

State of Florida
Department of Business and Professional Regulation
Board of Veterinary Medicine
Authorization for Interstate Exchange of Examination and Licensure Information
Form # DBPR VM 10

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at (850) 487-1395.

PART A- Applicant Information: The applicant is to complete Part A only and forward the entire form to the appropriate state to complete Part B.

APPLICANT INFORMATION

This form is essential to the application you are filing with this Board. Before approval of your application, the Board of Veterinary Medicine must verify your examination history and/or licensure status. Please complete the initial portion of this form and then **forward it to the state in which you are licensed or have previously been licensed**. That Board, in turn, will complete the remainder of this form (Part B) and return it to this agency. (You are advised to check with the Board before forwarding this form to determine if there are additional requirements and/or fees charged before such information will be released.) This form must be filled out by all states in which you previously have taken an examination or become licensed.

TO BE COMPLETED BY THE APPLICANT (Please type or print legibly):

Last Name	First	Middle	Title	Suffix
Address			License Number (if applicable)	
City	State	Zip Code		
Phone	Date of Birth	Social Security Number*		

*Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary unless specifically required by Federal status. In this instance, social security numbers are mandatory pursuant to Title 42 United States Code, Section 653 & 654; and sections 445.203(9), 409.2577, & 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants & licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional & occupational license applications & will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec. 317.

I hereby request and authorize any institution with whom I have been associated to provide any and all pertinent information requested in this form concerning my qualifications for professional licensure to the Florida Department of Business and Professional Regulation Board of Veterinary Medicine to complete an application filed with that agency. I hereby release the institution and all individuals connected therewith from all liability for any damage whatsoever incurred by me as a result of their furnishing such information.

Applicant Signature

_____/_____/_____
Date Signed



PART B- Licensure Verification

LICENSURE VERIFICATION State verification information to be completed by the state board.	
Applicant Name	License Number
Title of License	Date of Original Issue: / /
LICENSE TYPE	
<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Other (explain):	
LICENSE STATUS	
<input type="checkbox"/> Active/Current <input type="checkbox"/> Inactive <input type="checkbox"/> Void <input type="checkbox"/> Other:	
METHOD OF LICENSURE	
<input type="checkbox"/> Examination <input type="checkbox"/> Without Examination <input type="checkbox"/> Grandfathering <input type="checkbox"/> Reciprocity <input type="checkbox"/> Endorsement	
If Endorsement, explain qualifications for endorsement:	
LICENSE DISCIPLINE	
Provide explanation if any type of disciplinary action has been taken against the license.	
<input type="checkbox"/> No Disciplinary Action <input type="checkbox"/> Suspended <input type="checkbox"/> Revoked <input type="checkbox"/> Invalid <input type="checkbox"/> Other Discipline	
Explanation:	
AFFIRMATION STATEMENT	
I affirm that I have provided the above information completely and truthfully to the best of my knowledge.	
State Board of: _____	Phone Number: ____ . ____ . ____
Official's Signature: _____ Date: ____ / ____ / ____	
Print Name: _____	
Title: _____	

Please mail the completed form to:
Department of Business and Professional Regulation
2601 Blair Stone Road
Tallahassee, FL 32399-0783