



CANNON BUILDING
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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. Show type of application you are filing:

- Original Licensure** – I have not passed the examination or I have passed the exam but I have no current, active license in another state, District of Columbia or US territory.
- Licensure by Reciprocity** – I hold a current, active license in another state, District of Columbia or US territory.
- Temporary Permit** – I am not a resident of Delaware and I hold a current, active license in another state, District of Columbia or US territory. If you check this type, skip to Question 3.

2. Are you also applying for a temporary license to practice *under supervision*? Yes No

IDENTIFYING AND CONTACT INFORMATION

3. Full Name: _____
Last First MI (maiden name if applicable)

4. Address: _____
City State Zip

5. Telephone: _____ 6. Email: _____
daytime evening or cell

7. 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*.

EDUCATION

8. Name and address of American Veterinary Medical Association (AVMA) accredited veterinary college attended: _____
9. Was your veterinary college outside the United States? Yes No If yes, enter name and address of veterinary college: _____

If the foreign college is not AVMA-accredited, attach certificate issued by the Educational Commission for Foreign Veterinary Graduates (ECFVG) program or Certificate of Qualification issued by the Canadian Veterinary Medical Association.

10. Enter veterinary degree: _____ Date received: _____
If you are applying for original licensure, arrange for an official transcript from the college to be sent directly to the Board.

11. If you are a final year veterinary student, list the degree you expect to receive: _____
 Anticipated graduation date: _____
When your final transcript is available, arrange for an official copy of it to be sent from the college directly to the Board.

EXAMINATIONS

12. Have you taken and passed the National Board Examination (NBE)? Yes No If yes, where did you take it? _____ When? _____

13. Have you taken and passed the Clinical Competency Test (CCT)? Yes No If yes, where did you take it? _____ When? _____

14. Have you taken and passed the North American Veterinary Licensing Examination (NAVLE)?
 Yes No If yes, where did you take it? _____ When? _____

If you did not take these examination(s) in Delaware, arrange for the Veterinary Information Verification Agency to send a report of your scores directly from to the Board. This applies whether you are applying for original licensure or licensure by reciprocity.

15. *If you are applying by reciprocity* and have not passed the examination, when were you first licensed? _____

16. 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

17. List all State(s) in which you have ever held a license to practice veterinary medicine. If never licensed, enter "None."

STATE	LICENSE NUMBER	IS THIS LICENSE <i>CURRENT</i> ?
		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 "letter of good standing" to be sent to the Board directly from *each* State where you hold, or have ever held, a veterinarian license.

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 State(s) to send information about the disciplinary action to the Board.**

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 State(s) to send information about the disciplinary action to the Board.**

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 State(s) to send information about the disciplinary action(s) to the Board.**
21. 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.**
22. Have your Drug Enforcement Administration (DEA) privileges ever been restricted or revoked? Yes No **If yes, submit a letter giving a full explanation. Include copies of all appropriate records.**
23. Are any criminal charges pending against you relating to an offense, the circumstances of which substantially relate to the practice of veterinary medicine? Yes No **If yes, arrange for the appropriate authorities to provide information about the charge directly to the Board. 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.**
24. 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 giving a complete explanation. Include copies of all appropriate record.**

To assure consideration of your license application at the next Board meeting, 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 (6) months of filing may be considered abandoned and discarded. The Board office will attempt to notify you before disposing of an abandoned application.

Please note: 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.

Applicant Signature: _____ Date: _____

Sworn to and subscribed to before me this _____ day of _____ in the year _____

NOTARY PUBLIC _____

AFFIX SEAL

My commission expires: _____