State of New Mexico

# Board of Veterinary Medicine

**SUSANA MARTÍNEZ**
*Governor*

Rebecca J. Washburn, DVM
*Chair*

Frances R. Sowers
*Executive Director & CFO*

## 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.**

### PERSONAL INFORMATION:

| | | |
|---|---|---|
| FULL NAME (LAST, FIRST, MIDDLE) | | |
| DOB | | |
| EMAIL ADDRESS | | |

### ADDRESS INFORMATION:

| | | |
|---|---|---|
| STREET | | |
| CITY | STATE | ZIP CODE |
| PHONE | FAX | |
| COUNTRY | | |

**Attach Photo Here**

| OFFICE USE ONLY. | |
|---|---|
| **Fee** | ☐ |
| Doc. No. | |
| Doc. Date | |
| Amount | |
| **Diploma** | ☐ |
| Initials | |
| | |

### QUALIFICATIONS:

| | | |
|---|---|---|
| 1. | Are you a graduate of an AVMA-accredited veterinary technician school of veterinary medicine? What is the name and location of the school? (Attach a copy of your certificate of completion.) | ☐ Yes ☐ No |
| 2. | Do you require special test accommodations?<br>If yes, please list them on a separate sheet of paper and attach supporting documentation that substantiates your request to this application. | ☐ Yes ☐ No |
| 3. | Place a checkmark on the test date you are requesting. | ☐ March 15 – April 15, 2014<br>*(NMBVM application deadline - February 5, 2014)*<br>☐ July 15-August 15, 2014<br>*(NMBVM application deadline – June 5, 2014)*<br>☐ November 15 – December 15, 2014<br>***(NMBVM application deadline - October 5, 2014)*** |

By affixing my signature to this document, I am affirming that all facts, statements, and answers contained in this application are true and correct. Any intentional omission, falsification, or withholding of information concerning my qualifications as an applicant, shall be sufficient grounds to bar me from obtaining sponsorship from the New Mexico Board of Veterinary Medicine.

SIGNATURE _____ DATE _____

7301 Jefferson St. NE, Ste. H • Albuquerque, NM 87109-4363 • Phone (505) 553-7021 • Fax (505) 553-7024
www.NMBVM.org