

**OHIO VETERINARY MEDICAL LICENSING BOARD
-APPLICATION FOR VETERINARY SPECIALIST CERTIFICATE-**

NAME: _____

ADDRESS: _____

OHIO LICENSE NUMBER: _____

COLLEGE OR BOARD CERTIFICATION: _____

DATE OF CERTIFICATION: _____

Please attach a copy of your certificate and letter of certification from the college or board.

Signature _____

Date

Please complete and return to: Ohio Veterinary Medical Licensing Board
77 South High Street, 16th Floor
Columbus, Ohio 43215-6108

All Application Fees are Non-Refundable.

Specialist Certificate Fee = **\$50.00** (this certificate is not subject to renewal)

Please make checks payable to: The Ohio Veterinary Medical Licensing Board. Do NOT send cash or credit card information.

FOR OFFICE USE ONLY: _____ # Payment Received \$ _____ Amount