



## SECTION II: VERIFICATION OF PROFESSIONAL PRACTICE

**ENDORSER INSTRUCTIONS:** A duly licensed veterinarian in good standing in the state where the applicant is licensed must complete Section II, sign and date the affirmation below and return the form directly to the Office of the Professions at the address at the end of this form. This form will not be accepted if submitted by the applicant.

1 Name of applicant \_\_\_\_\_

2 I have been personally acquainted with the applicant named in Section I for \_\_\_\_\_ years.

### 3 PRACTICE EXPERIENCE

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

Date		Address (Where applicant practiced)
From	To	

### 3 AFFIRMATION

I declare and affirm that the statements above are true, complete and correct.

\_\_\_\_\_  
Signature of endorser Date

Print name: \_\_\_\_\_ License number: \_\_\_\_\_  
State where licensed

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.