

Louisiana Board of Veterinary Medicine

301 Main Street, Suite 1050, Baton Rouge, Louisiana 70801

(225) 342-2176

VERIFICATION OF EMPLOYMENT AT A VETERINARY MEDICAL SCHOOL OR COLLEGE

INSTRUCTIONS: This form must be completed by the Louisiana veterinary college or university in which you are employed.

Date: _____

It is hereby certified that _____
name of applicant/veterinarian

Social Security number _____ - _____ - _____, has been employed at

name of institution

from _____ through _____ as a/an _____
date date

Certified by: _____
signature of dean

SEAL OF _____
COLLEGE title

school

Return completed form to: **Louisiana Board of Veterinary Medicine**
301 Main Street, Suite 1050
Baton Rouge, LA 70801
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