



Canadian Veterinary
Medical Association
Association canadienne
des médecins vétérinaires

Verification of Professional Degree in Veterinary Medicine Taught in English or French

Dean or Other University Official ONLY: Please complete in English and return by email to the NEB office at neb-bne@cvma-acmv.org

Name of Candidate: _____

NEB ID Number (if applicable): _____

It is hereby certified that the above-mentioned National Examining Board (NEB) candidate attended the school of veterinary medicine at *(Name of University)*

_____ from *(start date)* _____ to *(date of graduation)* _____.

The above-mentioned candidate **received** a diploma from this institution conferring on him/her the degree of *(degree earned)* _____.

_____ I confirm that this professional degree in veterinary medicine is taught **entirely** in English or French.
Initial

_____ I confirm that the above-mentioned candidate was enrolled in the veterinary medicine program for the **entirety** of their professional degree.
Initial

(SEAL or STAMP)

Dean or Other University Official:

Full Name: _____

Contact Email: _____

Title: _____

Date *(dd/mm/yyyy)*: _____

Signature: _____

