

# OHIO VETERINARY MEDICAL LICENSING BOARD

## -APPLICATION FOR VETERINARY LICENSE-

|                              |                            |                |                            |
|------------------------------|----------------------------|----------------|----------------------------|
| <b>FOR OFFICE USE ONLY:</b>  | # Payment Received         | \$             | Amount                     |
| _____                        | _____                      | _____          | _____                      |
| _____                        | _____                      | _____          | _____                      |
| _____ 3 Reference Letters    | Scores:                    | Date:          | State:                     |
| _____ Photograph attached    | NBE _____                  | ____/____/____ | _____                      |
| _____ Transcript and Diploma | CCT _____                  | ____/____/____ | _____                      |
| _____ Dean's Letter          | NAVLE _____                | ____/____/____ | _____                      |
| TP# _____                    | Issue Date: ____/____/____ | License# _____ | Issue Date: ____/____/____ |

Application for:

|   |  |
|---|--|
| <input type="checkbox"/> Licensure        | <input type="checkbox"/> Limited license       |
| <input type="checkbox"/> Temporary Permit | <input type="checkbox"/> Resident              |
| <input type="checkbox"/> Examination      | <input type="checkbox"/> Prov. Graduate Permit |

Applications for exam must be filed at least 90 days prior to testing window. If this application is processed, there will be no refund of fees.

1. Full Name: \_\_\_\_\_  
Last First Middle

2. Home Address: \_\_\_\_\_  
Street PO Box Apt.

\_\_\_\_\_

City State Zip

Business Address: \_\_\_\_\_

Facility

\_\_\_\_\_

Street PO Box

\_\_\_\_\_

City State Zip

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

\_\_\_\_\_

City State Zip

3. Telephone where you can be reached during the day: \_\_\_\_\_

4. Social Security #: \_\_\_\_\_

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

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First Middle Last

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

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7. Give the date and place of your birth:

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Date City County State

8. Name, location of school and date you first began the study of veterinary medicine?

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9. Give the beginning and ending dates of the terms or periods during your study of veterinary medicine:

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10. Give 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

11. 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

12. 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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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 any of questions 13 through 17, attach letter of explanation and supporting documentation from the appropriate licensing board or court..***

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. An official copy of your transcript must be forwarded to this office from the veterinary college granting your degree.

20. Attach a photostatic copy of diploma.

***If diploma and transcript are not available, due to pending or recent graduation a statement by the dean of the veterinary school confirming the exact date of your graduation may be accepted. The actual documents must be received by the board no later than three months after receipt of the dean's letter.***

22. Three letters of personal reference must be submitted to the board. These letters must comment on your moral character from any adult who has known you for at least one year, and is not a member of your family.

23. NAVLE Applicants: Attach cashier's check or money order made payable to the Ohio Veterinary Medical Licensing Board to cover the NAVLE Application Processing fee. No personal checks accepted. (Note: The examination fee for NAVLE will be submitted directly to NBEC.)

New License Applicants: Attach cashier's check or money order made payable to the Ohio Veterinary Medical Licensing Board to cover the licensing fee. No personal checks accepted. The entire fee must accompany application.

24. Foreign veterinary graduates must submit a copy of their ECFVG program certificate of completion with the application. Verification must come directly from the AVMA.

25. Applicants who hold or have held a license to practice veterinary medicine in any other state or country must have the veterinary board of each and every State or Province forward directly to the Ohio Board a certification of license.

WITNESS my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Applicant's Signature

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

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