

OHIO VETERINARY MEDICAL LICENSING BOARD -APPLICATION FOR VETERINARY LICENSE BY EXAMINATION-

FOR OFFICE USE ONLY: _____ # Payment Received \$ _____ Amount

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_____ Photograph Attached	Score	Date	State
_____ Transcript	NAVLE: _____	_____/_____/_____	_____
_____ Letter from the Dean	ECFVG: _____	Steps Completed - 1 2 3 4	
_____ 3 Reference Letters	License #: _____ Effective Date: _____		
_____ Criminal Background Results (BCI & FBI)			

You must submit all requirements detailed on page three with the exception of the background checks with your application.

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. (even year = \$375.00; odd year = \$250.00)
Please keep a record of this payment the Ohio Board does NOT provide a receipt of payment.

1. Full Name: _____
Last
First
Middle

2. Home Address: _____
Street
PO Box
Apt.

City/State/Zip
County

Home Phone: _____ Email: _____

Business Address: _____
Facility

Street
PO Box

City/State/Zip
County

Business Phone: _____

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

First
Middle
Last

4. Social Security Number*: _____

*Your social security number is required by state law and federal law for purposes of child support enforcement (ORC 3123.50, 42 U.S.C. Section 666), reporting to the Federal Healthcare Integrity and Protection Data Bank (42 U.S.C. Sections 1320a-7e(b), 5 U.S.C. Section 552a, and 45 C.F.R. pt. 61). It may also be used for reporting to law enforcement authorities for investigative/law enforcement purposes in compliance with ORC 4741.22 reporting to the American Association of Veterinary State Boards for state board investigative purposes, and/or as otherwise required by state and federal law.

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

6. Give the date and place of your birth:

Date	City	State	Country
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7. Citizenship**:

- United States
- Alien lawfully admitted for permanent residency in the United States (attach copy of alien registration card)
- Other non-immigrant status (attach copy of documentation)
- I am a foreign national not living in the United States

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

9. Give your date of graduation and degree awarded:

10. Give the date and location where you took the North American Veterinary Licensing Examination (NAVLE):

Month / Year	State
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11. List your previous places of residence:

Street	City	State	Zip	Time Period
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Street	City	State	Zip	Time Period
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12. Names, dates, and places of employment for the past five years:

Employer	City	State	Time Period
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Employer	City	State	Time Period
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Employer	City	State	Time Period
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13. Are you now, or have you ever been licensed to practice veterinary medicine in another state or country? If so, list each state or country you have ever been licensed in or are currently licensed:

14. 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.

15. Have you ever been convicted of, or entered a plea of "no contest" to any felony? _____.

**If you are living in the United States, Federal Law [8 USCS 1621] [PRWORA], limits the issuance of professional licenses to U.S. citizens or aliens lawfully admitted to the U.S.

16. 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? _____.

17. Have you ever voluntarily surrendered or retired a veterinary medical license? _____.

If “Yes” to questions 14 through 17, attach a letter of explanation and supporting documentation from the appropriate licensing board or court.

18. 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: _____

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

20. **You must meet the following requirements to receive an Ohio License by Examination. If you do not meet the following requirements within six (6) months of the Board receiving your application, your application will be considered incomplete and returned to you. Please note: your application fee still remains non-refundable. You will be required to resubmit your application and application fee once you have met all requirements.**

The Following must be submitted with this completed application:

- 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 submitted to the Ohio Board with your application in a sealed envelope 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 submitted to the Ohio Board.
- 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) You must pass the North American Veterinary Licensing Exam (NAVLE) and have your passing scores transferred to the Ohio Board.
- D) Submit a fee in the form of a cashier’s check or money order made payable to the Ohio Veterinary Medical Licensing Board: even numbered years = \$375.00; 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. **Please keep a record of this payment the Ohio Board does NOT provide a receipt of payment.**

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- A) You must complete both an Ohio criminal background check and an FBI criminal background check, conducted by the Bureau of Criminal Investigation (BCI). The results must be forwarded to the Ohio Board **directly from BCI.**
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Applicant Certification:

I certify that the information contained on this application is true and accurate. Any applicant who makes a false statement(s) on the application is guilty of a misdemeanor of the first degree under Section 2921.13 of the Revised Code.

Applicant's Signature

**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**