

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: ____/____/____

You must submit all requirements detailed on page three with the exception of the background checks with your application.

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. (\$100.00)

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. 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.

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. 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

7. Name, location of school where you graduated in veterinary medicine:

8. Give your date of graduation and degree awarded:

9. 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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10. 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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11. List each state or country you have ever been licensed in or are currently licensed:

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.

**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 other license to practice veterinary medicine in the state of Ohio? _____. If so, when: _____

18. **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. 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 is non-refundable. You will be required to resubmit your application and application fee once you have met all requirements.**

The Following must be submitted with this completed application:

A.) A letter must be sent 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 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.) 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. **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, 16th Floor
Columbus, OH 43215-6108**