



3. HAS ANY LICENSE OR CERTIFICATION 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 IN THE LAST 24 MONTHS?  
 No     Yes    (If "Yes", explain in full on separate sheet and attach to this form.)
4. ARE THERE CURRENTLY ANY DISCIPLINARY INVESTIGATIONS AND/OR ACTIONS PENDING AGAINST YOU IN ANOTHER JURISDICTION?  
 No     Yes    (If "Yes", explain in full on separate sheet and attach to this form.)
5. HAVE YOU EVER BEEN CONVICTED OF, PLEAD GUILTY TO, OR PLEAD NO CONTENDRE TO A FELONY OR MISDEMEANOR, OTHER THAN FOR A TRAFFIC VIOLATION?  
 No     Yes (If "Yes", explain in full on separate sheet and attach to this form.)
6. 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 SUSTANCES?  
 No     Yes    (If "Yes", explain in full on separate sheet and attach to this form.)
7. ARE YOU CURRENTLY PARTICIPATING IN A SUPERVISED REHABILITATION PROGRAM OR PROFESSIONAL ASSISTANCE PROGRAM WITH REGARDS TO THE ABUSE OF ALCOHOL AND/OR ILLEGAL USE OF DRUGS OR CONTROLLED SUBSTANCES?  
 No     Yes    (If "Yes", explain in full on separate sheet and attach to this form.)
8. LIST BELOW ALL EMPLOYMENT AND/OR SCHOOL(S) YOU'VE ATTENDED SINCE THE DATE OF YOUR LAST APPLICATION WITH THIS BOARD. ACCOUNT FOR ALL GAPS IN TIME. Use separate sheet of paper if additional space is needed.

DATE FROM (month & year)	DATE TO (month & year)	NAME AND ADDRESS OF EMPLOYER OR SCHOOL	JOB TITLE

**AFFIDAVIT**

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

\_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_.

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

S E A L

ALL APPLICABLE FEES MUST ACCOMPANY THIS COMPLETED APPLICATION FORM.  
 State Board Exam fee must be made payable to LOUISIANA BOARD OF VETERINARY MEDICINE  
 by personal check, money order, or cashier's check. No cash accepted except by payment in person.

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

**Mail completed application and fees to:**  
 Board telephone number is (225) 925-6620  
 www.lsbvm.org

LOUISIANA BOARD OF VETERINARY MEDICINE  
 5825 Florida Blvd.  
 Baton Rouge, Louisiana 70806

For an original application form or for questions on application procedures, see above for address and telephone number and website address.  
 The Louisiana Board of Veterinary Medicine adheres to all guidelines of the American's With Disabilities Act. If you have a disability, impairment, or condition which causes you to require assistance with this application or the examination process, please notify the Board office.