

**OHIO VETERINARY MEDICAL LICENSING BOARD
-APPLICATION FOR PROVISIONAL GRADUATE LICENSE-**

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

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- _____ Photograph Attached
- _____ Letter from an Ohio Licensed Veterinarian
- _____ Criminal Background Results (BCI & FBI)

Provisional License # _____ Effective Date: ____/____/____ Expiration Date: ____/____/____

Application for:

Provisional Graduation 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).

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 / Apt.

_____ City / State / Zip

_____ County

3. Social Security #: _____

614/644-5281 phone
614/644-9038 fax

77 S. High St., 16th Floor
Columbus, OH 43215-6108

Webpage: www.ovmlb.ohio.gov
Email: info@ovmlb.state.oh.us

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

5. Give the date and place of your birth:

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

7. Give your date of graduation and degree awarded:

8. List your previous places of residence:

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

9. 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

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

11. 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.

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

13. 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? _____.

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

If "Yes" to questions 11 through 14, attach a letter of explanation and supporting documentation from the appropriate licensing board or court.

15. 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: _____

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

17. The Board may issue a Provisional Graduate License to an applicant who has graduated from an AVMA approved college and is waiting to take the North American Veterinary License Examination (NAVLE) for the first time and if all of the following requirements are met:

- A.) The Ohio Board must receive directly from the college/university an official copy of your transcript with the appropriate college seal and a photocopy of your diploma.
- B.) A letter of recommendation must be sent directly to the Ohio Board from an Ohio licensed veterinarian who will be directly supervising and responsible for you.
- C.) 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.
- D.) Submit a \$35.00 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 the 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**