructed in the "Completing the Application Forms" section of this application packet. Be sure to include any fee required. Request that they complete Section II and send the form directly to the Office of the Professions at the address on the bottom of page 2 of this form.

SECTION I: APPLICANT INFORMATION

1 SOCIAL SECURITY NUMBER -

(Leave this blank if you do not have a U.S. Social Security Number)

2 BIRTH DATE / /

Month Day Year

3 PRINT YOUR NAME EXACTLY AS IT APPEARS ON YOUR LICENSURE APPLICATION (FORM 1)

Last

First

Middle

4 MAILING ADDRESS (You must notify the Department promptly of any address or name changes.)

Line 1

Line 2

Line 3

City

State Zip Code

Country/Province

5 If you entered a licensing examination in the United States, using a different name, enter that name below:

(last) (first) (middle)

6 If licensed by examination in the United States, give state or territory: _____

Date license was issued: _____ License number: _____

7 I request and give my permission to the licensing authority to complete the information on this form and send any documentation requested, including that listed on page 2 of this form to the New York State Education Department's Office of the Professions.

Applicant's signature: _____ Date: _____ / _____ / _____

mo. day yr.

SECTION II: CERTIFICATION OF VETERINARY MEDICINE LICENSURE (Please print all information)

INSTRUCTIONS TO LICENSING AUTHORITY: Please complete this section, sign and return the form directly to the Office of the Professions at the address at the bottom of this page. This form will not be accepted if returned by the applicant.

1. Name of Applicant: _____
(First) (Middle) (Last)
2. Original Veterinary Medical License Number: _____ Date of Licensure: ____ / ____ / ____
mo. day yr.
3. Exact title under which applicant was licensed: _____
4. Basis of licensure: written examination other (Specify) _____
5. If licensed by examination indicate language of examination: English Other (Specify) _____
6. If licensed or certified by written examination, please submit a copy of that examination to the State Board for Veterinary Medicine. The examination will be maintained in a secure status and returned after review. Such review is necessary if the applicant is to be considered for licensure without taking the New York State required examination.
7. Length of examination (number of questions): _____
8. Raw score received by applicant: _____
9. Grade received by applicant: _____
10. Passpoint and method of derivation: _____

11. Name of company preparing examination: _____
12. If veterinarian was licensed or certified without examination, please explain: _____

13. Was there ever any disciplinary action against this license? Yes No
If so, please explain: _____

14. Are there any disciplinary charges pending against this license? Yes No
If so, please explain: _____

CERTIFICATION

I certify that to the best of my knowledge and belief the foregoing is a true statement of the record of the veterinarian named on this form. I further certify that, other than those listed above, this Licensing Authority has never taken any disciplinary action against this person and that in so far as the Licensing Authority has knowledge there have been no charges preferred or sustained except as noted in questions 13 and 14 above.

Signature _____ Date ____ / ____ / ____
mo. day yr.

Print name _____

Agency _____

Address _____

Telephone _____

Fax _____

E-mail _____

(SEAL of LICENSING AUTHORITY)

RETURN DIRECTLY TO:



New York State Education Department, Office of the Professions, Division of Professional Licensing Services,
Veterinary Medicine Unit, 89 Washington Avenue, Albany, NY 12234-1000