



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

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

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6. Give the date and place of your birth:

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

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8. Give your date of graduation and degree awarded:

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9. List your previous places of residence:

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

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

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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 Limited or Limited Resident License:

A.) A letter must be sent directly to the Ohio Board from the accredited veterinary college, program of veterinary technology or governmental laboratory indicating your employment or internship status.

B.) 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 the BCI&I.

C.) Submit a fee in the form of a cashier’s check or money order made payable to the Ohio Veterinary Medical Licensing Board. 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.

- \$155.00: Limited License – able to practice veterinary medicine as an instructor, researcher, or diagnostician.
- \$35.00: Limited Resident License – able to practice veterinary medicine as an intern, resident in a veterinary specialty, or graduate student.

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