APPLICATION FOR ARKANSAS VETERINARY LICENSURE

INSTRUCTIONS:

- 1. Applications must be received no later than thirty (30) days prior to the State Board Examination (NAVLE applicants applications must be received no later than August 1 for the November-December NAVLE and February 1 for the April NAVLE).
- 2. Type or print legibly with black or blue ink only.
- 3. The application fee (\$100.00) must accompany this form and is nonrefundable.
- 4. Complete each section fully. If a question does not apply to you, indicate with "N/A".
- 5. Use a separate sheet of paper to respond to any question for which more space is needed.

APPLICANT STATUS:

Check one of the following:

- O Fourth year veterinary student/new graduate
- O Student or graduate of a foreign veterinary school
- O Licensed, practicing less than five (5) years
- O Licensed, practicing more than five (5) years

Check one of the following:

NAME OF SCHOOL

- O I am applying for licensure by examination.
- O I am applying for licensure by endorsement or reciprocity.

LOCATION

A. APPLICANT IDE	NTIFYING INFO	RMATION:				
Full Name:				()
Full Name:Last		First	Middle		Maiden	
Mailing Address:						
	Street/P.O. B	ох	City		State	Zip
Business Address: _						
	Street/P.O. B		City		State	Zip
Phone: ()			Business Phone: ()		
Fax: ()			Email:			
Date of Birth:	<i></i>	Age:	Social Security Nun (Required by Ark. C	nber: Code Ann.	- § 17-1-104	<u>-</u>)
Place of Birth:			Male: Female:	Race	:	
B. EDUCATION:		P	RE-VETERINARY			
NAME OF SCHOOL	DL	LOCATION	DATES ATTEN	IDED	DEGR	EE EARNED
		V	ETERINARY			

DATES ATTENDED

DEGREE EARNED

C. OTHER LICENSES:

	List all veterinary licenses currently or previously held, whether temporary or permanent: (A license verification must be received from each state listed below)					
		☐ DOES NOT A				
		STATE	DATE OF ISSUE	EXPIRATION DATE	LICENSE NO	
_						
D.		PERSONAL HISTORY IN				
	1.	Have you ever been o	denied a license to pr	actice veterinary medicine?	№□	YES 🗆
	2.	Do you currently have	e any disciplinary inv	estigations and/or actions	_	_
		pending against you i	n another jurisdiction	n?	NO□	YES□
	3.	Has any license prese	ntly or previously he	ld by you ever been sanctioned	d,	
		revoked, suspended, subject of any discipli	•	and/or otherwise been the er state?	NO 🗌	YES 🗌
	4.	Have you ever been o	convicted of, plead gu	uilty to, or plead nolo contendr	e	
				or minor traffic violations?	NO 🗌	YES 🗌
	5.	Have you ever had a revoked, suspended,	-	y a controlled substance author	rity NO □	YES 🗌
	6.			egistration issued by a		123
	0.	controlled substance	-	castiation issued by a	№ □	YES□
	7.	Have vou ever volunt	arily surrendered a v	eterinary license?	ΝО□	YES□

If you answered "YES" to any of the above questions, explain in detail on a separate sheet of paper and attach it to this application. If you answered "YES" to #5, please submit official documents with this application.

1.	HAVE YO	NO 🗌	YES			
	If "YES"	:				
		STATE GIVING EXAM	DATE OF EXAM			
		NBE				
		ССТ				
2.	HAVE Y	OU PASSED THE NAVLE? (THE EXAM	M GIVEN AFTER APRIL 2000)	NO 🗌	YES	
	If "YES"	:				
		STATE GIVING EXAM	DATE OF EXAM			
	<u> </u>					
3.	HAVE Y	OU EVER FAILED THE NAVLE?		NO 🗌	YES 🗌	
	If "YES"	:				
	Г	STATE GIVING EXAM	DATE OF EXAM	\neg		
		37/112 GIVING E/VIIVI	BATE OF EARWY			
	_					
		Please arrange to have your NRF	E, CCT OR NAVLE scores sent to this of	fice		
			of Veterinary State Boards (www.aavs			
F.	CITIZEN	SHIP INFORMATION:				
1.	Are you	you a United States Citizen?				
2.	If you a	nswered "NO" to the above ques	stion, are you:			
		A resident alien				
		A nonimmigrant under the Immigration and Nationality Act				
		An alien who is paroled into the United States under 8 U.S.C.A. §1182(d)(5) for less than one year				
		A foreign national not physically	present in the United States			
		Other				

Please provide documentation if you marked any of the above boxes.

E.

PREVIOUS EXAM HISTORY:

G. WORK HISTORY/PRACTICAL EXPERIENCE:

List all employment chronologically since graduation from veterinary school to the present, beginning with your date of graduation. If you have never been employed as a veterinarian, insert "N/A" in the first box.

DATE		NAME OF HOSPITAL				
TO	FROM	OR FACILITY	ADDRESS	JOB TITLE	EMPLOYER	

H. TEMPORARY PERMIT:

A temporary permit may be issued upon request to a qualified applicant pending the state board examination or the Board's decision on an applicant's request for licensure by endorsement or reciprocity. Please do not apply for a temporary permit if you are a fourth-year veterinary student that has not yet taken the NAVLE, or if you have not yet passed the NAVLE.

Are you requesting a Temporary Permit? NO \square YES \square

If "YES", an additional fee of \$50.00 (along with your application fee of \$100.00 – total \$150.00) must be submitted with this application.

I. LETTER OF RECOMMENDATION:

personally, and who is not willing to supply addupon request from this Board.	ditional information concerning his/her character
This certifies that I have known	for
	im/her while he/she resided in (name of city)
i	n the State of; that
interfere with his/her professional services; the	racter, that he/she is free from habits liable to at his/her standing was good in that community now lives; that he/she is worthy of receiving a ate of Arkansas.
SIGNATURE:	
PRINTED NAME:	
ADDRESS:	
LICENSED UNDER THE LAWS OF:	
	Subscribed and sworn before me this day of
	, 20
SEAL	
	Notary Public
	My Commission Expires:

To be completed and signed by a licensed veterinarian. This statement must be notarized. No practitioner is expected to sign this recommendation who does not know the applicant

This page may be returned separately from the rest of the application if it needs to be sent to someone to have signed and notarized.

J. AFFIDAVIT:

K.

"By virtue of filing this application, I do solemnly swear or affirm that I am of good moral character, and that I understand the instructions and terms as set forth in this application form, that I have personally completed this form, that the information given in this application is true, correct, and complete to the best of my knowledge, and that the photograph attached hereto is a true likeness of myself. I also agree to supplement within 30 days the information I have provided in the event my answers or the information I have provided changes in any way. I hereby authorize the Arkansas Veterinary Medical Examining Board to verify any and all information contained in this application. This application and signature shall act as authorization of entities in possession of applicable information to release such information to the Arkansas Veterinary Medical Examining Board."

Signature of Applicant		
Printed Name of Applicant		
Date		
	Subscribed and sworn before me this	day of
SEAL	, 20	·
	Notary Public	
	My Commission Expires:	
PHOTOGRAPH:		
Affix a photograph taken within six (6) months here		

APPLICATION CHECKLIST

- Application signed and notarized
- Copy of diploma
 (Fourth-year veterinary school students must submit a letter from the school stating they are expected to graduate within one (1) year.)
- Certified final veterinary college transcript (Fourth-year veterinary school students must submit upon availability and prior to the written state board examination.)
- Verifications of license(s) held in other state(s), if applicable
- NBE, CCT or NAVLE scores transferred from the AAVSB
 (If you failed the NAVLE in another state and are still attempting to pass it through Arkansas, please transfer your failed score to the Board so we have record of it for re-take attempt purposes.)
- O NAVLE applicants must submit the NAVLE 1-page form
- If applying for licensure by endorsement or reciprocity, include a letter to the Board outlining the reasons you should be licensed without taking the written state board examination.
- Education Commission for Foreign Veterinary Graduates (ECFVG) certificate OR
 Program for the Assessment of Veterinary Education Equivalence (PAVE) certificate, if applicable
- Application fee of \$100.00
- Temporary fee of \$50.00, if applicable
 (If applying for a temporary permit, the total amount enclosed should be \$150.00)

Submit Application and Fee(s) to:

Arkansas Veterinary Medical Examining Board 1 Natural Resources Dr. Little Rock, AR 72205