



Rebecca J. Washburn, DVM Chair

Frances R. Sowers *Executive Director*

New Mexico Application for VTNE Sponsorship

PLEASE TYPE OR PRINT LEGIBLY.

Please read the form carefully and fill in as appropriate; incomplete applications will be returned. The \$50 fee in the form of a check or money order payable to the Board of Veterinary Medicine must accompany this form. Fee cannot be refunded, for any reason, once the application process has begun. **DO NOT SEND CASH.**

DOB	FULL NAME (LAST, FIRST, MIDDLE)				OFFICE	OFFICE USE ONLY.	
DOB			re	Fee			
EMAIL ADDRESS			He H	Doc. No.			
ADDRESS INFORMATION:				Oto	Doc. Date		
STREET				Ph	Amount		
CITY		STATE	ZIP/POSTAL CODE	ıch	Diploma		
PHONE		FAX		Attach Photo Here	Initials		
COUNTRY							
OUATI	IFICATIONS:						
2.	Do you require special test accommodations? If yes, please list them on a separate sheet of paper and attach supporting documentation that substantiates your request to this application.						
3.	Place a checkmark in the box of the test date you are requesting.				☐ March 15 – April 15, 2013 (NMBVM application deadline - February 3, 2013) ☐ July 15-August 15, 2013 (NMBVM application deadline - June 3, 2013) ☐ November - December 2013 (NMBVM application deadline - October 3, 2013)		