

# INSTRUCTIONS FOR COMPLETING THE APPLICATION PROCESS

## APPLICATION FOR VETERINARY LICENSURE BY ENDORSEMENT

**ALL** of the following must be submitted for an application to be considered complete:

1. Application:

- Properly completed and notarized. **APPLICANT'S SIGNATURE DATE ON PAGE FOUR MUST MATCH THE NOTARIZED DATE.**

2. Fee \$750:

- This is a **non-refundable** fee and **must be a money order, certified check, or cashier's check payable** in U.S. funds only to: AZVMEB. **DO NOT SEND PERSONAL OR BUSINESS CHECKS. WE DO NOT ACCEPT CREDIT CARDS or CASH.**

3. Photo:

- No larger than 1½" x 2" in size and taken within the preceding 6 months. Place photo in "photo box" on first page of the application.

4. Transcript (Official final) or ECFVG/PAVE Certificate of Completion:

- Applicant is required to request transcript be sent directly to this Board by the AVMA accredited veterinary college from which the applicant graduated. The transcript must indicate graduation date and degree earned. **Electronic versions are not accepted, must be hard copy. You may submit a copy if in a sealed envelope from your college.**

ECFVG/PAVE:

- Applicant will submit a copy of the ECFVG Certificate of Completion issued by the AVMA or a copy of the PAVE Certificate of Completion issued by the AAVSB.

5. LETTER OR CURRENT RÉSUMÉ:

- Typewritten information summarizing experience and qualifications.

6. VERIFICATION OF LICENSURE

Applicant is responsible to request a verification of licensure from each state or territory where currently and/or previously licensed. Each state or territory of the United States must send directly to this Board a verification of licensure to include current standing and status of any current investigation or discipline received for violation of a veterinary medical practice act. Each state's process may differ, and a fee may be assessed. Response time from other states can vary up to 6+ weeks to process and send to Arizona.

7. VERIFICATION OF EMPLOYMENT AS A VETERINARIAN IN THE U.S. OR CANADA:

Employment verification must indicate applicant has been lawfully and actively engaged in the practice of veterinary medicine for at least either three of the preceding five years or six of the preceding ten years, in one or more states in the United States or in Canada, prior to the date application is received in our office.

- Verifying letters may be submitted by an employer(s) verifying the employment timeframe(s), by indicating specific months and years of employment. If self-employed, you may submit a letter from your accountant that includes employment timeframes (specific months/years) and statement that your work was as a veterinarian.

**8. LETTER OF RECOMMENDATION PROFESSIONAL QUALIFICATIONS - FORM INCLUDED IN THIS PACKET:**

- Not required if you are a student, new graduate or if you have never held a veterinary license.
- Letter is to be completed by a veterinarian indicating the applicant's professional qualifications.

Professional letterhead may be used, in place of form. It may be faxed or emailed, see form.

**Do not submit with application.**

**9. ARIZONA STATEMENT OF CITIZENSHIP AND ALIEN STATUS FOR STATE PUBLIC BENEFITS - FORM AND INSTRUCTIONS FOR SUPPORTING DOCUMENTATION OF CITIZENSHIP INCLUDED IN THIS PACKET.**

-Attach the applicable copy of proof of citizenship or alien status. (This form does not mean you are required to reside in the state of Arizona in order to apply. **You are proving lawful presence in this country.**

-If your name on your application does not match the name on your proof of citizenship, you are required to submit a copy of legal documentation supporting your name change. Example: marriage license, divorce decree (only page granting name change), adoption, etc.  
Social Security card is NOT accepted.

**10. GOVERNMENT-ISSUED ID:**

- If your proof of citizenship or proof of lawful presence in this country, for #9 does not contain a photo, you are required to submit a government-issued photo I.D.

- Please do NOT submit a Social Security card, for any reason.

**PLEASE NOTE:**

\*Endorsement license does not require your national exam score to be transferred to our office.

\*\*If you will need to start work before this long-term license is issued, contact Board staff for information about a 30-day Temporary License.

\*\*\*OPTIONAL FEE WAIVER FOR LOW INCOME APPLICANTS: Per A.R.S. 41-1080.01, an applicant applying for an initial license whose family income does not exceed two hundred percent of the federal poverty guidelines may be eligible for a fee waiver. If you believe that you qualify for the waiver, please contact the Board office at 602-542-8166 to request the Application for Waiver of Initial Licensing Fees.

# What to expect next!

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1. Once your application is received and processed, you will receive an email, either informing you that it is complete or with a list of deficiencies.
2. If complete, we will email you with information about the State exam - AND - mail you a hard copy of the AZ statutes and Administrative Rules, which are the focus of the State exam.
3. Typically, once your application is complete, you will be EMAILED the State Exam in approximately 1-2 weeks. During COVID-related procedures, the State Exam is an "open book" exam that you will print out, complete, then email/fax/or mail back to the Board office.
  - At this time, exams are graded within approximately 1 week of submission. If you pass the State exam and the Board does not need to review your application\*, your license will be issued soon after exam results are finalized.

\*if you have disclosed criminal charges on your application and/or have a disciplinary history in another state, the Board will need to review your application prior to licensure.

**Please note:** You are not allowed to practice until you have confirmed that your license has been updated to active status. You may do this by contacting Board staff or by viewing our on-line directory, found under Licensing, on our website.



KATIE HOBBS  
GOVERNOR

# ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007  
PHONE: 602-364-1PET (1738) ♦ FAX: 602-364-1039  
VETBOARD.AZ.GOV

VICTORIA WHITMORE, EXECUTIVE DIRECTOR

## APPLICATION FOR A LICENSE TO PRACTICE VETERINARY MEDICINE AND SURGERY BY ENDORSEMENT

An individual with a disability who, as a result of the disability, requires this application to be in an alternative format may contact the Board office at (602) 364-1738, or Voice Relay Service (800) 842-4681 or TTY at (800) 367-8939 to make their needs known.

I, \_\_\_\_\_, make application to the Arizona State Veterinary Medical Examining Board for licensure in the State of Arizona pursuant to A.R.S. Title 32, Chapter 21, Article 2: Licensing, et.seq. I understand the filing of this application grants authority to the Board to obtain information from any licensing agency or board in the United States or another country; **and that** I shall make an oath as to the contents of my application and credentials submitted to the Board **and that** I acknowledge that any falsification in my application to the Board is adequate cause by the Board to deny my application; **and that** the Board may report any falsification of information to other licensing agencies and boards.

### License Application Fee(s):

Submit Endorsement Fee (\$750)  
(Enclose with application)

*All fees are non-refundable and are to be submitted by cashier's check, certified check, OR money order, ONLY.*

PLACE  
PHOTO  
HERE

### SECTION 1: PERSONAL INFORMATION

Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone \_\_\_\_\_

Fax Number \_\_\_\_\_ Email Address: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: Female Male

Are you a US Citizen? Yes No If no, what is your country of citizenship? \_\_\_\_\_

**SECTION 2: EDUCATION**

Name(s) of <u>College/University</u>	<u>Date(s) of Attendance</u>	<u>Date(s) of Graduation</u>	<u>Diploma(s) or Degree(s) Earned</u>

**NOTE** →  
*Transcripts*

You are required to have a hard copy of your official final transcript sent directly to the Board by the AVMA-accredited veterinary college from which you graduated. The transcript must show graduation date and degree earned.

**FOREIGN GRADUATES ONLY**

*Please include a copy of your Certificate of Completion from the applicable program:  
PAVE                  ECFVG*

**SECTION 3: CURRENT VETERINARY EMPLOYMENT INFORMATION**

Employer Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street
City
State
Zip

Contact Phone Number: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

**SECTION 4: LICENSES --- LIST ALL STATES IN WHICH YOU ARE OR HAVE EVER BEEN LICENSED**

State	License Number	Date License Granted	Date(s) and Status (Active, Lapsed, Inactive, Probation, etc.)

**SECTION 5: YOU ARE REQUIRED TO ANSWER ALL OF THE FOLLOWING QUESTIONS.**

**YOU MAY USE A SEPARATE SHEET OF PAPER IF NEEDED.**

1. Have you taken the NAVLE? Yes      No  
If so, please give the state selected at the time of registration and the date examination was taken.

Name of State: \_\_\_\_\_ Date Taken: \_\_\_\_\_

*By applying for an Endorsement License, you are reporting you have taken the NAVLE or equivalent, over 5 years prior to this application; therefore, please indicate whether you passed or failed the exam:      Passed      Failed*

2. Have you **ever** been arrested, charged with, convicted of or pled nolo contendere to a criminal offense, other than a minor traffic violation (DUI history must be reported), in any city, county, state, federal or tribal court, or in any other country? If yes, please provide copies of the police and court documents such as the police narrative, complaint, the pleadings and final order(s). **You must answer "yes" even if you received a pardon, the charges were dropped, the conviction was set aside, the records were expunged, or your civil rights were restored.**

Yes      No      Date of Occurrence(s) \_\_\_\_\_

3. Have you ever been denied a license by any state, or denied the privilege of taking a state examination before any State Board of Veterinary Medical Examiners?

Yes      No      If yes, please explain:

4. Has any license to practice veterinary medicine and surgery issued to you been revoked or suspended?

Yes      No      If yes, please explain:

5. Has any license to practice veterinary medicine and surgery issued to you been placed on probation, or have you ever been fined, censored, or charged with a violation of the veterinary practice act in any state in the U.S? Are you aware of any *pending* complaints, investigations or disciplinary actions regarding your veterinary license in any state?

Yes      No      If yes, please explain:

6. Are you a U.S. veteran?    \_\_\_ Yes    \_\_\_ No

7. Are you a military spouse?    \_\_\_ Yes    \_\_\_ No

**SECTION 6: AFFIDAVIT OF APPLICANT**

**Print The Applicant's Full Name:** \_\_\_\_\_ being first duly sworn upon his or her oath deposes and says all of the following: I am the person named in this application. I have read and understand the content of this application. The information contained in the application is true and correct to the best of my ability and the information submitted is without fraud, deceit or misrepresentation. I hereby authorize any past or present employer, past or present business, or professional association to release any information to the State of Arizona in connection with my application and state that a photocopy of this authorization shall have the same effect as the original. I also authorize the Arizona State Veterinary Medical Examining Board, or its successor, to release any information submitted by me, upon request, to the public or to any licensing agency, or to any other person when such request is required or permitted by Arizona Revised Statutes. I acknowledge that any falsification in my application is cause to deny my application. I authorize the Board to utilize audio recording of any application interview that is conducted of me in regard to this application.

I further affirm that I have reviewed the Arizona Revised Statutes (Title 32, Chapter 21) and the Administrative Rules that pertain to the Arizona State Veterinary Medical Examining Board.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_)

\_\_\_\_\_  
Notary Public Signature

Seal:

My Notary Commission Expires on  
\_\_\_\_\_

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Please be advised of the following pursuant to Arizona Revised Statutes (ARS) §41-1030: **A.R.S. §41-1030(B):** An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition. **A.R.S. §41-1030(D):** This section may be enforced in private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section. **A.R.S. §41-1030(E):** A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the agency's adopted personnel policy. **A.R.S. §41-1030(F):** This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

Pursuant to **Section 32-4302**, Arizona Revised Statutes, a person shall be granted an occupational or professional license or certificate if the person has been licensed or certified in another state for at least twelve months, the license or certificate is in the same discipline and at the same practice level as the license or certificate for which the person is applying in this state and the person meets other conditions prescribed by Section 32-4302, Arizona Revised Statutes. NOTICE: Pursuant to **Section 41-1093.01**, Arizona Revised Statutes, an agency shall limit all occupational regulations to regulations that are demonstrated to be necessary to specifically fulfill a public health, safety or welfare concern. Pursuant to Sections 41-1093.02 and 41-1093.03, Arizona Revised Statutes, you have the right to petition this agency to repeal or modify the occupational regulation or bring an action in a court of general jurisdiction to challenge the occupational regulation and to ensure compliance with Section 41-1093.01, Arizona Revised Statutes.

**ARIZONA STATEMENT OF CITIZENSHIP  
OR ALIEN STATUS FOR STATE PUBLIC BENEFITS**  
PROFESSIONAL LICENSE AND COMMERCIAL LICENSE  
- ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD -

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive state or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

Arizona Revised Statutes § 41-1080 requires, in general, that a person applying for a license must submit documentation to the license agency that satisfactorily demonstrates the applicant's presence in the United States is authorized under federal law.

**Directions: All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III.**

Submit this completed form and a copy of one or more document(s) from the attached "Evidence of U.S. Citizenship, U.S. National Status, or Alien Status" with your application for license or renewal. If the document you submit does not contain a photograph, you must also provide a government issued document that contains your photograph. You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.

**SECTION I - APPLICANT INFORMATION**

APPLICANT'S NAME (Print or type) \_\_\_\_\_

TYPE OF APPLICATION (Check one):            INITIAL APPLICATION            REAPPLICATION

TYPE OF LICENSE/CERTIFICATION (Check one):            D.V.M.            C.V.T.

**SECTION II - CITIZENSHIP OR NATIONAL STATUS DECLARATION**

Are you a citizen or national of the United States?            Yes            No  
If **Yes**, indicate place of birth:

City \_\_\_\_\_ State (or equivalent) \_\_\_\_\_ Country or Territory \_\_\_\_\_  
*(Indicate country, not county.)*

If you answered **Yes**,    1)    Attach a legible copy of a document from the EVIDENCE OF U.S. CITIZENSHIP, U.S. NATIONAL STATUS, OR ALIEN STATUS (Attached)

Name of document provided \_\_\_\_\_

2)    Go to Section IV.

If you answered **No**, you must complete Section III and IV.

**SECTION III - ALIEN STATUS DECLARATION (if applicable)**

To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a legible copy of a document from the EVIDENCE OF U.S. CITIZENSHIP, U.S. NATIONAL STATUS, OR ALIEN STATUS (Attached) or other document as evidence of your status.

Name of document provided \_\_\_\_\_



**Qualified Alien Status (8 U.S.C. §§ 1621(a)(1), -1641(b) and (c))**

1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA)
2. An alien who is granted asylum under Section 208 of the INA.
3. A refugee admitted to the United States under Section 207 of the INA.
4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
5. An alien whose deportation is being withheld under Section 243(h) of the INA.
6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
7. An alien who is a Cuban/Haitian entrant.
8. An alien who has, or whose child or child's parent is a "battered alien" or an alien subject to extreme cruelty in the United States.

**Nonimmigrant Status (8 U.S.C. § 1621(a)(2))**

9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C § 1101 et seq.] Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C § 1101(a)(15).

**Alien Paroled into the United States For Less Than One Year (8 U.S.C. § 1621(a)(3))**

10. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA

**Other Persons (8 U.S.C § 1621(c)(2)(A) and (C))**

11. A nonimmigrant whose visa for entry is related to employment in the United States, or
12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 et seq.];
13. A foreign national not physically present in the United States.

**Otherwise Lawfully Present**

14. A person not described in categories 1-13 who is otherwise lawfully present in the United States. **PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See 8 U.S.C. § 1621(a).**

**SECTION IV - DECLARATION**

**All applicants must complete this section.**

I declare under penalty of perjury under the laws of the state of Arizona that the answers and evidence I have given are true and correct to the best of my knowledge.

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE SIGNED**

**EVIDENCE OF U.S. CITIZENSHIP,  
U.S. NATIONAL STATUS OR ALIEN STATUS**

**You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.**

**Evidence showing authorized presence in the United State includes the following:**

1. An Arizona driver license issued after 1996 or an Arizona non-operating identification license.
2. A driver license issued by a state that verifies lawful presence in the United States.
3. A birth certificate or delayed birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time)
4. A United States certificate of birth abroad.
5. A United States passport. \*\*\*Passport must be signed\*\*\*
6. A foreign passport with a United States visa.
7. An I-94 form with a photograph.
8. A United States citizenship and immigration services employment authorization document or refugee travel document.
9. A United States certificate of naturalization.
10. A United States certificate of citizenship.
11. A tribal certificate of Indian blood.
12. A tribal or bureau of Indian affairs affidavit of birth.
13. Any other license that is issued by the federal government, any other state government, an agency of this state or a political subdivision of this state that requires proof of citizenship or lawful alien status before issuing the license.



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## ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007  
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VETBOARD.AZ.GOV

VICTORIA WHITMORE, EXECUTIVE DIRECTOR

### LETTER OF RECOMMENDATION PROFESSIONAL QUALIFICATION FORM

Please provide your input regarding the professional qualifications of the applicant. Veterinarian may use his or her own letterhead. Please **return this form to the Board office, not the applicant. Form may be faxed to (602) 364-1039 or emailed to [licensing@vetboard.az.gov](mailto:licensing@vetboard.az.gov).**

Name of Applicant: \_\_\_\_\_

Dear Arizona Veterinary Medical Examining Board:

Signature of Veterinarian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Veterinarian Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Please Print Clearly)

Address: \_\_\_\_\_  
Street City State Zip