

## Online License Verification Instructions from Minnesota Board of Veterinary Medicine

To request license verification from Minnesota to another state, you will start by logging in with your user name and password. This is the name user name and password you use to renew your license.

<https://vet.hlb.state.mn.us/app/index.html#/Login>. If you do not have a user name and password, you will need to create one to use the online license verification system. Please contact the Board if you need assistance creating an account, otherwise click “register to access site” to make your account.

Minnesota Board of Veterinary Medicine

Home Online Services Help Log In

Login

User Name Enter User Name

Password Enter Password

Login

Register to Access Site

Forgot Password

Enter your user name and password and click “Login”

Login

User Name JohnSmithDVM

Password .....

Login

Register to Access Site

Forgot Password

This will bring you to your Profile Information screen. You may update your contact information using this screen. If you do not need to update anything, continue by clicking “Online Services” and then “License Verification” in the upper right hand corner.

Minnesota Board of Veterinary Medicine John Smith Home Online Services Your Cart Help Log out

Home

Profile View License (DVM)

Profile Information

Name John Smith

Birth Date 09/21/1957

Email Address JohnSmithDVM@yahoo.com

Website No Website on Record

Phone Numbers

Type	Number	Public	Primary
Business	612-612-0000	✓	

**New User:** Please select 'Online Services' from the drop-down menu to find the available services for you, such as online applications.

**Existing User:** To renew your license, or to continue with an existing application, click the respective tab on the left.

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<https://vet.hlb.state.mn.us/app/index.html#>

Enter your last name or license number to search for your license

## License Verification

License Search

✓ License Search

✓ Recipient Information

Last Name  License Number

1 Matches Found

Name	City	License Type	Number	
Smith, John	Minneapolis, MN	DVM	11111	<input type="button" value="Add"/>

(\*) indicates the supplied name criteria matched a historic name.  
Information classified as public under Minnesota Statutes 13.41, sub. 2 & 4.

Click the blue “add” button next to your name to add the verification to your cart. Once you have selected your name a “next” button will appear at the bottom of the screen. Click “next”

Now you will be asked to enter the recipient information (where you want the verification to be sent). Please enter the mailing address of the board where you would like the verification sent. When you are done you may click “Proceed to Checkout”. If you need to add another license verification, you may click “add to cart and continue shopping”. You will repeat the above process to add another license verification to your cart. When you are finish click “proceed to checkout”

## License Verification

License Search

✓ Recipient Information

Recipient Information

Recipient Name

Address 1

Address 2

City

State

Country

Zip

Phone #

Email

You will reach a confirmation page that shows you how many items you have in your cart for purchase

## Cart

Click 'Proceed to Payment' to submit item(s) to the payment vendor site. When successful the payment vendor site will display a 15 character confirmation number (ex. HLBH7W000012345).

**Note:** Additional services can be submitted within the same Cart. Items removed from the Cart will not be processed.

Item Description	Total
License Verification	\$25.00 
<b>Grand Total</b>	<b>\$25.00</b>

[Proceed To Payment](#)

If this is correct, click “proceed to payment”. You will be directed to a US Bank site to make your payment. Please enter your billing address and credit card information and then click “continue” when you are finished. You will be directed to a confirmation page and should receive a confirmation email from US Bank to the email address you entered on the US Bank site.



### Make a Payment

My Payment

**Board of Veterinary Medicine**

**Amount Due** \$25.00  
**Application Description** License Verification

Payment Information

**Frequency** One Time  
**Payment Amount** \$25.00  
**Payment Date** Pay now

Contact Information

**First Name**   
**Last Name**   
**Company** (Optional)   
**Address 1**   
**Address 2** (Optional)   
**City/Town**   
**State/Province/Region**   
**Zip/Postal Code**   
**Country**   
**Phone Number**   
**Email Address**

[Become a Registered User](#) 

Payment Method

**Card Number**    

**Expiration Date** Month  Year

**Card Security Code**  

**Card Billing Address**  Use my contact information address  
 Use a different address

[Continue](#) [Cancel](#)

At this time, your license verification will be processed by the Board typically within 1-2 business days. If you need to submit an additional license verification form for the Board in which you are seeking licensure, you can email or send a copy to the Board office and board staff will include the additional form with your request.