

SECTION II: CERTIFICATION OF LICENSURE

INSTRUCTIONS TO LICENSING AUTHORITY: Please complete this section, sign and date the certifying statement, and return this form in a sealed, official envelope directly to the Office of the Professions at the address at the end of this form. This form will not be accepted if returned by the applicant.

- 1. Name of applicant: _____
- 2. Profession in which applicant is licensed in your jurisdiction: _____
- 3. License number: _____ Date of Licensure: _____
- 4. On what basis was applicant licensed:

- 5. Are charges pending against the licensee for professional misconduct, unprofessional conduct, incompetence or negligence or has the licensee ever been found guilty of such charges or surrendered a professional license? Yes No
- 6. Please specify the state, national and/or regional examinations completed by the applicant: _____

If the applicant was licensed in the United States via a state constructed examination, other than the Veterinary Technician National Examination, please complete the following (list the examination subjects in chronological order by date taken):

Date of Examination	Title/Subject	Grade	Minimum Passing Grade

CERTIFICATION

I certify that to the best of my knowledge and belief the information in Section II is a true statement of the record of the individual named on this form.

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

Print name _____

Title _____

Agency _____

(SEAL OF LICENSING AUTHORITY)

Address _____

Telephone _____ Fax _____

E-mail: _____

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Veterinary Technology Unit, 89 Washington Avenue, Albany, NY 12234-1000.