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
www.vetboard.az.gov

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 and 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

INSTRUCTIONS FOR COMPLETING THE APPLICATION PROCESS

APPLICATION FOR LICENSURE BY ENDORSEMENT

The following must be submitted:

1. Properly completed and notarized application.
   APPLICANT SIGNATURE DATE AND NOTARIZED DATE MUST MATCH.

2. A non-refundable application and license issuance fee of $750. **Must be a money order or certified check payable in** US funds only to: AZVMEB. **DO NOT SEND PERSONAL OR BUSINESS CHECKS. WE DO NOT ACCEPT CREDIT CARDS.**

3. A passport type photo of the applicant (no larger than 1½ x 2 inches in size) taken during the preceding 6 months.

4. Official final transcript sent directly to this Board by the AVMA accredited veterinary college from which applicant graduated. The transcript must show graduation date and degree earned.

5. If applicant is a foreign graduate, submit a copy directly to this Board of the ECFVG Certificate of Completion issued by the AVMA or a copy of the PAVE Certificate of Completion issued by the AAVSB.

6. A typewritten letter or current résumé summarizing experience and qualifications.

7. *MORAL CHARACTER REFERENCE FORM* - FORM INCLUDED IN THIS PACKET: Three forms of moral character reference from persons not related to applicant and who have known applicant a minimum of three (3) years. Does not need to be completed by a veterinarian. These 3 individuals are separate from: 10. *MORAL CHARACTER LETTER OF RECOMMENDATION PROFESSIONAL QUALIFICATIONS.*

8. *VERIFICATION of LICENSURE* - FORM INCLUDED IN THIS PACKET: Each state or territory of the United States in which you are or ever have been licensed 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. **Applicant** is responsible to request verification of licensure from each state or territory, where currently or previously licensed. Each state's process may differ, and a fee may be assessed. Response time can vary up to six (6) weeks to process.

9. Verification of Employment as a veterinarian for at least three of the preceding five years or six of the preceding ten years in one or more states or Canada before filing an application for licensure in this state. Examples: A letter from employer(s) indicating employment time frames to fit requirement. If self-employed, then a letter from your CPA or accountant verifying employment time frames to fit requirement.

10. *MORAL CHARACTER LETTER OF RECOMMENDATION PROFESSIONAL QUALIFICATIONS* FORM INCLUDED IN THIS PACKET: A letter to be sent directly to this Board from a veterinarian or colleague indicating applicant's professional qualifications and character. Cannot be from one of the three (3) individuals who submit the Moral Character Reference Form. This form may be used or the author of the letter may use his or her own letterhead.

11. Arizona Statement of Citizenship and Alien Status for State Public Benefits – Form included in this packet. Attach the applicable copy of proof of citizenship.

    A. In addition to proof of citizenship documentation, a government issued photo I.D. is required, if proof of citizenship submitted is in the form of a birth certificate. If proof of citizenship is in the form of a document containing a photo, i.e. passport, permanent resident card, etc., an additional photo I.D. is not required.

12. To apply for a Temporary Permit, please download "*Instructions and Forms for Temporary Permit*".

EXAMINATION DATES AND DEADLINES

IT IS RECOMMENDED YOU SUBMIT YOUR APPLICATION AT LEAST 1-2 WEEKS PRIOR TO DEADLINE IN ORDER TO ENSURE COMPLETION BY THAT DEADLINE

Per R3-11-201: Application for a Veterinary Medical License:

- If you have passed the North American Veterinary Licensing Examination (NAVLE) and are required to take *only* the State Examination, submit your application no later than 30 days before the date you intend to take the State Examination. Applications must be complete by deadline.

State Veterinarian Examination Dates and Application Deadlines

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

EXAMPLE: The deadline for Requesting a Temporary Permit: If you need a Temporary Permit for September 1st, you would need to have your application complete 30 days prior to the exam and Temporary Permit documents to our office no later than one week prior to the Board meeting in August.

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APPLICATION FOR A LICENSE TO PRACTICE VETERINARY MEDICINE AND SURGERY

All fees are non-refundable and are to be submitted by money order or cashier's check payable in U.S. dollars.

Alternative Format for Submitting Application

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.

I, _____, make application to the Arizona State Veterinary Medical Examining Board for licensure in the State of Arizona by examination pursuant to A.R.S. 32-2213 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.

Select the license type you are applying for:

_____ Regular ($400)

_____ Endorsement ($750)

_____ Specialty ($750)

_____ State Employee ($5 even numbered year/ $10 odd numbered year)

Please indicate exam Month? _____

Are you requesting a Temporary Permit: Yes No

Section 1: PERSONAL INFORMATION

Name: _____ **Maiden Name:** _____

Mailing Address: _____
Street

_____
City County State Zip

Home Phone: (____) _____ **Cell phone:** (____) _____ **Fax Number** (____) _____

SSN: _____ **Date of Birth:** _____ **Gender:** _____ Female _____ Male

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

Email Address: _____

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

Section 3: CURRENT EMPLOYMENT INFORMATION

Complete if applicable.

Business Name: _____

Business Address: _____

Street City State Zip

Phone Number: (____) _____

Section 4: Employment

If you have been employed as a veterinarian or a veterinary technician during the last 5 years, please list employment in chronological order. If necessary, you may use an additional sheet of paper.

Name of Employer	Address	Position	Dates of Employment

Section 5: Licenses: List all states in which you are or ever have been licensed.

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

Section 6: **You are required to answer all of the following questions. You may use a separate sheet of paper if necessary.**

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: If you have taken the NAVLE within the last 5 years, your score must be sent directly to this Board by AAVSB. Score transfer is NOT REQUIRED, for an application for Licensure by Endorsement or Specialty.

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.
   Date of Occurrence(s) _____ ☐ **Yes** ☐ **No**

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? If yes, please explain: ☐ **Yes** ☐ **No**

   _____

   _____

   _____

4. Has any license to practice veterinary medicine and surgery issued to you been revoked or suspended? If yes, please explain: ☐**Yes** ☐**No**

   _____

   _____

   _____

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? If yes, please explain: ☐ **Yes** ☐ **No**

   _____

   _____

   _____

Section 7: **Foreign Graduates**

1. Are you currently enrolled in either the ECFVG or PAVE program? ☐ **Yes** ☐ **No**
   If Yes, Indicate Program: ECFVG _____ PAVE _____

   NOTE: If enrolled, a letter verifying your enrollment must be sent to this Board directly from AAVSB or AVMA.

2. Have you received a certificate of completion from the ECFVG program or the PAVE program? ☐ **Yes** ☐ **No**
   If yes, please include a copy of the Certificate of Completion with this application.

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.

Signature of Applicant: _____ Date: _____

Subscribed and sworn to before me this _____day of _____, 20 _____

STATE OF _____)

COUNTY OF _____)

_____
Notary Public Signature

My Notary Commission Expires on

_____

Seal:

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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. Form may be faxed or emailed to kodi.calais@vetboard.az.gov Note: ***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:** _____

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: _____

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MORAL CHARACTER LETTER OF RECOMMENDATION
PROFESSIONAL QUALIFICATION FORM

Please provide your input regarding the moral character and professional qualification of the applicant. Veterinarian may use his or her own letterhead. Please return to the Board office. Form may be faxed or emailed to kodi.calais@vetboard.az.gov

Name of Applicant: _____

Dear Veterinary Medical Examining Board:

Signature of Veterinarian: _____ Phone: _____ Date: _____

Print Veterinarian Name: _____
(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) ☐ DVM
☐ CVT

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_____

If you answered **Yes**, 1) Attach a legible copy of a document from List A (attached)
Name of document _____
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 List B (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	TODAY'S DATE

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.