



3. LIST ALL CERTIFICATES/LICENSES CURRENTLY OR PREVIOUSLY HELD AS AN RVT, WHETHER TEMPORARY OR PERMANENT (A Certificate of Valid Certification must be completed by each state below and provided to the LBVM - form included in packet or available from LBVM). Use additional sheet of paper if needed.  DOES NOT APPLY

LICENSE NO.	ISSUING STATE	DATE ISSUED/EXPIRES	If license ever suspended or restricted in any way, explain.
		/	
		/	
		/	

4.  No  Yes HAVE YOU EVER BEEN DENIED CERTIFICATION AS AN RVT? (If "Yes", explain in detail on separate sheet and attach to this application.)
5.  No  Yes DO YOU CURRENTLY HAVE ANY DISCIPLINARY INVESTIGATION AND/OR ACTION PENDING AGAINST YOU IN ANOTHER JURSDICATION? (If "Yes", explain in detail on separate sheet and attach to this application.)
6.  No  Yes HAS ANY LICENSE/CERTIFICATION/REGISTRATION PRESENTLY OR PREVIOUSLY HELD BY YOU EVER BEEN SANCTIONED, REVOKED, SUSPENDED, PLACED ON PROBATION AND/OR OTHERWISE BEEN THE SUBJECT OF DISCIPLINARY REVIEW IN ANOTHER STATE? (If "Yes", explain in detail on separate sheet and attach to this application.)
7.  No  Yes HAVE YOU EVER BEEN CONVICTED OF, PLEAD GUILTY TO, OR PLEAD NOLO CONTENDRE TO A FELONY OR MISDEMEANOR, OTHER THAN FOR MINOR TRAFFIC VIOLATIONS? (If "Yes", explain in detail on separate sheet and attach to this application.)
8.  No  Yes ARE YOU CURRENTLY ENGAGING, OR WITHIN THE PAST YEAR HAVE YOU ENGAGED, IN THE ABUSE OF ALCOHOL AND/OR ILLEGAL USE OF DRUGS OR CONTROLLED DANGEROUS SUBSTANCES? (If "Yes", explain in detail on separate sheet and attach to this application.)
9.  No  Yes ARE YOU CURRENTLY PARTICIPATING IN A SUPERVISED REHABILITATION PROGRAM OR PROFESSIONAL ASSISTANCE PROGRAM WITH REGARDS TO THE TO THE ABUSE OF ALCOHOL AND/OR ILLEGAL USE OF DRUGS OR CONTROLLED SUBSTANCES? (If "Yes", explain in detail on separate sheet and attach to this application.)
10.  No  Yes HAVE YOU EVER ENGAGED IN THE PRACTICE OF VETERINARY MEDICINE (except as allowed by La.R.S. 37:1543) IN THE STATE OF LOUISIANA? (If "Yes", explain in detail on separate sheet and attach to this application; include dates of practice or employment, name, address and phone number of practice where employed, name of supervising veterinarian, position held, and brief description of duties performed.)

**REFERENCES OF PROFESSIONAL CAPABILITIES AND ETHICAL STANDARDS:** List the names and mailing addresses for two licensed veterinarians not related to you who can attest to your professional capabilities and ethical standards. A reference form will be forwarded to the individuals listed by the Board office for completion.

Name	
Address	
Name	
Address	

**All Applicants Must Fully Complete the Application Form and Sign Before a Notary.**  
 Applicant photograph must be attached where indicated. **Notary Seal must be affixed.**

STATE OF \_\_\_\_\_

PARISH/COUNTY OF \_\_\_\_\_

Before me, a Notary Public, duly commissioned and qualified in the above State and Parish/County, personally came and appeared the applicant indicated hereinabove who, after being duly sworn (affirmed), did depose and state:

“I hereby certify that I have received and read the Louisiana Veterinary Practice Law and the Rules and Regulations promulgated by the Board, and that all answers to the application for examination and certification are true and correct.”

\_\_\_\_\_  
Full, true, and legal signature of applicant

Sworn to and subscribed before me and in testimony hereof I  
have sworn hereunto set my hand and official seal, in my office  
at \_\_\_\_\_

\_\_\_ this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

Applicant's photograph must  
be attached here.  
NOTARY SEAL MUST BE  
AFFIXED.

The Louisiana Board of Veterinary Medicine adheres to all guidelines of the American With Disabilities Act. If you have a disability, impairment, or condition that requires special arrangements to complete this application and/or take an examination, please notify the Board office with this application.

Mail completed application and fees to:

LOUISIANA BOARD OF VETERINARY MEDICINE  
263 Third Street, Suite 104, Baton Rouge, Louisiana 70801  
Board telephone number is (225) 342-2176.