



LOUISIANA BOARD OF VETERINARY MEDICINE

5825 Florida Blvd, Baton Rouge, LA 70806
225-925-6620 (Office) | 225-925-6622 (Fax) | admin@lsbvm.org | www.lsbvm.org



DVM Applicant Name: _____
first middle last

The above applicant has listed you as a Professional Character Reference on his/her application for veterinary licensure in Louisiana. Please complete both sides of the reference form and return the original completed form to the Board office directly.

Person giving reference must be a licensed veterinarian or other professional not related to the applicant and not currently enrolled in the same veterinary curriculum as the applicant, who can attest to the applicant's professional capabilities and ethical standards, and **has known the individual at least one year.**

1. How long have you known the applicant? _____ years
2. To the best of your knowledge, has the applicant ever been convicted of or plead nolo contendere to a felony or misdemeanor other than a minor traffic violation? ___Yes ___No

If "Yes", please explain fully to the best of your knowledge; use additional paper if needed and attach to form. _____

3. Provide a written statement (minimum of four complete sentences is required for acceptance of reference) of your professional relationship with the applicant.



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4. Please review the following information and give your considered and honest opinion based on your personal knowledge of the applicant. Please answer all questions and leave no blanks.

Professional Characteristics	Excellent	Average	Fair	Poor
Professional Demeanor	_____	_____	_____	_____
Professional Appearance	_____	_____	_____	_____
Perseverance	_____	_____	_____	_____
Cooperativeness	_____	_____	_____	_____
Self-Reliance	_____	_____	_____	_____
Reliability	_____	_____	_____	_____
Ethical Standards	Excellent	Average	Fair	Poor
Respect for Authority	_____	_____	_____	_____
Interest in Profession	_____	_____	_____	_____
Competence	_____	_____	_____	_____
Honesty	_____	_____	_____	_____
Moral Character	_____	_____	_____	_____

Reference Provider Information (Please print clearly)

Name: _____

Occupation/Profession: _____

Address: _____

Phone Number:

(_____) _____

Email Address: _____

Reference Provider Signature: _____

Date: ____/____/____

The completed, signed reference form must be **returned directly to the Board office** via any of the following deliver options. The completed form must come directly from the reference and is not to be given back to the applicant.

- Scan and email the signed reference form to admin@lsbvm.org. **preferred delivery method*
- Fax the signed reference form to 225-925-6622.
- Mail the signed reference form to :
LA Board of Veterinary Medicine
5825 Florida Blvd
Baton Rouge, LA 70806

If you have questions, please contact the Board office at (225) 925-6620 or email at admin@lsbvm.org.