

WEST VIRGINIA BOARD OF VETERINARY MEDICINE  
STANDARD VERIFICATION FORM  
FOR USE BY APPLICANT, SIGNED BY WV STATE LICENSING BOARD

**APPLICANT AUTHORIZATION**

NAME: \_\_\_\_\_  
APPLICANT'S WV VETERINARY LICENSE/RVT #: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
Street City State Zip code

I authorize the Veterinary Board of **West Virginia** to release the information below to the Veterinary Medical Board of \_\_\_\_\_.  
Applicant Signature and Date: \_\_\_\_\_

*Authorized via remittance of required fee and completion of this written request*  
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**BOARD VERIFICATION**

**Veterinarian**   
**Registered Vet. Tech.**

BOARD NAME **West Virginia Board of Veterinary Medicine**  
BOARD ADDRESS **5509 Big Tyler Road, Suite 3, Cross Lanes, WV 25313**  
BOARD PHONE **(304) 776-8032** BOARD FAX **(304) 776-8256**  
E-MAIL [wgoodwin@wvnet.edu](mailto:wgoodwin@wvnet.edu) WEBSITE: [www.wvbvm.org](http://www.wvbvm.org)

APPLICANT'S VETERINARY LICENSE OR REGISTERED VETERINARY TECHNICIAN (RVT) # \_\_\_\_\_

DATE ISSUED \_\_\_\_\_

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

- North American Veterinary Licensing Examination / minimum passing score 425.   
National Board Examination/ minimum passing score 425.   
Clinical Competency Examination/ minimum score 425.   
Passing WV written practical   
Passing WV written jurisprudence exam   
Passing WV oral exam.   
Passing Veterinary Technician National Exam (VTNE)

Current license/registration status (i.e., active, inactive, lapsed, etc.): Active   
Lapsed

If lapsed, when did license or registration expire? \_\_\_\_\_

- Disciplinary Action?  NO  YES  
Current Disciplinary Action?  NO  YES  
Pending Disciplinary Action?  NO  YES

If YES to any disciplinary action, attached is 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 : Executive Director

**Official Board Seal**