

# OHIO VETERINARY MEDICAL LICENSING BOARD -APPLICATION FOR VETERINARY TEMPORARY PERMIT-

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

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- \_\_\_\_\_ Photograph Attached
- \_\_\_\_\_ Letter from an Ohio Licensed Veterinarian
- \_\_\_\_\_ Certificate(s) of Licensure
- \_\_\_\_\_ Criminal Background Results (BCI & FBI)

Temporary Permit # \_\_\_\_\_ Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Application for:**

Temporary Permit

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

Webpage: [www.ovmlb.ohio.gov](http://www.ovmlb.ohio.gov)  
Email: [info@ovmlb.state.oh.us](mailto:info@ovmlb.state.oh.us)

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

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5. Give the date and place of your birth:

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Date	City	State	Country
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6. Name, location of school where you graduated in veterinary medicine:

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7. Give your date of graduation and degree awarded:

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8. 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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9. 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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10. 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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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 Temporary Permit without the examination requirement to a veterinarian holding a license not revoked, suspended, or expired in another state and if all of the following requirements are met:

A.) A letter must be sent directly to the Ohio Board from an Ohio licensed veterinarian stating the facility or veterinary practice where you will be practicing.

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, submit directly to the Ohio Board a certification of license.

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 BCI&I.

D.) Submit a \$100.00 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.

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\_\_\_\_\_, 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**