## Veterinary Technician Form 3

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
www.op.nysed.gov

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

## **APPLICANT INSTRUCTIONS**

- 1. Complete section I in ink. Enter your name as it appears on your Licensure Application (Form 1). Be sure to sign and date item 7.
- 2. Send this form with any fee required to the appropriate licensing authority of the state, province or country in which you are or have been licensed to complete Section II and return this form directly to the Office of the Professions at the address at the end of this form. The Office of the Professions will not accept this form if submitted by the applicant.

Not	Note: A separate Form 3 must be received by the Department from every state, province and country in which you are or have been licensed.																										
s	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	4 Mailing Address (You must notify the Department promptly of any address or name changes.)																										
	Line 1																										
	Line 2																										
	Line 3																										
	City		_							_	_			<u></u>	<u> </u>												
	State Country/		_				Zip (	Code	; [	1	4								_	_		_	_				
	Province																										
5	If you took a licensing examination in the United States or were licensed in another jurisdiction 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 requested on this form, to the New York State Education Department.																										
	Applicant's signature:      //																										
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SE	ECTION II: CERTIFICATION OF	LICENSURE										
this		<b>AUTHORITY:</b> Please complete this section of the Professions at the notes of the Professions at the notes.										
1.	Name of applicant:											
2.	Profession in which applicant is li	censed in your jurisdiction:										
3.	. License number: Date of Licensure:											
4.	On what basis was applicant licer	nsed:										
5.	the licensee ever been found guil	licensee for professional misconduct, unproty of such charges or surrendered a profess	sional license?	Yes	No							
6.	Please specify the state, national	and/or regional examinations completed by	the applicant:									
		d in the United States via a state constructe complete the following (list the examination										
	Date of Examination	Title/Subject		Grade	Minimum Passing Grade							
	ERTIFICATION	lan and balist the information in Caption II is	o true statement of	the record of	f the individual named							
	this form.	lge and belief the information in Section II is	s a true statement or	the record of	i the individual named							
	Signature		Date	/	/							
				o. day	yr.							
	Title											
	Agency		(SE	AL OF LICEN	ISING AUTHORITY)							
	Address											
	Telephone	Fax										
	E-mail:											
etur	n Directly to: New York State Educa Unit, 89 Washington Av	tion Department, Office of the Professions, Divisionue, Albany, NY 12234-1000.	sion of Professional Lic	censing Servi	ces, Veterinary Technology							
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