

REFERENCES OF PERSONAL AND PROFESSIONAL CHARACTER: List the names and mailing addresses for three individuals who are **licensed veterinarians or other professionals** not related to you or currently enrolled in the same veterinary curriculum as yourself and who can attest to your professional capabilities and ethical standards. A reference form will be forwarded to each individual listed by the Board office for completion.

Name	Profession:
Address	
Name	Profession:
Address	
Name	Profession:
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 all information on this application is complete and correct to the best of my knowledge. I further certify that I have not practiced veterinary medicine in this state without a license, certificate, temporary permit, or exception from licensure as provided by La.R.S. 37:1511-1558 and I understand that failure to disclose information could result in the denial or revocation of my license to practice veterinary medicine in Louisiana.”

 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, at my office in at

 this _____ day of _____,
 20_____.

 Signature of Notary Public

Applicant’s photograph must be
 attached here.

NOTARY SEAL MUST BE
 AFFIXED ON APPLICATION.

Make sure application is complete, there are no blanks, and the form has been signed and notarised.

Mail completed application and fees to:

LOUISIANA BOARD OF VETERINARY MEDICINE
 301 Main Street, Suite 1050
 Baton Rouge, Louisiana 70801

Board telephone number is (225) 342-2176 www.lsbvm.org
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