

State of New Mexico
Board of Veterinary Medicine

MICHELLE LUJÁN GRISHAM
Governor



Lawrence D. Young, DVM
Chair

William J. Duran
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 Has licensee's license ever been revoked?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
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PRINTED NAME AND TITLE

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

Telephone 505.553.7021
Facsimile 505.553.7024

