Office of Professional Regulation
Vermont Board of Veterinary Medicine
89 Main St, 3rd Fl
Montpelier, VT 05620-3402
Phone: (802) 828-2373 Fax: (802) 828-2465

Verification of Active Practice

To Be Completed By Applicant:

Applicant's Name: _____

Name of Practice: _____ Ph. # _____

Address of Practice: _____

Give a general description of the current focus of your practice:

_____

_____

Applicant's Certification:

I hereby certify that the information above is an accurate account of work I perform and that I have actively practiced clinical veterinary medicine for 3,000 hours within the last three years preceding my application to Vermont.

_____ _____
Signature Date

To Be Completed By the Veterinarian Verifying the Above Information:

Based on your personal knowledge of the above named applicant:

1. How long (months/years) have you known the applicant? _____ Dates: _____ - _____
From To

2. When did he or she begin practicing veterinary medicine? _____

3. Does he or she practice full-time? (30+ hours per week) _____ If no, please explain:

_____

4. Has this person actively practiced clinical veterinary medicine for 3,000 hours during the three years immediately preceding application? Yes _____ No _____

5. On what types of animals does this individual practice? _____

_____

I hereby certify that the above statements are true and accurate to the best of my knowledge.

State in which you are licensed: _____ License Number: _____

_____ _____
Signature Date

Name: _____ _____ _____
First Middle Last

Mailing Address: _____
Street City State Zip

Daytime Phone: _____