CERTIFICATE OF VALID LICENSURE IN ANOTHER STATE

APPLICANT AUTHORIZATION: Enter information requested and sign below. Mail one form to each state in which you are now or ever have been licensed to practice veterinary medicine. Please clearly print this information.

Name: _____ License No: _____

Address: _____

Dear Sir or Madam:

I am applying for licensure in the State of Louisiana. Completion of this form is a requirement for my consideration as an applicant. I authorize the Veterinary Medical Board of _____ to release any information in your files concerning me, favourable or otherwise, to the Louisiana Board of Veterinary Medicine.

Signature of Applicant: _____ Date: _____

THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE LICENSING BOARD

BOARD NAME: _____

BOARD ADDRESS: _____ BOARD PHONE: _____

_____ BOARD FAX: _____

BOARD AUTHORIZATION: This is to certify that the records of this board concerning the above-signed individual, verify that s/he was issued a license as follows:

License no: _____ Issued on: _____

1. Qualifications for licensure in year issued was based on:

   □ Exam □ Experience □ Other _____

2. Current license status: □ Active/Current □ Inactive □ Expired - as of _____

   □ Restricted* □ Suspended* □ Revoked* □ Other _____ *

   ** Please provide additional details on reverse side of this form or on a separate sheet.*

3. Is there any public record of disciplinary action? □ Yes □ No

   If "yes", is action: □ Previous □ Current □ Pending

   Please attach a certified copy of the Charges, Findings of Fact, Conclusions of Law, and/or Final Order.

Signed By: _____
(Signature) (Title)

BOARD SEAL

Print/TYPE: _____
(Date)

The completed, signed Certificate of Valid Licensure in Another State should be **mailed back to the licensee**, as it must be uploaded into the LBVM applicant portal (www.lsbvm.org) to include with submission of application.

LOUISIANA BOARD OF VETERINARY MEDICINE
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