DOUGLAS A. DUCEY,
GOVERNOR

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

9535 E. DOUBLETREE RANCH ROAD, SUITE 100, SCOTTSDALE, AZ 85258
PHONE: 602-364-1PET(1738) ♦ FAX: 602-364-1039
VETBOARD.AZ.GOV
VICTORIA WHITMORE, EXECUTIVE DIRECTOR

Dear Applicant:

Thank you for your request for an application and information regarding Arizona's veterinarian licensing and examination procedures. Licensure is available to graduates from a college of veterinary medicine accredited by the American Veterinary Medical Association (AVMA) and to applicants who hold an Educational Commission for Foreign Veterinary Graduates (ECFVG) certificate issued by the AVMA or a Program for the Assessment of Veterinary Education Equivalence (PAVE) certificate issued by the American Association of Veterinary State Boards (AAVSB).

An applicant may apply for a *Regular, Endorsement or Specialty* License. For your convenience, the requirements for each category are listed separately in this packet. A brief explanation follows:

- **Regular License:** The applicant is a graduate from a college of veterinary medicine accredited by the AVMA, or holds a certificate of completion issued by the ECFVG or PAVE. The applicant must have passed the North American Veterinary Licensing Examination (NAVLE) examination with a score of at least 425 (75%) within 5 years of application for state examination and licensure. For further requirements and instructions, please see the page titled, *"Instructions for Completing the Application Process: Application for Regular License."*

- **Endorsement License**: The applicant is a graduate from a college of veterinary medicine accredited by the AVMA, or holds a certificate of completion issued by ECFVG or PAVE and has not taken the NAVLE within the past 5 years. The applicant is currently licensed as a practicing veterinarian in another state. For further requirements and instructions, please see the page titled, *"Instructions for Completing the Application Process: Application for Licensure by Endorsement."*

- **Specialty License:** The applicant is a graduate from a college of veterinary medicine accredited by the AVMA, or holds a certificate of completion issued by ECFVG or PAVE <u>and</u> holds a current certification as a diplomate of a national specialty board or college recognized by the AVMA. Passing the NAVLE prior to or after application is not required for this type of license. NOTE: The applicant's practice will be limited to the scope of the applicant's board certification. For further requirements and instructions, please see the page titled, "*Instructions for Completing the Application Process: Application for Licensure as Specialty."*

An applicant who meets the criteria for one of the licensing categories and who wants to practice veterinary medicine while awaiting the next scheduled state examination may apply for a temporary permit. For further instructions, please see *Instructions for Completing the Application Process: Temporary Permit*."

NAVLE ONLY: An applicant who is a current student in the last year of a college of veterinary medicine accredited by the AVMA **or** a graduate of a college of veterinary medicine accredited by the AVMA **or** who is enrolled in the ECFVG or PAVE program may apply to take the NAVLE examination given twice a year. To apply to take the NAVLE and for further requirements and instructions, please visit www.nbvme.org.

When completing the Statement of Citizenship, please note that if the name on your application has changed from the name on the proof of citizenship you are submitting, you must also submit a copy of the document that legally defines the change.

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's Americans with Disability coordinator at (602) 364-1738, or Voice Relay Service (800) 842-4681 or TTY at (800) 367-8939 to make their needs known.

For your convenience, in applying for the Arizona State Examination and licensure, please follow the application process on the appropriate instruction page as indicated above. If you have questions regarding the application process, please call our Licensing Administrator (602) 542-8166.

Sincerely,

Victoria Whitmore

Victoria Whitmore
Executive Director

Douglas A. Ducey
Governor

Arizona State Veterinary Medical Examining Board

9535 E. Doubletree Ranch Road, Suite 100, Scottsdale, AZ 85258
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 REGULAR LICENSE

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) 364-1739, 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 Regular Fee ($400)
(enclose with application)

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

Please indicate exam month: _____

Are you requesting a Temporary Permit(s)? ☐ Yes ☐ No
*The permit fee of $75 is required per premise and can be combined with application fee.

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? _____

How would you prefer your name to read on your wall license? _____

SECTION 2: EDUCATION

Name(s) of College/University	Date(s) of Attendance	Date(s) of Graduation or Expected Graduation	Diploma(s) or Degree(s) Earned or to be Earned

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 date and the state through which examination was taken.

   Name of State: _____ *Date Taken:* _____

   NOTE: You must have a converted score of at least 75% and request your score report be sent directly to this Board by the AAVSB.

2. Have you ever been charged with, convicted of or pled nolo contendere to a criminal offense, other than a minor traffic violation, in any state or federal court? **If yes,** give a full explanation on a separate sheet of paper and submit a **certified** copy of Record of Conviction and Record of Disposition. You must answer "yes" even if you received a pardon, the conviction was set aside, the records were expunged, your civil rights restored and/or whether or not sentence was imposed or suspended.

   ◯ **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:

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 tape record any application interview that is conducted of me in regards 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

_____

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

DOUGLAS A. DUCEY
GOVERNOR

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

9535 E. DOUBLETREE RANCH ROAD, SUITE 100, SCOTTSDALE, AZ 85258
PHONE: 602-364-1PET (1738) ♦ FAX: 602-364-1039
VETBOARD.AZ.GOV

VICTORIA WHITMORE, EXECUTIVE DIRECTOR

MORAL CHARACTER REFERENCE FORM

The following applicant will be applying to the State of Arizona for licensure as a veterinarian. We request that you furnish us with the requested information as listed below. Please answer the questions to the best of your knowledge and ***return this form to the Board office, not the applicant***. Form may be faxed to (602) 364-1039 or emailed to kodi.calais@vetboard.az.gov. ***This form is to be completed by persons not related to the applicant.*** If necessary, you may use a second sheet.

Name of Applicant: _____ **Maiden Name:** _____

1. How long have you known the applicant? _____ (*Must be a minimum of 3 years.*)
2. Is the applicant or any member of his/her family related to you in any way? ☐ **Yes** ☐ **No**
   If yes, please explain: _____
3. Through what context do you know the applicant (work, neighbor, etc.)? _____
4. To your knowledge, has the applicant ever been convicted of a felony, an undesignated offense or cruelty to animals? ☐ **Yes** ☐ **No**
   If yes, please explain:
5. To your knowledge, has the applicant ever failed to be trustworthy in relation to his/her responsibilities? ☐ **Yes** ☐ **No**
   If yes, please explain:
6. Do you know of any unfavorable incident(s) in the life of the applicant at school, college, business, or otherwise that may have a bearing upon the character or fitness (moral or otherwise) to perform professional duties not covered by questions contained in this questionnaire or disclosed in your answers? ☐ **Yes** ☐ **No**
   If yes, please explain:

Print Your Name: _____ Phone: _____
(**Please Print Clearly**)

Address: _____
Street City State Zip

Your Signature: _____ Date: _____

Douglas A. Ducey
Governor

Arizona State Veterinary Medical Examining Board

9535 E. Doubletree Ranch Road, Suite 100, Scottsdale, AZ 85258
Phone: 602-364-1738 ♦ Fax: 602-364-1039
vetboard.az.gov

Victoria Whitmore, Executive Director

MORAL CHARACTER LETTER OF RECOMMENDATION
PROFESSIONAL QUALIFICATION FORM

Please provide your input regarding the moral character and 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 kodi.calais@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

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
9535 E. Doubletree Ranch Road, Suite 100, Scottsdale, AZ 85258
Phone: 602-364-1PET (1738) Fax: 602-364-1039

VERIFICATION OF LICENSURE

APPLICANT AUTHORIZATION:

Name: _____ License Number: _____

Address: _____
Street City State Zip

I authorize the Veterinary Medical Board of _____ (State) to release the information below to the Arizona State Veterinary Medical Examining Board.

Applicant's Signature_____
Date

BOARD VERIFICATION:

Board Address:_____
Street City State Zip

Board Phone: _____ Board Fax: _____

Veterinarian's License Number: _____

Date License Issued: _____Expiration Date: _____

Current License Status: (Active, Inactive, Lapsed, etc.): _____

Disciplinary Action: ○ No ○ Yes

Current Disciplinary Action: ○ No ○ Yes

Pending Disciplinary Action: ○ No ○ Yes

If "yes" to any disciplinary action, please attach a certified copy of the Findings of Fact, Conclusions of Law, and Final Order, or the charges of a pending case.

Name of Board Official: _____
Please Print

Signature of Board Official: _____

Title of Board Official: _____ Date of Signature _____

Official Board Seal:

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

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.

INSTRUCTIONS FOR COMPLETING THE APPLICATION PROCESS

APPLICATION FOR "REGULAR" VETERINARY LICENSE

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 $400:*

- This is a **non-refundable** fee and **must be a money order, certified check or cashier's check payable** in US 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.**

- If applicant is a *graduating/current student* at the time of application, a letter from the dean of the veterinary program must be sent directly to this Board stating projected graduation date and good standing. Graduation date must be within 45 days following the exam. Transcript should be received within 60 days of graduation.

- If applicant is a *recent graduate* at the time of application, a letter from the Dean stating graduation information and a copy of the diploma is acceptable until the final official transcript is available. Transcript should be received within 60 days of graduation.

ECFVG/PAVE: Applicant *currently enrolled in ECFVG will submit a program status report* from the AVMA and for PAVE a status report from the AAVSB.

- Upon completion of both programs, 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.** *MORAL CHARACTER REFERENCE FORM - FORM INCLUDED IN THIS PACKET:*

- Three completed forms from persons not related to applicant and who have known applicant a minimum of three years. Not required to be completed by a veterinarian.

- These individuals are not the same as in requirement #9 and they can only submit one of the two forms.

- Each of the three completed forms is to be sent directly to this Board by the individual completing it. It may be faxed or email, see form. **Do not submit with application.**

☐ **7.** *NAVLE SCORE REPORT:*

- Exam was taken within the preceding five years of this application, with a passing score of at least 75%.

- Applicant is required to request a score transfer directly from the American Association of Veterinary State Boards (AAVSB) to be sent to this office. Contact the AAVSB at (816) 931-1504 or toll free at (877) 689-8482.

☐ **8.** *VERIFICATION OF LICENSURE – FORM INCLUDED IN THIS PACKET:*

- Required only if applicant is or was a licensed veterinarian in another state.

- Applicant is responsible to request verification of licensure from each state or territory, where currently 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 can vary up to six (6) weeks to process.

☐ **9.** *MORAL CHARACTER 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 or colleague indicating applicant's professional qualifications and character.

- This individual is not the same as in requirement #6 and can only submit one of the two forms.

- Professional letterhead may be used, in place of form.

☐ **10**. *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. (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 Cards are not accepted.

☐ **11.** *GOVERNMENT ISSUED ID:*

- If your proof of citizenship or proof of lawful presence in this country, for #10 does not contain a photo you are required to submit a government issued photo I.D.

- Please do not submit Social Security cards, for any reason.

**To apply for a Temporary Permit, please see "*Instructions and Forms for Temporary Permit*." This information can be found in the same section as this application, on our website under the "Forms" tab.

What to expect next!

1. Once your application is received and processed, you will receive a letter, either informing you that it is complete or with a list of deficiencies.

2. If complete, your name is placed on the agenda for Board approval to sit for the exam your deadline corresponds to. The letter you will receive will outline the information needed for the day of the exam. You will also receive a copy of our rules and statutes.

3. Once the exam is taken and passed, the Board approves you for licensure at the Board meeting following the exam for that month.

- By applying for a Regular license, your license becomes active once the license issuance fee is received in our office. If in an even-numbered year, the fee is $100 and in an odd-numbered-year the fee is $200.
- If you are a student or a recent graduate, proof of graduation is required before your license can become active. A copy of your diploma, if available before your final transcript, will be accepted as proof of graduation. If you do submit a copy of your diploma, your final transcript is still expected within 60 days from taking the exam.
- If you are in the ECFVG or PAVE program, a certificate of completion is required before your license can become active.
- You will receive a wall license approximately 60 to 90 days from becoming licensed.

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 the directory located on our website.

EXAMINATION DATES AND DEADLINES

IT IS RECOMMENDED YOU SUBMIT YOUR APPLICATION AT LEAST 2 WEEKS PRIOR TO THE DEADLINE, IN ORDER TO HAVE A BETTER CHANCE OF COMPLETION BY THAT DEADLINE. COMPLETION IS DETERMINED BY THE BOARD.

According to Administrative Rule:

A.A.C. R3-11-201. Application for a Veterinary Medical License

B. If an applicant has passed the North American Veterinary Licensing Examination and is required to take only the state examination, the applicant shall submit the application packet required under subsection (A) no later than 30 days before the date the applicant intends to take the state examination.

State Veterinarian Examination Dates and Application Deadlines

Exam Date	Application Deadline
01/08/2016	12/09/2015
02/12/2016	01/13/2016
03/11/2016	02/10/2016
04/08/2016	03/09/2016
05/13/2016	04/13/2016
06/10/2016	05/11/2016
07/08/2016	06/08/2016
08/12/2016	07/13/2016
09/09/2016	08/10/2016
10/14/2016	09/14/2016
11/04/2016	10/05/2016
12/09/2016	11/09/2016

Rev 12/15