



The Ohio Veterinary Medical Licensing Board

77 South High Street, 16th Floor, Columbus Ohio 43215



LICENSURE CERTIFICATION

(Applicant) PLEASE HAVE THE APPROPRIATE BOARD COMPLETE AND RETURN THIS FORM TO THE OHIO VETERINARY MEDICAL LICENSING BOARD.

State Board Completing Form: _____

(Applicant's Full Name) _____ has applied for licensure as a veterinarian in the State of Ohio. We would appreciate your assistance in completing the following questionnaire and providing any other pertinent information regarding the above applicant.

1.) License Number: _____ Issue Date: _____ Expiration Date: _____

2.) Basis for Licensure:

- _____ NAVLE
- _____ National Board
- _____ Clinical Competency Test
- _____ State Examination
- _____ Reciprocity (Name of State) _____
- _____ Other _____

3.) Has this license ever been suspended or revoked?

_____ Yes _____ No If yes, please provide details.

4.) Is applicant currently licensed?

_____ Yes _____ No

5.) Does your Board endorse this applicant for licensure in the State of Ohio?

_____ Yes _____ No If no, please explain.

(Board Seal)

Signature of Authorized Person

Title

Date