

Mississippi Board of Veterinary Medicine
209 South Lafayette
Starkville, Mississippi 39759
(662) 324-9380

CERTIFICATE OF LICENSURE IN ANOTHER STATE

APPLICANT SECTION

Complete this section of this form. Mail to each state where you now hold or have ever held a license (make copies as needed).
PRINT OR TYPE this information.

NAME (Last First Middle)

Address (Street City State Zip Code)

License Number Date Issued

I hereby authorize the _____
to furnish the Mississippi Board of Veterinary Medicine any information in your files concerning me, favorable or otherwise.

Signature _____ Date _____

THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE BOARD

This is to certify that the above-named individual was issued Licensed

_____, to practice _____.

Date Issued: _____

Licensed by: () Examination Status: () Active
() Endorsement/Reciprocity () Inactive
() Lapsed
() Revoked/Suspended

Date License Expires: _____

Has this license ever been encumbered in any way? (revoked, suspended, limited, surrendered, restricted, probation, denied).

() Yes () No If yes, explain on the reverse side.

Signature _____ Date _____

Title _____ State _____

SEAL