APPLICATION FOR A LICENSE TO PRACTICE VETERINARY MEDICINE

**INDIANA BOARD OF VETERINARY MEDICINE**

1202 East 38th Street

Discovery Hall, Ste. 100

Indianapolis, Indiana 46205

Telephone: (317) 544-2409

E-mail: [VetBoard@vetboard.in.gov](mailto:VetBoard@vetboard.in.gov)

[www.in.gov/VetBoard](http://www.in.gov/VetBoard)

State Form 44614 (R14 / 5-23)

INSTRUCTIONS: 1. The fee for this application is $150.00, payable to the State of Indiana, in accordance with 888 IAC 1.1-3-2.

1. *Completed application and fees should be mailed to the address listed in the upper right hand corner of this form.*
2. *All fees are non-refundable and non-transferable.*
3. *Please refer to the instructions on our website,* [*www.in.gov/VetBoard,*](http://www.in.gov/VetBoard,) *for the licensing requirements.*

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| \* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.  \*\* This information is being requested for workforce statistical purposes only; disclosure is voluntary. |

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| **FOR OFFICE USE ONLY** | | | | | |
| Application fee | | Date fee paid *(month, day, year)* | | Receipt number | |
| License number issued | Date license issued *(month, day, year)* | | Date of law examination *(month, day, year)* | | Law examination score |

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| **DO NOT WRITE ABOVE THIS LINE** |

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| **BASIS OF LICENSURE (*Please check one*)** | |
| **EXAMINATION** | Based upon passing either the North American Veterinary Licensing Examination (NAVLE) or the National Board Examination (NBE) and Clinical Competency Test (CCT) |
| **ENDORSEMENT** | For the five (5) years immediately preceding filing an application has been a practicing veterinarian licensed in a state, territory, or district of the United States having license requirements which are substantially equivalent.  **(*Has not taken and passed the NBE, CCT, or NAVLE; but has taken and passed a state constructed examination.*)** |

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| **APPLICANT INFORMATION** | | | | |
| Name of applicant (*last, first, middle*) | | | | |
| Social Security number \* | Date of birth (*month, day, year*) | | | Gender \*\*  Male  Female |
| Address of applicant (*number and street or rural route*) | | City, state, and ZIP code | | |
| Telephone number (*daytime*)  ( ) | E-mail address | | | |
| Pursuant to IC 12-32-1-5 and IC 12-32-1-6, I swear under the penalty of perjury that: *(Please select ONLY ONE of the following.)*  I am a United States Citizen.  I am a qualified alien (as defined under 8 USC § 1641).  I am authorized by the Federal government to work in the United States. | | | | |
| Are you the spouse of a member of the military who is assigned to a duty station in Indiana? *(Optional)*  Yes  No | | | Are you an active duty member of the military? *(Optional)*  Yes  No | |

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| **VETERINARY DEGREE RECEIVED BY** | | |
| Name of school | Location of school | Date of graduation *(month, day, year)* |

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| **EXAMINATION RECORD** | |
| *Please select the examination taken.*  Clinical Competency Test (CCT) / National Board Examination (NBE)  North American Veterinary Licensing Examination (NAVLE) | |
| If you are a graduate of a foreign college of veterinary medicine have you completed and been granted certification by the Educational  Commission for Foreign Veterinary Graduates (ECFVG) or Program for the Assessment of Veterinary Education Equivalence (PAVE)? | Yes  No |

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| **PRE-PROFESSIONAL EDUCATION IN VETERINARY MEDICINE** | | | |
| **NAME OF SCHOOL** | **LOCATION OF SCHOOL** | **DATES ATTENDED**  ***(month, day, year)*** | **DEGREE GRANTED** |
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| **LIST ALL STATES, INCLUDING INDIANA, IN WHICH YOU HAVE BEEN LICENSED TO PRACTICE ANY REGULATED HEALTH OCCUPATION, REGARDLESS OF STATUS.** | | | | |
| **STATE** | **TYPE OF LICENSE / CERTIFICATE** | **NUMBER** | **DATE ISSUED**  ***(month, day, year)*** | **CURRENT STATUS** |
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| **QUESTIONS** | | |
| If your answer is “Yes” to any of the following, explain fully in a signed written statement, including all related details, and provide copies of all relevant arrest or court documents. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of the license or permit issued pursuant to this application. | | |
| 1. Has disciplinary action ever been taken regarding any health license, certificate, registration or permit that you hold or have held? | Yes | No |
| 2. Have you ever been denied a license, certificate, registration or permit to practice veterinary medicine or any regulated health occupation in any state *(including Indiana)* or country? | Yes | No |
| 1. *Except for minor violations of traffic laws resulting in fines, and arrests or convictions that have been expunged by a court,* |  |  |
| * 1. have you ever been arrested; | Yes | No |
| * 1. have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony in any state; | Yes | No |
| * 1. have you ever been convicted of any offense, misdemeanor, or felony in any state; | Yes | No |
| * 1. have you ever pled guilty to any offense, misdemeanor, or felony in any state; or | Yes | No |
| * 1. have you ever pled *nolo contendre* to any offense, misdemeanor, or felony in any state? | Yes | No |
| 4. Do you have any condition or impairment (including a history of alcohol or substance abuse) that currently interferes, or if left untreated may interfere, with your ability to practice in a competent and professional manner? | Yes | No |
| 5. Have you ever had a malpractice judgment against you or settled any malpractice action? | Yes | No |

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| **AUTHORIZATION FOR RELEASE OF INFORMATION** | |
| I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Indiana Board of Veterinary Medicine any files, documents, records or other information pertaining to the undersigned requested by the Board, or any of its authorized representatives in connection with processing my application for licensure.  I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any information.  I further authorize the Indiana Board of Veterinary Medicine to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions any information which is material to my application, and I hereby specifically release the Board from any and all liability in connection with such disclosures.  A photostatic copy of this authorization has the same force and effect as the original. | |
| **AFFIRMATION** | |
| ***\*I affirm, under penalties for perjury, that the foregoing representations are true.*** | |
| Signature of applicant | Date (*month, day, year*) |