

VERIFICATION OF CLINICAL VETERINARY MEDICINE EXPERIENCE/WAIVER OF EXAMINATION

Reference: 32 MRS §4861 (5) (E)

This page is for applicants who have taken only the NBE examination

TO BE COMPLETED BY APPLICANT:

Applicant's Name: _____

Name of Practice: _____ Phone #: _____

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 veterinary medicine for 3,000 hours during the three years immediately preceding this application.

Signature

Date

TO BE COMPLETED BY THE VETERINARIAN THAT IS ATTESTING TO THE APPLICANT'S VETERINARY WORK EXPERIENCE

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/she begin practicing veterinary medicine? _____

3. Does the applicant have at least 3,000 hours of work experience acquired within the previous three (3) years of the date of this application? ____ Yes ____ No

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

5. List the total hours of work experience: _____
(# of hours)

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

Please print your name: _____ Contact Number: _____

Signature: _____ Date: _____

Jurisdiction License Number & Expiration Date: _____