STANDARD VERIFICATION FORM

FOR USE BY APPLICANT, SIGNED BY STATE LICENSING BOARD

(Such a form must be completed and returned to West Virginia from each veterinary licensing board where you now hold or have ever held a license to practice veterinary medicine. You may make copies for distribution to those various jurisdictions)

CHECK WITH THE STATE WHICH YOU ARE ASKING TO SUBMIT THIS VERIFICATION TO DETERMINE IF THERE IS A FEE FOR THIS SERVICE, TO AVOID DELAYS IN PROCESSING.

APPLICANT AUTHORIZATION

NAME: _____ LICENSE #: _____

ADDRESS: _____

STREET CITY STATE ZIPCODE

I authorize the Veterinary Board of _____ to release the information below to the Veterinary Medical Board of **West Virginia**

Applicant Signature and Date: _____ _____

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BOARD VERIFICATION

BOARD NAME _____

BOARD ADDRESS _____

BOARD PHONE _____ BOARD FAX _____ E-MAIL _____

APPLICANT LICENSE NUMBER _____

DATE ISSUED _____

Qualifications for license in year of issue (i.e., exams, experience, etc.):

_____

Current license status (i.e., active, inactive, lapsed, etc.): _____

Disciplinary Action? ____NO _____YES

Current Disciplinary Action? ____NO _____YES

Pending Disciplinary Action? ____NO _____YES

If yes to any disciplinary action, please attach a certified copy of the Findings of Fact, Conclusions of Law, and Final Order, or the charges of a pending case.

Signature of Board Official_____ Date _____

Title _____ **Official Board Seal**

Submit to: ***WV Board of Veterinary Medicine, 5509 Big Tyler Road, Suite 3, Cross Lanes, WV 25313***