



North Dakota Board of Veterinary Medical Examiners

P.O. Box 328
Lisbon, ND 58054
701-683-4705
ndbvme@nd.gov

SFN 52455 (4-07)

VERIFICATION OF LICENSURE

Applicant Authorization: (Applicant - send this form to any state/province where you are currently licensed or, during the past ten years, have been licensed to practice veterinary medicine. The state board may assess a fee for this service. Please call ahead for clarification.)

Name: _____ License Number: _____

Address: _____

I authorize the Veterinary Medical Board of _____ (state/province) to release the information below to the North Dakota Board of Veterinary Medical Examiners.

_____ Applicant Signature _____ Date

License Verification by Board

Licensing Board - please return this form directly to: North Dakota Board of Veterinary Medical Examiners
PO Box 328
Lisbon, ND 58054

Board Name: _____

Board Address: _____

_____ Phone: _____

Applicant License #: _____ Date Issued: _____

Current License Status (active, inactive, suspended, etc.): _____

Disciplinary Action? No _____ Yes _____ If yes, please attach a copy of the disciplinary order and pertinent documentation..

Signature of Board Official

Title

Date

