



ARKANSAS DEPARTMENT OF AGRICULTURE



Sarah Huckabee Sanders
Governor

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Wes Ward
Secretary of Agriculture

Arkansas Veterinary Medical Examining Board Military Automatic Licensure Application

In accordance with Ark. Code. Ann. § 17-1-105, the Arkansas Veterinary Medical Examining Board (Board) will grant automatic licensure to you or your spouse if you meet the applicant criteria listed below and submit proper documentation.

Applicant Information:

Name (First, Middle, Last) ____ - ____ - ____
Social Security Number

Address (City, State, Zip)

Email Address (____) ____ - ____
Phone Number

____/____/____
Date of Birth _____
Place of Birth _____
Sex _____
Race

Applicant Criteria:

1. Type of License

Please check one of the following license types:

- Veterinarian
- Veterinary Technician/Technologist

2. Military Status

Please check one of the following criteria for automatic licensure:

- I am in active military duty stationed in Arkansas.
- I am a returning military veteran with honorable discharge within the past twelve (12) months.
- I am the spouse of someone in active military duty stationed in Arkansas, or the spouse of a returning military veteran with honorable discharge within the past twelve (12) months.

3. Proof of Military Status

Please check one of the following and submit a copy:

- Leave Earning Statement (LES)
- Letter from Command
- Copy of Orders
- DD-214 showing "honorable discharge" (veterans)

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4. Evidence of Licensure

Please list below the name of the state, territory, or district of the United States in which you currently hold a substantially equivalent occupational license in good standing:

You must contact the above-listed state's veterinary medical licensing board and request that a license verification letter be sent directly to the Board – regular mail or email will be accepted.

Other Information:

Veterinarian:

Name of Veterinary Medical School Attended

___/___/___
Date Graduated

OR

Veterinary Technician/Technologist:

Name of Veterinary Technology School Attended

___/___/___
Date Graduated

Applicant Signature:

By submitting this application, I affirm that I have personally completed this application, and that the information provided is true and complete to the best of my knowledge. I hereby authorize the Board to verify all information contained in this application. My signature on this application will act as authorization of entities in possession of applicable information to release such information to the Board.

Signature of Applicant Date

Printed Name of Applicant

Application Submittal:

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

For questions, please contact Cara Tharp at (501) 224-2836 or cara.tharp@agriculture.arkansas.gov.

****The application fee is waived for persons applying for Military Automatic Licensure.****