



# 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



RVT Applicant Name: \_\_\_\_\_  
*first middle last*

The above applicant has listed you as a Professional Character Reference on his/her application for **Veterinary Technician Certification (RVT)** 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 who can attest to the applicant's professional capabilities and ethical standards.

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.

---

---

---

---

---

---

---

---

---

---



# LOUISIANA BOARD OF VETERINARY MEDICINE

5825 Florida Blvd, Baton Rouge, LA 70806

225-925-6620 (Office) | 225-925-6622 (Fax) | [admin@lsbvm.org](mailto:admin@lsbvm.org) | [www.lsbvm.org](http://www.lsbvm.org)



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](mailto: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](mailto:admin@lsbvm.org).