



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
DEPARTMENT OF STATE  
DIVISION OF PROFESSIONAL REGULATION  
BOARD OF VETERINARY MEDICINE

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: DPR.DELAWARE.GOV

## APPLICATION FOR VETERINARIAN LICENSURE/EXAMINATION INSTRUCTION SHEET

### General Information

- If you hold a *current, active* Veterinarian license in another jurisdiction (state, the District of Columbia or U.S. territory), follow the instructions for applying by reciprocity.
- If you do **not** hold a *current, active* Veterinarian license in another jurisdiction – regardless of whether you need to take the examination – follow the instructions for applying by examination.

### Veterinary Licensing Examinations

You must pass the North American Veterinary Licensing Examination (NAVLE), the current licensing examination, unless you passed its predecessors, the National Board Examination and Clinical Competency Test (NBE/CCT). However...

- If you were first licensed before 1971, NBE scores are not required.
- If you were first licensed before 1980, CCT scores not required.

Since the Delaware Board of Veterinary Medicine must approve you to take the NAVLE, you must submit **two applications** – a licensure application to the Delaware Board and a NAVLE application to the National Board of Veterinary Medical Examiners (NBVME). **Click [NAVLE](#) for important information about the deadlines for submitting your applications.**

### Requirements for *All* Applicants

- Submit a signed, completed and notarized [Application for Veterinarian Licensure/Examination](#).
- Enclose the required non-refundable fee by check or money order made payable to "State of Delaware" as follows:
  - If you are filing an application for examination or permanent licensure, submit the [processing fee](#).
  - If you are applying for a Temporary License, submit the [temporary license fee](#) **in addition to** the processing fee for the application.
  - If you are applying for a Temporary Permit, submit only the [temporary permit fee](#). The processing fee is not required.
- If you have already passed the NBE/CCT or NAVLE, whichever applies, arrange for the Board office to receive a *Score Report and Credential Information*, sent directly from the Veterinary Information Verification Agency to the Board office.
  - To request a *Score Report and Credential Information*, see [VIVA](#).
- If you have ever held a Veterinarian license in another jurisdiction (state, U.S. territory or District of Columbia), arrange for the Board office to receive a verification of licensure from each jurisdiction where you have **ever** held a license, sent *directly* from the jurisdiction to the Board office.
- If you received your veterinary education at a foreign veterinary college that is *not* AVMA-accredited, submit a copy of the certificate issued by the Educational Commission for Foreign Veterinary Graduates (ECFVG) or by the Canadian Veterinary Medical Association (CVMA), as applicable.
  - Delaware *requires* the ECFVG or CVMA certificate *before* permitting you to take the NAVLE.
  - For veterinary colleges that are AVMA-accredited, see [AVMA Educational Resources](#).

- If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).
- *The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants:* Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.

**Additional Requirements for Applicants by Examination**

If you are applying by examination – regardless of whether you need to take the NAVLE or have already passed it – you must provide proof of your education *in addition* to the items listed in **Requirements for All Applicants** section above.

- Arrange for the Board office to receive proof of your education as shown in the table below:

IF you...	THEN arrange for the Board office to receive a(n)...	IMPORTANT
graduated from an AVMA-accredited veterinary college	official transcript sent directly from the veterinary college to the Delaware Board office	The transcript must show the date you received your veterinary degree.
graduated from a foreign veterinary college that is not AVMA-accredited	copy of the <i>completion certificate</i> issued by the ECFVG or CVMA	Delaware <i>requires</i> the ECFVG or CVMA certificate <i>before</i> permitting you to take the NAVLE.
are enrolled in your final year at an AVMA-accredited veterinary school	notarized letter from a school official, sent directly from the school to the Delaware Board office	The letter <i>must</i> state: <ul style="list-style-type: none"> <li>• that you are enrolled in your final year and</li> <li>• the expectation that you will graduate from that school .</li> </ul>

- If you are approved to take the NAVLE based on a letter from your school, arrange for the Board office to receive an official transcript, sent *directly* from the veterinary college to the Delaware Board office, when you graduate.
- The transcript must show the date you received your veterinary degree.
  - The Board will consider the application for licensure only after it receives the official transcript.

**Temporary Permits and Licenses**

- A **temporary permit** applies to **nonresident** veterinarians who are validly licensed in another jurisdiction and requesting to work temporarily in Delaware. The requirements are listed in the **Requirement for All Applicants** section above.
- A **temporary license** applies when the temporary permit does not. *In addition to* meeting all of the requirements listed above, arrange for the Board office to receive a letter from a Delaware-licensed veterinarian certifying that you will remain in the veterinarian's continuous employ and under his or her supervision and that he or she will monitor your professional activities and be fully responsible for you while you are under temporary licensure.

***Under no circumstances should you begin practicing in Delaware before the temporary license or permit is issued.***



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
**DEPARTMENT OF STATE**  
DIVISION OF PROFESSIONAL REGULATION  
BOARD OF VETERINARY MEDICINE

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: DPR.DELAWARE.GOV

### APPLICATION FOR VETERINARIAN LICENSURE/EXAMINATION

#### TYPE OF APPLICATION

1. Check type of application you are filing (check one):

- Licensure by Examination** – I do *not* hold a current, active license in another jurisdiction.
- Licensure by Reciprocity** – I hold a current, active license in another jurisdiction.
- Temporary Permit** – I am *not* a Delaware resident *and* I hold a current, active license in another jurisdiction. If you check this type, skip to the **IDENTIFYING AND CONTACT INFORMATION** section.

2. Are you also applying for a Temporary License to practice *under supervision*? Yes  No  If yes, enter the following information about the veterinarian who will supervise you while you practice under a temporary license:

Name of Supervising Veterinarian: \_\_\_\_\_ Delaware License No.: N1 - \_\_\_\_\_  
Practice Location: \_\_\_\_\_

**Arrange for the Board office to receive a letter from the veterinarian. See Instruction Sheet.**

#### IDENTIFYING AND CONTACT INFORMATION – All applicants complete this section.

3. Full Name: \_\_\_\_\_  
Last/Family First Middle

4. Other Names Used: \_\_\_\_\_  
(Include maiden, prior married, alternate spellings)

5. Date of Birth (month/day/year): \_\_\_\_\_ Gender:  Male  Female

6. Have you been issued a U.S. Social Security Number? Yes  No  If yes, enter your SSN: \_\_\_\_\_  
If no, you must file a [Request for Exemption from Social Security Number Requirement](#).

7. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip

8. Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
daytime evening or cell

#### VETERINARY EDUCATION – All applicants complete this section.

9. Did you attend (or are you attending) an American Veterinary Medical Association (AVMA) accredited veterinary college? Yes  No  If yes, enter this information about the veterinary college:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Have you graduated? Yes  No  If yes, enter this information about your degree and skip to Question 11:  
Degree Date: \_\_\_\_\_ Veterinary Degree: \_\_\_\_\_

**If you are applying by examination, arrange for the Board office to receive an official transcript sent *directly* from the veterinary college to the Board office.**

10. Did you attend a foreign veterinary college that is **not** AVMA-accredited? Yes  No  If yes, enter this information about your college and skip to the **EXAMINATIONS** section:

Name: \_\_\_\_\_

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

Degree Date: \_\_\_\_\_ Veterinary Degree: \_\_\_\_\_

**Enclose certificate issued by the Educational Commission for Foreign Veterinary Graduates (ECFVG) program or Certificate of Qualification issued by the Canadian Veterinary Medical Association (CVMA).**

11. Are you a final-year veterinary student? Yes  No  If yes, enter this information about your degree.

Expected Degree Date: \_\_\_\_\_ Expected Veterinary Degree: \_\_\_\_\_

**Arrange for the Board office to receive a notarized letter sent directly from the veterinary college verifying that you are a final-year student and your expected graduation date. When you graduate, arrange for the Board office to receive your official transcript.**

**EXAMINATIONS** – All applicants complete this section.

12. Have you already passed any veterinary licensing examinations (NAVLE, NBE, CCT)? Yes  No  If yes, complete the following table showing which exam(s) you have passed.

EXAMINATION	PASSED?	WHERE TAKEN	DATE PASSED
National Board Examination (NBE)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Clinical Competency Test (CCT)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
North American Veterinary Licensing Examination (NAVLE)	Yes <input type="checkbox"/> No <input type="checkbox"/>		

**Arrange for the Veterinary Information Verification Agency to send a Score Report and Credential Information directly to the Board. This applies whether you are applying by examination or by reciprocity.**

13. **If you are applying by reciprocity** and have **not** passed any of the licensing examinations, enter the following information about your **first** license:

Jurisdiction: \_\_\_\_\_ Year of Licensure: \_\_\_\_\_

14. **If you are applying to take the NAVLE in Delaware**, are you requesting any accommodations on the basis of disability as defined under Title II of the Americans with Disabilities Act? Yes  No  If yes, request further information from the Board office.

**LICENSURE/PRACTICE** – All applicants complete this section.

15. Have you **ever** held a license to practice veterinary medicine in another jurisdiction? Yes  No  If yes, list each jurisdiction where you have held a license:

JURISDICTION	LICENSE NUMBER	IS THIS LICENSE CURRENT?
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Arrange for a license verification to be sent to the Board directly from each jurisdiction where you have ever held a Veterinarian license.**

**DISCLOSURES** – All applicants complete this section.

16. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense, including any offense for which you have received a pardon, in any jurisdiction? Yes  No  **If yes, submit a certified copy of your criminal history record.**
17. Are any criminal charges pending against you? Yes  No  **If yes, enclose a complete explanation and any documentation related to the charges. The information should be in sufficient specificity to enable the Board to make a determination whether the charge is substantially related to the practice of veterinary medicine.**
18. Have you received any administrative penalties, including but not limited to fines, formal reprimands, license suspension or revocation, and probationary limitations? Yes  No  **If yes, arrange for the jurisdictions to send information about the disciplinary action directly to the Board office.**
19. Have you entered into a consent agreement that places conditions on your professional conduct or practice, including any voluntary surrender of license? Yes  No  **If yes, arrange for the jurisdictions to send information about the disciplinary action directly to the Board office.**
20. Are any disciplinary proceedings or unresolved complaints concerning your practice of veterinary medicine pending against you at present? Yes  No  **If yes, arrange for the jurisdictions to send information about the disciplinary action directly to the Board office.**
21. Have your Drug Enforcement Administration (DEA) privileges ever been restricted or revoked? Yes  No  **If yes, submit a letter explaining fully. Include copies of all appropriate records.**
22. Do you have any impairment related to drugs or alcohol that would limit your ability to undertake the practice of veterinary medicine in a manner consistent with the safety of a patient or the public? Yes  No  **If yes, submit a letter explaining fully. Include copies of all appropriate records.**

**If your application requires Board review, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:**

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

**Applications that are not complete within six months of filing may be considered abandoned and discarded.**

**When your application is complete, please allow 4-6 weeks to receive your license.**

**AFFIDAVIT**

I certify that the information in this application is complete and true. I understand that the intentional inclusion of false or fraudulent information in this application, or the material omission of information which might have a bearing on licensure, may result in the denial of licensure and will be reported to the Attorney General for further action.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

City of \_\_\_\_\_ County of \_\_\_\_\_

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

Notary Signature: \_\_\_\_\_

SEAL

My commission expires: \_\_\_\_\_

**APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR NOT ACCOMPANIED BY THE REQUIRED FEE WILL BE REJECTED.**