



# The Ohio Veterinary Medical Licensing Board

77 South High Street, 16<sup>th</sup> 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