

APPLICATION FOR ARKANSAS VETERINARY LICENSURE

INSTRUCTIONS:

- Applications must be received no later than 30 days prior to the Written 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).
- Type or print legibly with black or blue ink only.
- The application fee (\$100.00) **must** accompany this form and is **nonrefundable**.
- Complete each section fully. If a question does not apply to you, indicate with "N/A".
- **DO NOT LEAVE ANY BLANKS.**
- Use a separate sheet of paper to respond to any question for which more space is needed.

APPLICANT STATUS:

- Fourth Year Student or New Graduate Licensed practicing less than 5 years
 Student or Graduate of Foreign Veterinary School Licensed practicing more than 5 years

I am applying for licensure by: **EXAMINATION** **POULTRY SPECIALTY** **ENDORSEMENT**

A. APPLICANT IDENTIFYING INFORMATION:

FULL LEGAL NAME: _____ (_____)
Last First Middle Maiden

MAILING ADDRESS: _____
Street/P.O. Box City State Zip

BUSINESS ADDRESS: _____
Street/P.O. Box City State Zip

PHONE: (_____) _____ BUSINESS PHONE: (_____) _____

FAX: (_____) _____ EMAIL ADDRESS: _____

DATE OF BIRTH: ____/____/____ AGE: ____ SOCIAL SECURITY NUMBER: _____ - _____ - _____
(Required Under Ark. Code Ann. §17-1-104)

PLACE OF BIRTH: _____ MALE: _____ FEMALE: _____ RACE: _____

B. EDUCATION:

PRE-VETERINARY

NAME OF SCHOOL	LOCATION	DATES ATTENDED	DEGREES EARNED

VETERINARY

NAME OF SCHOOL	LOCATION	DATES ATTENDED	DEGREES EARNED

SUBMIT COPY OF DIPLOMA FROM VETERINARY COLLEGE
 (8-1/2 x 11" copy preferred)

C. PREVIOUS REGISTRATION(S):

LIST ALL VETERINARY LICENSES CURRENTLY OR PREVIOUSLY HELD, WHETHER TEMPORARY OR PERMANENT (A Verification of Licensure form must be completed by each state listed and returned to this Board):

DOES NOT APPLY

STATE	DATE OF ISSUE	EXPIRATION DATE	LICENSE NO
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

D. PERSONAL HISTORY INFORMATION:

1. Have you ever been denied a license to practice veterinary medicine? NO YES
2. Do you currently have any disciplinary investigation(s) and/or action(s) pending against you in another jurisdiction? NO YES
3. Has any license presently or previously held by you ever been sanctioned, revoked, suspended, placed on probation and/or otherwise been the subject of any disciplinary review in another state? NO YES
4. Have you ever been convicted of, plead guilty to, or plead nolo contendere to a felony or misdemeanor, other than for minor traffic violations? NO YES
5. Have you ever had a registration issued by a controlled substance authority revoked, suspended, limited or restricted? NO YES
6. Have you ever voluntarily surrendered a registration issued by a controlled substance authority? NO YES
7. Have you ever voluntarily surrendered a veterinary license? NO YES

If you answered "YES" to any of the above, 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.

E. PREVIOUS EXAM HISTORY:

1. HAVE YOU PASSED THE NATIONAL BOARD EXAMINATION AND CLINICAL COMPETENCY TEST?

NO YES

If "YES":

	STATE GIVING EXAM	DATE OF EXAM
NBE		
CCT		

2. HAVE YOU PASSED THE NAVLE (given after April 2000)?

NO YES

If "YES":

STATE GIVING EXAM	DATE OF EXAM

3. HAVE YOU EVER FAILED A LICENSING EXAMINATION?

NO YES

If "YES":

NAME OF EXAM	STATE GIVING EXAM	DATE OF EXAM

PLEASE ARRANGE TO HAVE YOUR NBE, CCT OR NAVLE SCORES SENT TO THIS OFFICE VIA THE AMERICAN ASSOCIATION OF VETERINARY STATE BOARDS (AAVSB).

WEB ADDRESS: WWW.AAVSB.ORG

H. PERSONAL DATA:

Description of Applicant:

Height: _____ Weight: _____

Eye Color: _____

Hair Color: _____

Date of Photo: _____

AFFIX A PHOTOGRAPH HERE

TAKEN WITHIN 6 MONTHS

I. LETTER OF RECOMMENDATION:

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 personally, and who is not willing to supply additional information concerning his/her character upon request from this Board.

This certifies that I have known _____ for _____ years, that I personally knew him/her while he/she resided in (name of city) _____ in the State of _____; that he/she is of good moral and professional character, that he/she is free from habits liable to interfere with his/her professional services; that his/her standing was good in that community and is good in the community in which he/she now lives; that he/she is worthy of receiving a license to practice veterinary medicine in the State of Arkansas.

SIGNATURE: _____

PRINTED NAME: _____

ADDRESS: _____

LICENSED UNDER THE LAWS OF: _____

SEAL

Subscribed and sworn to before me this _____

day of _____, 20_____.

Notary Public

My Commission Expires: _____

J. TEMPORARY PERMIT:

A Temporary Permit may be issued upon request to a qualified applicant pending examination. All items on the application checklist must be received before the Temporary Permit will be issued.

Are you requesting a Temporary Permit? NO YES

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.

K. AFFIDAVIT:

"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 _____, 20_____.

SEAL

Notary Public

My Commission Expires: _____

APPLICATION CHECKLIST

1. **APPLICATION SIGNED AND NOTARIZED**
2. **COPY OF DIPLOMA FOR APPLICANTS WHO HAVE GRADUATED; APPLICANTS WHO HAVE NOT GRADUATED OR APPLICANTS APPLYING THROUGH ARKANSAS FOR THE NAVLE MUST SUBMIT A LETTER FROM THEIR SCHOOL STATING THAT THEY ARE EXPECTED TO GRADUATE WITHIN ONE YEAR**
3. **ARRANGED TO HAVE NBE, CCT OR NAVLE TEST SCORES TRANSFERRED FROM AAVSB (IF APPLICABLE)**
4. **APPLICATION FEE IN THE AMOUNT OF \$100.00 IS ENCLOSED**
5. **IF APPLYING FOR A TEMPORARY PERMIT, AN ADDITIONAL FEE OF \$50.00 IS ENCLOSED (TOTAL AMOUNT OF CHECK \$150.00)**
6. **CERTIFIED FINAL VETERINARY COLLEGE TRANSCRIPT (APPLICANTS WHO HAVE NOT GRADUATED MUST SUBMIT UPON AVAILABILITY AND BEFORE THE WRITTEN STATE BOARD EXAMINATION)**
7. **VERIFICATION(S) OF LICENSURE (IF APPLICABLE)**
8. **NAVLE APPLICANTS MUST SUBMIT THE NAVLE 1-PAGE FORM**
9. **EDUCATIONAL COMMISSION FOR FOREIGN VETERINARY GRADUATES (ECFVG) CERTIFICATE OR PROGRAM FOR THE ASSESSMENT OF VETERINARY EDUCATION EQUIVALENCE (PAVE) CERTIFICATE (IF APPLICABLE)**
10. **IF APPLYING FOR LICENSURE BY ENDORSEMENT, INCLUDE LETTER OUTLINING YOUR QUALIFICATION(S) AND REASON(S) WHY YOU SHOULD BE APPROVED TO BE LICENSED WITHOUT EXAMINATION**

Submit Application and Fee(s) to:

**Arkansas Veterinary Medical Examining Board
P. O. Box 8505
Little Rock, AR 72215**

FOR BOARD USE ONLY:

APPLICATION NUMBER	RECEIVED BY	DATE