

Oklahoma State Board of Veterinary Medical Examiners

201 N.E. 38th Terr, Suite 1
Oklahoma City, OK 73105
(405) 524-9006

VERIFICATION OF EDUCATION

- This form must be completed by an educator of the institution from which you are obtaining or have obtained your professional academic degree.
- If a copy of the diploma is available, please have it accompany this form.
- The seal of the institution must be impressed on this form or the statement at the bottom of this form must be signed by the author of this form and signature notarized.
- **ALL SIGNATURES MUST BE ORIGINAL.**
- By furnishing this form for your completion, the applicant is requesting the release of any confidential and/or disciplinary records, files or information requested by the Oklahoma State Board of Veterinary Medical Examiners.

I, _____, do hereby certify that the applicant,
Name of Educator

_____, is attending or has attended
Name of Applicant

_____ located
Name of Institute

in _____, _____ beginning ____/____/____ until the graduation
City State

date or anticipated graduation date of ____/____/____.

Was the applicant was the subject of disciplinary action while enrolled at this institution? Yes No

Institution
Seal

____/____/____
Date

Signature

Printed name of Signature

Title

Phone Number

(____)_____

.....
If the Institution seal is not available, the above signature must be notarized here:

Notary
Seal

Sworn to before me on ____ day of _____, _____. My
commission expires ____/____/____.

Notary Public _____ Comm# _____

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