

FORM 4**VETERINARIAN**

The University of the State of New York
 THE STATE EDUCATION DEPARTMENT
 Office of the Professions
 Division of Professional Licensing Services
 89 Washington Avenue
 Albany, NY 12234-1000

VERIFICATION OF PROFESSIONAL PRACTICE**APPLICANT INSTRUCTIONS**

Use this form only if you are licensed in another state and have not attempted the CCT Examination.

Complete Section I, sign and date item 6 and send this form to the licensed veterinarian(s) to complete Section II verifying your practice. If more than one veterinarian is verifying your practice, make copies of this form. The Office of the Professions will accept this form only if it is submitted directly by the licensed veterinarian who completed the 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 Name of veterinarian verifying practice (*please type or print*):

Dates worked: _____ / _____ / _____ to _____ / _____ / _____
 mo. day yr. mo. day yr.

6 I request and give my permission to the licensed veterinarian completing Section II to complete the information on this form and send any documentation requested to the New York State Education Department's Office of the Professions.

Applicant's signature: _____ Date: _____ / _____ / _____
 mo. day yr.

SECTION II: ENDORSER VERIFICATION

- 1 ENDORSER INSTRUCTIONS:** A duly licensed veterinarian in good standing in the state where the applicant is licensed must complete the form and return it directly to the Office of the Professions at the address below. This form will not be accepted if submitted by the applicant.

I have been personally acquainted with the applicant named on page 1 for _____ years.

I know him/her to be of good moral character, and recommend him/her to be licensed to practice veterinary medicine in the State of New York. I know that said applicant has practiced veterinary medicine as follows:

| Date | | Address (Where applicant practiced) |
|------|----|--|
| From | To | |
| | | |
| | | |
| | | |
| | | |
| | | |

ATTESTATION

I declare and affirm that the statement above is true, complete and correct.

Signature of endorsing veterinarian

Date

Print name: _____

License number: _____
State in which you are licensed

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

RETURN DIRECTLY TO:



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