

INSTRUCTIONS FOR COMPLETING AN APPLICATION TO PRACTICE AS A VETERINARIAN

BEFORE YOU PROCEED, READ THE FOLLOWING INFORMATION CAREFULLY:

- **Laws and Regulations:** The Virginia laws and regulations pertaining to the practice of veterinary medicine may be viewed at <http://www.dhp.virginia.gov/vet/>. The application requires an attestation to having read the applicable laws and regulations;
- **Application processing and documentation:** Required documentation must be submitted directly from the source of the information by postal mail, email or fax. The applicant is responsible for notifying the source to submit required documentation. Additional forms for licensure and employment verification are attached;
- **Application tracking:** An online electronic checklist is provided to track your application. Please allow approximately 21 business days for your application checklist to be initially updated on the board's website. Subsequent updates will occur as documentation is received. If you find that your checklist does not exist or does not indicate necessary documents have been received, email the Board at vetbd@dhp.virginia.gov with "VET Application Question" in the subject line;
- **Fee:** An application fee of \$200.00 is required. **All fees are nonrefundable;**
- **Application payment receipt:** A receipt may be printed upon approval of the payment;
- **View application checklist and fee:** Your application checklist may be viewed by logging into your application account and selecting the "View Checklist" link located in the "Pending Licenses" section. The link will not be visible to applicants or the Board if the application fee has not been paid;
- **License expiration dates:** Licenses issued prior to July 1 expire on December 31 of the current year. Licenses issued on or after July 1 expire December 31 of the following year;
- **Retention of Application Documents:** Applicant documentation (includes exam scores) is maintained for one year and then destroyed; and
- **Board Communication:** The Board's method of communication to licensee is via email.

APPLICATION METHODS:

- ☐ **EXAMINATION** (Passage of NAVLE). **An application requires the following documentation:**
 - Official copy of transcript from a college or school of veterinary medicine accredited by the AVMA conferring degree **OR** in lieu of a transcript from an accredited college or school of veterinary medicine submit a certificate of completion of the Educational Commission of Foreign Veterinary Graduates (ECFVG) program or the Program for the Assessment of Veterinary Education Equivalence (PAVE);
 - Examination scores from NAVLE (since the fall of 2000) or National Board Examination and Clinical Competency Test of the ICVA (prior to the fall of 2000); and
 - Licensure verification of all licenses, ever held, including expired, in another jurisdiction of the U.S.
- ☐ **ENDORSEMENT** (Holds a license in another jurisdiction of the U.S. or its territories and District of Columbia). **An application requires the following documentation:**
 - Licensure verification of any licenses ever held, including expired, in another jurisdiction of the U.S.
 - Written documentation of clinical practice as a veterinarian for at least 2 of the past 4 years immediately preceding application. Clinical practice may be verified on the Board's optional employment verification, company letterhead or tax returns (1040) that reflect occupation; and
 - Completion of 30 hours of continuing education during the proceeding four years.

NOTE: If unable to provide documentation of clinical practice for 2 of the past 4 years, an applicant may seek

ADDITIONAL INFORMATION

Examination Contact Information:

- Online Score Transfer Request – <https://aavsb.org/>; and
- AAVSB - Questions regarding transfer of scores – (877) 698-8482.

Foreign Graduate Contact Information:

- Request ECFVG Certificate – (800) 248-AVMA or PAVE (877) 698-8482 prior to applying for licensure.

Incomplete applications: An application shall be valid for a period of one year after the date of initial submission.

Board of Veterinary Medicine Contact Information

Address: 9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

Webpage: <http://www.dhp.virginia.gov/vet/>

Email: vetbd@dhp.virginia.gov

Phone: (804) 597-4133

Fax: (804) 527-4471

LICENSURE VERIFICATION FORM

TO THE APPLICANT – List name and license number in top section only and forward to all jurisdictions (U.S. States or Territories and Washington, D.C.) in which you have ever been issued a license to practice as a veterinarian or veterinary technician.

Applicant Full Name:

License Number:

STATE LICENSURE BOARD OR REGULATORY AGENCY – The person listed above is applying for a license to practice as a veterinarian or veterinary technician in Virginia. The Virginia Board of Veterinary Medicine requests that the form be completed by each jurisdiction in which he/she holds or has ever held a license/certificate. Please complete the form and return it to the address listed above.

State/Commonwealth of:

Licensee Name:

Issued Date:

License/Certification Number:

☐ Veterinarian

☐ Veterinary Technician

Licensed/Certified Through (check one):

☐ National Examination ☐ Clinical Competency Examination ☐ NAVLE ☐ State Board Examination

☐ Reciprocity/Endorsement from another U.S. State or Territory (Name of State)

Status of License is: ☐ Active ☐ Current Inactive ☐ Expired/Lapsed Expired Date _____

☐ Revoked ☐ Suspended

Has the applicant's license/certificate ever been suspended or revoked?

☐ Yes

☐ No

Has there been any disciplinary history? If yes to any of the questions, please provide all information available under your state's freedom of information statutes.

☐ Yes

☐ No

Is continuing education required for renewal? ☐ Yes ☐ No

If so, how many hours are required per year?

Comments, if any:

BOARD SEAL

Signed

Date

EMPLOYMENT VERIFICATION

APPLICANT INFORMATION – To be completed by applicant. Please type or print.

Last Name	First Name	Middle Initial	Other Names Used

I hereby authorize the release of employment verification to the Virginia Board of Veterinary Medicine.

Signature:	Date:

EMPLOYER OR AUTHORIZED REPRESENTATIVE – To be completed by employer or authorized representative and forwarded directly to the Board by postal mail or electronically.

The individual named above is applying for licensure as a Veterinarian or Veterinary Technician in the Commonwealth of Virginia. Please verify the employment history and status of this individual. In lieu of completion of this form, an employer may send a letter confirming requested information.

Employer's Business or Organization Name:

Type of Business:

Business Address:

Phone:	Email Address:

Employee's Name	Employee's Position Title

Was the employee engaged in clinical practice as a veterinarian?	Yes ☐ No ☐
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Was the employee engaged in clinical practice as a veterinary technician?	Yes ☐ No ☐
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Employment Begin Date (mm/dd/yyyy)	Employment Status

Provide all practice locations and dates of employment. If more space is required, list on separate paper.

Practice Locations

Dates of Employment

Print Name	Signature and Date