



STATE OF NEW HAMPSHIRE
BOARD OF VETERINARY MEDICINE

25 Capitol Street
PO Box 2042
Concord, NH 03302-2042
(603) 271-3706

Verification of Licensure

Applicant: Complete the top portion of this form and forward it to each state/province/country where you are or have been licensed as a veterinarian. (make copies as necessary) Please check with each for a possible fee.

Applicant Authorization:

Name: License No.:

Address:

I authorize the Veterinary Medical Board of (state or jurisdiction) to release the information below to the New Hampshire Board of Veterinary Medicine.

Applicant Signature: Date:

State Board: Please provide the information requested and return the form to the board at the above address.

Board Verification:

Board Name:

Telephone No.: E-Mail:

Applicant License No.: Date Issued: Date Expires(d):

Basis for Licensure: NBE CCT NAVLE

Reciprocity State Exam Other (please explain)

Status of License (i.e. current, lapsed):

Is continuing education required for renewal? # of clock hours per year:

Has this person's license ever been suspended, revoked or subject to other disciplinary action? No Yes

Is this person currently the subject of an unresolved complaint or pending disciplinary action? No Yes

If the answer is yes to either of these questions, please explain and include Consent Agreement, etc.

Signature of Board Official

Date

Title

State

(Board Seal)