

State of New Hampshire office of professional licensure and certification DIVISION OF LICENSING AND BOARD ADMINISTRATION

7 Eagle Square, Concord, NH 03301-4980 Phone: 603-271-2152

APPLICATION FOR INITIAL VETERINARY LICENSURE

Applicant Status:		
New Graduate (this calendar year)		Licensed, practicing less than five years
Graduate of a non-AVMA accredited Foreign Veterinary School		Licensed, practicing five or more years
Full Legal Name:Last		
Last	First	Middle
Maiden Name and All Aliases (if applicable):		
Home Mailing Address:		
	(City, State, and	Zip Code)
Home or Cell Phone Number:		
Email Address:		
Date of Birth:		
Social Security #:		
<u>Note</u> : The Board is required to obtain your so enforcement compliance with RSA 161-B:11.	ocial security nur	nber for the purpose of child support
Current Practice Name:	· · · · · · · · · · · · · · · · · · ·	
Current Practice Address:		
	(City, State,	and Zip Code)
Current Practice Phone #:	Current Practic	ee E-Mail Address:
Do you intend to practice veterinary medicine	in the State of N	lew Hampshire? Yes No
What is the focus (i.e., small animal, large animal practice?		
Preliminary Education (pre-vet number of yea		

Veterinary Sci	hool Attended:						
Degree Re	Received: Date of Graduation: mm/dd/yyyy mm/dd/yyyy						
NBE (date tal	ken):	_ CCT(date tal	ken):	NAVLE (date taken)):		
ECFVG Certi	ficate: Yes:	No: l	Date Obtained: _				
PAVE Certific	cate: Yes:	No: Da	ate Obtained:				
Specialty Dipl	lomate: Yes:	No:	Date Obtained:				
List all states	-	•		license to practice vetering	•	cine:	
	"yes" to any of the	O 1		a signed and dated deta		No	
					<u>Yes</u>	<u>No</u>	
Н	ave you ever been	convicted of a	crime or a felony	·?			
	re there any pendiredical boards?	ng complaints o	or investigations a	against you by veterinary			
	•	•		eterinary medical boards eld a professional license	?		
	ave you ever been fected or may affe	•	•	hysical condition which hary medicine?	nas ——		
m	isdemeanor or alco		ated offense that	f no contest to any felony has not been annulled	·,		
	ave you ever been uspension, loss or r			o a denial, restriction,			
have provided complete and	on this form and in accurate the best of estatute and rules of	n the document f my6 knowled	ts I have personal ge and belief. I a	to RSA 641:3 that all of to RSA 641:3 that all of the first submitted to support realso certify that I have reactine and promise that, if	ny applica ad and	ation is	
(Signa	ature)		(Date)				