

GEORGIA STATE BOARD OF VETERINARY MEDICINE

237 Coliseum Drive, Macon, Georgia 31217-3858

VERIFICATION OF EMPLOYMENT

Instructions:

- 1. Applicant: complete Section I and sign.
- 2. Submit this form to your most recent **employer(s) (Personnel Director, Human Resources Department)** who can provide verification of your practice as a Veterinarian or Veterinary Technician. Self-employed individuals still must complete a form. **Submit this completed, signed and notarized form with your application.**

Section I (To be completed by applicant)

Printed Name of Applicant: _____
Last First Middle Maiden

Applicants Address: _____
Street City State Zip Code

RELEASE: I do hereby consent to and authorize the release of any and all records and information concerning my employment as a Veterinarian or Veterinary Technician to the Georgia State Board of Veterinary Medicine. I understand this information is required as part of the application for licensure process

Signature of Applicant: _____

Applicant Phone Number(s): _____

APPLICANT – DO NOT WRITE BELOW THIS LINE:

Section II (To be completed by person verifying employment)

Instructions:

- 1. Complete Section II of this form.
- 2. Veterinary or Veterinary Technician employment must have been for compensation.
- 3. Return the signed, notarized and completed form to the applicant for submission with their application materials.

1. Name of Business: _____ Phone Number: _____

2. Physical Location of practice: _____
(City/State/Zip Code)

3. Applicant's Position/Title: _____ 4. Employment Dates: From: _____ To: _____

5. Description of Applicant's experience in facility: _____

6. Printed name and title of person verifying employment: _____
(Name) (Title)

(Signature of Individual Completing this information)

Sworn to and subscribed before me this

Signature of Employer/Person completing this form

_____ day of _____, 20____

Notary Public Signature (Notary Seal)

My commission expires: _____