

CERTIFICATE OF VALID CERTIFICATION IN ANOTHER STATE REGISTERED VETERINARY TECHNICIAN

APPLICANT AUTHORIZATION: Complete this portion of form and send to each state in which you currently hold or have ever held licensure as a veterinary technician. Clearly print information below.

Name: _____ License No.: _____

Address: _____

Dear Madam/Sir: I am applying for certification as a registered veterinary technician in the State of Louisiana. Completion of this form is required. This is your authorization to release any information in your files concerning me, favorable 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: _____ PHONE: _____

_____ 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 #: _____ Issue Date: _____ Expiration Date: _____

1. Qualifications for certification in year issued was based on (please check all that apply):
 - Veterinary Technician National Examination (VTNE)
 - State Board Examination
 - Reciprocity/Endorsement with the State of _____
 - Oral Examination
 - Other (please explain fully on reverse or on separate sheet)
2. Is certification current? Yes No
3. Is certification in good standing? Yes No
4. Has this individual ever been warned or reprimanded? Yes No
5. Has the individual's certification ever been suspended, revoked, restricted in any manner or placed in probationary status? Yes No
6. Has this individual ever had any charges filed against him? Yes No
7. Do you know of any information that may be a discredit to the individual? Yes No
8. Do your files indicate any derogatory information whatsoever? Yes No

If any "yes" answers, please explain fully, including dates, charges, disposition, etc. Use a separate sheet if needed and provide certified copies of any pertinent materials.

Signed By: _____
Signature *Title*

BOARD SEAL

Print/Type: _____
Date

The completed, signed Certificate of Valid Certification in Another State should be **mailed or scan/emailed (preferred)** to the LA Board of Veterinary Medicine office directly from the out-of-state board listed above.

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