

**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: \_\_\_\_\_