

OHIO VETERINARY MEDICAL LICENSING BOARD -APPLICATION FOR VETERINARY LIMITED LICENSE-

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

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- _____ Photograph Attached
- _____ Letter from Veterinary College or Governmental Lab
- _____ Criminal Background Results (BCI & FBI)

License # _____ Effective Date: ____/____/____

Application for:

Limited License or Limited Resident License

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.
(Limited License = \$155.00; Limited Resident = \$35.00)

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
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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. 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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11. 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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12. 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:

13. 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.

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

15. 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? _____.

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

If "Yes" to questions 13 through 16, 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.

17. 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: _____

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

19. **You must meet the following requirements to receive an Ohio Limited or Limited Resident License. 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.

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

B.) 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. **Please keep a record of this payment the Ohio Board does NOT provide a receipt of payment.**

- \$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.

A.) 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.**

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**