

State of New Mexico
Board of Veterinary Medicine

SUSANA MARTÍNEZ
Governor



Rebecca J. Washburn, DVM
Chair

Frances R. Sowers
Executive Director and CFO

Verification of Licensure

Applicant: Enter information below, mail to the Board of each state in which you are currently or have previously been licensed to practice veterinary medicine for certification.

TYPE OR PRINT FULL NAME	SIGNATURE	DATE
ADDRESS	LICENSE NUMBER	ISSUE DATE
CITY/STATE/ZIP CODE		

**TO BE COMPLETED BY STATE BOARD OF VETERINARY MEDICINE.
 Send form to New Mexico Board of Veterinary Medicine address below.**

The records of the _____ State Board of Veterinary Medicine indicate that the above named individual was issued license number _____ on _____.

License was issued on the following qualification:

- ___ Reciprocity/Endorsement
- ___ State Board Examination
- ___ Oral Examination
- ___ National Board Examination
- ___ Clinical Competency Test
- ___ NAVLE

- | | | |
|--|----------|---------------------|
| 1. Is this license current? | ___ YES | ___ NO, expiry date |
| 2. Is this license in good standing at this time? | ___ YES | ___ NO* |
| 3. Has licensee ever been warned or reprimanded? | ___ YES* | ___ NO |
| 4. Has licensee's license ever been revoked? | ___ YES* | ___ NO |
| 5. Has licensee's license ever been suspended? | ___ YES* | ___ NO |
| 6. Has licensee's license ever been placed on probation? | ___ YES* | ___ NO |
| 7. Has licensee's license ever been restricted in any way? | ___ YES* | ___ NO |

*Provide explanation and attach material to support answer(s).

SIGNATURE	DATE
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PRINTED NAME AND TITLE	(BOARD SEAL)
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7301 Jefferson Street, N.E., Suite H
 Albuquerque, NM 87109-4363

Telephone 505.553.7021
 Facsimile 505.553.7024

