

OHIO VETERINARY MEDICAL LICENSING BOARD

-APPLICATION FOR VETERINARY LICENSE BY EXAMINATION-

| | | | |
|--|--------------------------|-----------------------|--------|
| FOR OFFICE USE ONLY: | # Payment Received | \$ | Amount |
| | # Payment Received | \$ | Amount |
| <input type="checkbox"/> Photograph Attached | Score | Date | State |
| <input type="checkbox"/> Transcript and Diploma | NAVLE: _____ | ____/____/____ | _____ |
| <input type="checkbox"/> Letter from the Dean | ECFVG: Steps Completed - | 1 | 2 |
| <input type="checkbox"/> 3 Reference Letters | | 3 | 4 |
| <input type="checkbox"/> Certificate(s) of Licensure (if applicable) | License #: | Effective Date: _____ | |
| <input type="checkbox"/> Criminal Background Results (BCI & FBI) | | | |

Application for:

Licensure by Examination

Application Fees are Non-Refundable

*Initial licensure fees need to be in the form of a money order or cashier's check (personal checks will not be accepted).

1. Full Name: _____

Last

First

Middle

2. Home Address: _____

Street

PO Box

Apt.

City/State/Zip

County

Home Phone: _____

Business Address: _____

Facility

Street

PO Box

City/State/Zip

County

Business Phone: _____

Permanent Address: *(This will be the address used for all future correspondence from the Board. It may be the same as the home or business.)*

Facility

Street

PO Box

City/State/Zip

County

3. Social Security #: _____

4. Name as you would like it to appear on license:

First Middle Last

5. Have you ever used another name? If so, explain:

6. Give the date and place of your birth:

Date City State Country

7. Name, location of school and date you first began the study of veterinary medicine:

8. Give your date of graduation and degree awarded:

9. List your previous places of residence:

Street City State Zip Time Period

Street City State Zip Time Period

Street City State Zip Time Period

10. Names, dates, and places of employment for the past five years:

Employer City State Time Period

Employer City State Time Period

Employer City State Time Period

11. Are you now, or have you ever been licensed to practice veterinary medicine in another state or country? If so, give particulars:

12. Have you had your license to practice veterinary medicine reprimanded, suspended or revoked? Have you ever been refused the right to be examined, or refused a license to practice veterinary medicine? _____. If the answer is "Yes," give complete details supported by official records.
13. Have you ever been convicted of, or entered a plea of "no contest" to any felony? _____.
14. Have you ever been convicted of, or entered a plea of "no contest" to any misdemeanor offense involving alcohol, habit forming drugs, or controlled substances? _____.
15. Have you ever voluntarily surrendered or retired a veterinary medical license? _____.

If "Yes" to questions 12 through 15, attach a letter of explanation and supporting documentation from the appropriate licensing board or court.

16. Have you ever served in the United States armed forces? _____.

If yes, please give dates: _____

Were separations from such services honorable? _____. If not, explain fully: _____

17. Have you ever applied for and received a temporary permit to practice veterinary medicine in the state of Ohio? _____. If so, when: _____

18. You must meet the following requirements to receive an Ohio License by Examination:

- A.) You must be a graduate from an AVMA approved college or have completed the ECFVG program. An official copy of your transcript must be forwarded to the Ohio Board from the veterinary college granting your degree. If you are a foreign veterinary graduate, a copy of your ECFVG program certificate completion (Steps 1, 2, 3 & 4) must be forwarded to the Ohio Board directly from the AVMA.
- B.) Three letters of personal reference must be submitted to the Ohio Board. These letters should comment on your moral character from any adult who has known you for at least one year, but is not a member of your family.
- C.) Applicants who have held or currently hold a license to practice veterinary medicine in any other state or country must have the veterinary board of each and every state or province submit directly to the Ohio Board a certification of license.
- D.) You must pass the North American Veterinary Licensing Exam (NAVLE) and have your passing scores transferred to the Ohio Board.
- E.) You must complete both an Ohio criminal background check and an FBI criminal background check, conducted by the Bureau of Criminal Identification and Investigation (BCI&I). The results must be forwarded to the Ohio Board directly from BCI&I.
- F.) Submit a fee in the form of a cashier's check or money order made payable to the Ohio Veterinary Medical Licensing Board: on or after March 1 of even numbered years = \$375.00; of odd numbered years = \$250.00. You must include your full name on your check or money order to avoid having your application returned to you. Do NOT send cash or credit card information.

_____, being duly sworn, says: I have read the foregoing questions and have answered them fully and frankly. The answers are complete and are true of my own knowledge.

Applicant's Signature

SUBSCRIBED AND SWORN TO before me, this _____ day of _____, 20_____

Printed name of Notary

Notary Public, _____
Signature

County, _____

**Write full name on
back of picture and
attach here.**

Return this application to:

**Ohio Veterinary Medical Licensing Board
77 S. High Street, 16th Floor
Columbus, OH 43215-6108**