



Washington State Department of
Health
 Veterinary Board of Governors
 Credentialing
 P.O. Box 47877
 Olympia, WA 98504-7877
 360-236-4700

Out-of-State Credential Verification

To Applicant: Complete top portion in full and forward to the state, province, or country in which you hold or have held a credential as a veterinarian. There may be a fee for this service.

Name _____ Date of birth _____
mm/dd/yyyy

Address _____ City _____ State _____ Zip Code _____

License number: _____

I authorize the release of the information asked for below to the Washington State Veterinary Board of Governors

Signature: _____ Date _____
mm/dd/yyyy

To State Board: The above individual is applying for license as a veterinarian in Washington State. To assist the Board in its review, please complete the following information and return directly to the address shown above. Thank you.

Name of License: _____

License number: _____ Issue date: _____ Expiration date: _____

Issued on the basis of: _____

Credential was issued on the basis of:

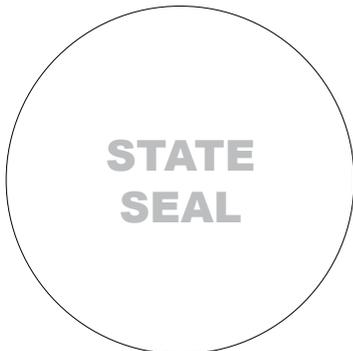
Examination in your State-National Board Examination, Clinical Competency Test, North American Veterinary Licensing Examination.

Reciprocity/Endorsement from (indicate state)

Other (explain):

Has credential ever been suspended, revoked, or subject to other disciplinary action? Yes No

If yes, Please explain: _____



Signature: _____

Title: _____

State Board: _____

Date: _____