

# OHIO VETERINARY MEDICAL LICENSING BOARD

## -APPLICATION FOR VETERINARY LICENSE BY RECIPROCITY-

**FOR OFFICE USE ONLY:** \_\_\_\_\_ # Payment Received \$ \_\_\_\_\_ Amount

\_\_\_\_\_ # Payment Received \$ \_\_\_\_\_ Amount

\_\_\_\_\_ Photograph Attached

\_\_\_\_\_ Certification(s) of Licensure

ECFVG or PAVE: Steps Completed – 1 2 3 4

\_\_\_\_\_ Transcript

\_\_\_\_\_ Criminal Background Results (BCI & FBI)

License # \_\_\_\_\_ Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Application for:

Licensure by Reciprocity = State \_\_\_\_\_

**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 = \$425.00; odd year = \$300.00)  
**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 / Apt.

\_\_\_\_\_

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

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. Date, name and location of school where you graduated in veterinary medicine:

---

9. List your previous places of residence:

Street	City	State	Zip	Time Period
Street	City	State	Zip	Time Period

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

	City	State	Time Period	Employer
	City	State	Time Period	Employer
	City	State	Time Period	Employer

11. List each state or country you have ever been licensed in or are currently licensed:

---

12. Have you had any professional license reprimanded, suspended or revoked? Have you ever been refused the right to be examined, or refused a professional license? \_\_\_\_\_. 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 any professional license? \_\_\_\_\_.

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

\*\*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 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 or any license to practice veterinary medicine in the state of Ohio? \_\_\_\_\_. If so, when: \_\_\_\_\_

18. **The Board may issue a Licensure by Reciprocity without the examination requirement to an applicant from another state or country if all of the following requirements are met. 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.**

**You must submit all requirements with the exception of the background checks with your application.**

**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 or PAVE 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 or PAVE program certificate completion (Steps 1, 2, 3 & 4) must be submitted to the Ohio Board.
- B) You must hold a valid, current, unencumbered license from another state. You must have the veterinary board of each and every state or province that you have been licensed in provide you with certification of licensure. The certification of licensure must be submitted with your application in the sealed envelope from the veterinary board in which it was received.
- C) You must notify the Ohio Board if you are under investigation for an act that constitutes a violation of Chapter 4741 of the Ohio Revised Code.
- 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 = \$425.00; odd numbered years = \$300.00. 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.**

- 
- 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.**
-

**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, 16<sup>th</sup> Floor  
Columbus, OH 43215-6108**