State of Florida
Department of Business and Professional Regulation
Board of Veterinary Medicine
Authorization for Interstate Exchange of Examination and Licensure Information
Form # DBPR VM10 ~~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**.*

If the applicant has been previously licensed in any of the following states AL, ID, IA, KS, LA, MD, MS, MO, NM, SD, WV, WY, or any territory or foreign jurisdiction the applicant must request Licensure Verification on that state's letterhead or on this form, VM10, from each state or foreign jurisdiction in which they currently hold or have previously held a license. Licensure in U.S. states other than those listed will be verified online by Department staff.

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*		

* The disclosure of your Social Security number is mandatory on all professional and occupational license applications, is solicited by the authority granted by 42 U.S.C. §§ 653 and 654, and will be used by the Department of Business and Professional Regulation pursuant to §§ 409.2577, 409.2598, 455.203(9), and 559.79(3), Florida Statutes, for the efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. It is also required by § 559.79(1), Florida Statutes, for determining eligibility for licensure and mandated by the authority granted by 42 U.S.C. § 405(c)(2)(C)(i), to be used by the Department of Business and Professional Regulation to identify licensees for tax administration purposes.

~~*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: State verification information to be completed by the state board.

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	
❑ Permanent ❑ Temporary ❑ Other (explain):	
LICENSE STATUS	
❑ Active/Current ❑ Inactive ❑ Void ❑ Other:	
METHOD OF LICENSURE	
❑ Examination ❑ Without Examination ❑ Grandfathering ❑ Reciprocity ❑ Endorsement	
If Endorsement, explain qualifications for endorsement:	
LICENSE DISCIPLINE **Provide explanation if any type of disciplinary action has been taken against the license.**	
❑ No Disciplinary Action ❑ Suspended ❑ Revoked ❑ Invalid ❑ 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

You must request to have your North American Veterinary Licensing Exam (NAVLE) scores or NBE and CCT scores (if applicable) transferred from the American Association of Veterinary State Boards (AAVSB) to Florida to complete this application.