

State of New Mexico
Board of Veterinary Medicine

MICHELLE LUJÁN GRISHAM
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 jurisdiction in which you are currently or have previously been licensed to practice veterinary medicine.

_____	_____	_____
TYPE OR PRINT FULL NAME	SIGNATURE	DATE
_____	_____	_____
ADDRESS	LICENSE NUMBER	ISSUE DATE

CITY/STATE/ZIP CODE		

Send form to New Mexico Board of Veterinary Medicine address below.

The records of the _____ State Board of Veterinary Medicine indicate that the 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 Has licensee's license ever been revoked?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

PRINTED NAME AND TITLE	

7301 Jefferson Street, N.E., Suite H
Albuquerque, NM 87109-4363

Telephone 505.553.7021
Facsimile 505.553.7024



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**Verification of Licensure New Mexico Board of Veterinary
Medicine To Other Jurisdiction***

**License verification fee is \$25 per state payable via check
or money order to Board of Veterinary Medicine.**

Full name of licensee: _____

Current mailing address: _____

Current telephone number: _____

License number of licensee: _____

Recipient Board Name: _____

Recipient Board Address: _____

City, State, Zip Code: _____

*** Please specify delivery preference. Verifications will be mailed directly to the jurisdiction(s) or to licensee in a sealed envelope. Verifications will not be sent to licensee without a licensing board name.**

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