

# INSTRUCTIONS FOR COMPLETING THE APPLICATION PROCESS

## APPLICATION FOR VETERINARY STATE EMPLOYEE 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 \$5- Even-numbered year OR \$10-Odd-numbered year:

- Payable as **money order, certified check, cashier's check or State agency's account transfer. WE DO NOT ACCEPT CREDIT CARDS, PERSONAL OR BUSINESS CHECKS.**

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 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 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 emailed, see form. **Do not submit with application.**

**7. NAVLE SCORE REPORT:**

- If this 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 Veterinary State Boards (AAVSB) to be sent to this office. Contact the AAVSB at [aavsb.org](http://aavsb.org)
- If you registered through Arizona when you took the NAVLE, **do not request it again.** Your score report was previously sent to our office.

**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 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. It may be faxed or emailed, see form. **Do not submit with application.**

**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.

## APPLICATION 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.**

### **Date To Be Licensed and Application Deadline**

#### **License Date**

#### **Application Deadline**

01/16/2019	12/05/2018
02/20/2019	01/09/2019
03/20/2019	02/06/2019
04/17/2019	03/12/2019
05/15/2019	04/10/2019
06/19/2019	05/08/2019
07/17/2019	06/11/2019
08/21/2019	07/10/2019
09/18/2019	08/07/2019
10/16/2019	09/11/2019
11/20/2019	10/09/2019
12/11/2019	11/06/2019

# What to expect next!

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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 at the following Board meeting.
3. Once the Board approves your license, it will be updated to active status and you will receive a license in the mail.

**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.



DOUGLAS A. DUCEY  
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 FOR STATE EMPLOYEE

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 State Employee Fee (\$5 even/\$10 odd numbered year)  
(enclose with application)

*All fees are non-refundable and are payable by cashier's check, money order or a funds transfer from State employer's account to this Board. Credit cards are not accepted.*



State Employer Agency: \_\_\_\_\_

Employer Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

## 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**

<u>Name(s) of College/University</u>	<u>Date(s) of Attendance</u>	<u>Date(s) of Graduation or Expected Graduation</u>	<u>Diploma(s) or Degree(s) Earned or to be 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:* \_\_\_\_\_

**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.

If you have taken the NAVLE or equivalent, over 5 years prior to this application, please transcribe your score. *Score:* \_\_\_\_\_

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" been 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:

**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 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  
\_\_\_\_\_

\_\_\_\_\_  
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





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### 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 or emailed to [kodi.calais@vetboard.az.gov](mailto: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 of paper.

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

- How long have you known the applicant? \_\_\_\_\_ (Must be a minimum of 3 years.)
- Is the applicant or any member of his/her family related to you in any way? **Yes** **No**  
If yes, please explain: \_\_\_\_\_
- Through what context do you know the applicant (work, neighbor, etc.)? \_\_\_\_\_
- 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: \_\_\_\_\_
- To your knowledge, has the applicant ever failed to be trustworthy in relation to his/her responsibilities? **Yes** **No**  
If yes, please explain: \_\_\_\_\_
- 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: \_\_\_\_\_



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### 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 or emailed to [kodi.calais@vetboard.az.gov](mailto:kodi.calais@vetboard.az.gov).

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

Dear Veterinary Medical Examining Board:

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

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

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



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**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 (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.