

Veterinary School Attended: _____

Degree Received: _____ Date of Graduation: _____
mm/dd/yyyy mm/dd/yyyy

NBE (date taken): _____ CCT(date taken): _____ NAVLE (date taken): _____

ECFVG Certificate: Yes: _____ No: _____ Date Obtained: _____

PAVE Certificate: Yes: _____ No: _____ Date Obtained: _____

Specialty Diplomate: Yes: _____ No: _____ Date Obtained: _____

List all states and jurisdictions in which you hold or have held a license to practice veterinary medicine:

If the answer “yes” to any of the following questions, submit a signed and dated detailed explanation on a separate sheet and include with this form.

	<u>Yes</u>	<u>No</u>
Have you ever been convicted of a crime or a felony?	_____	_____
Are there any pending complaints or investigations against you by veterinary medical boards?	_____	_____
Have you ever been investigated or disciplined by veterinary medical boards or any licensing authority where you hold or have held a professional license?	_____	_____
Have you ever been diagnosed with any mental or physical condition which has affected or may affect your ability to practice veterinary medicine?	_____	_____
Have you ever been found guilty or entered a plea of no contest to any felony, misdemeanor or alcohol or drug related offense that has not been annulled by a court?	_____	_____
Have you ever been subject to any investigation or to a denial, restriction, suspension, loss or revocation of your DEA license?	_____	_____

I hereby swear under penalty of unsworn falsification, pursuant to RSA 641:3 that all of the information I have provided on this form and in the documents I have personally submitted to support my application is complete and accurate the best of my6 knowledge and belief. I also certify that I have read and understand the statute and rules of the Board of Veterinary Medicine and promise that, if I am licensed, I will abide by them.

(Signature)

(Date)