

APPLICATION FOR LOUISIANA FACULTY LICENSURE

INSTRUCTIONS:

- Complete each section fully.
- Use a separate sheet of paper to respond to any questions for which more space is needed.
- A passport size photograph must be attached where indicated.
- Include a copy of diploma or an original transcript from an AVMA accredited school or college of veterinary medicine.
- All applicable fees must accompany the completed application form.

Fees due - \$75 = initial application fee; \$225 = original license fee

The Louisiana Board of Veterinary Medicine adheres to all guidelines of the American With Disabilities Act. If you have a disability, impairment, or condition which requires special arrangements to complete this application, please notify the Board office.

FULL LEGAL NAME: _____
last first middle

HOME ADDRESS: _____
street/PO box city state zip

NAME OF LOUISIANA VETERINARY SCHOOL EMPLOYED: _____

VETERINARY SCHOOL ADDRESS: _____
street/PO box city state zip

HOME PHONE: (_____) Cell Landline SCHOOL PHONE: (_____)

EMAIL ADDRESS: _____

DATE OF BIRTH: _____ / _____ / _____ SOCIAL SECURITY NUMBER: _____ - _____ - _____

PLACE OF BIRTH: _____

VETERINARY MEDICAL DEGREE
 EARNED ON AND FROM _____
date institution

It is a statutory requirement that applicants for a Louisiana faculty license hold a license to practice in another state, district, or territory of the United States (La.R.S. 37:1533.A(2)).

1. LIST ALL VALID LICENSES CURRENTLY HELD AS A DVM, WHETHER TEMPORARY OR PERMANENT (A Certificate of Valid Licensure must be completed by each state below and provided to the LBVM - form is available from LBVM). Use a separate sheet of paper if more space is needed.

LICENSE NO.	ISSUING STATE	DATE ISSUED/EXPIRES	If license ever suspended or restricted in any way, explain.
		/	
		/	
		/	

2. HAVE YOU EVER BEEN DENIED A LICENSE TO PRACTICE VETERINARY MEDICINE?
 No Yes (If "Yes", explain in detail on separate sheet and attach to this application.)
3. DO YOU CURRENTLY HAVE ANY DISCIPLINARY INVESTIGATION AND/OR ACTION PENDING AGAINST YOU IN ANOTHER JURISDICTION?
 No Yes (If "Yes", explain in detail on separate sheet and attach to this application.)
4. HAS ANY LICENSE PRESENTLY OR PREVIOUSLY HELD BY YOU EVER BEEN SANCTIONED, REVOKED, SUSPENDED, PLACED ON PROBATION AND/OR OTHERWISE BEEN THE SUBJECT OF DISCIPLINARY REVIEW IN ANOTHER STATE?
 No Yes (If "Yes", explain in detail on separate sheet and attach to this application.)
5. HAVE YOU EVER ENGAGED IN THE PRACTICE OF VETERINARY MEDICINE (except as allowed by La.R.S. 37:1513) IN THE STATE OF LOUISIANA?
 No Yes (If "Yes", give dates of practice or employment, name of practice where employed, and name of supervising veterinarian on separate sheet of paper and attach to this application.)

6. HAVE YOU EVER BEEN CONVICTED OF, PLEAD GUILTY TO, OR PLEAD NOLO CONTENDRE TO A FELONY OR MISDEMEANOR, OTHER THAN FOR MINOR TRAFFIC VIOLATIONS?
 No Yes (If "Yes", explain in detail on separate sheet and attach to this application.)
7. ARE YOU CURRENTLY ENGAGING, OR WITHIN THE PAST YEAR HAVE YOU ENGAED, IN THE ABUSE OF ALCOHOL AND/OR ILLEGAL USE OF DRUGS OR CONTROLLED DANGEROUS SUBSTANCES?
 No Yes (If "Yes", explain in detail on separate sheet and attach to this application.)
8. ARE YOU CURRENTLY PARTICIPATING IN A SUPERVISED REHABILITATION PROGRAM OR PROFESSIONAL ASSISTANCE PROGRAM WITH REGARDS TO THE ABUSE OF ALCOHOL AND/OR ILLEGAL USE OF DRUGS OR CONTROLLED SUBSTANCES?
 No Yes (If "Yes", explain in detail on separate sheet and attach to this application.)

**All applicants must fully complete this application form and sign before a Notary.
 Applicant photograph must be attached where indicated.**

STATE OF _____

PARISH/COUNTY OF _____

Before me, a Notary Public, duly commissioned and qualified in the above State and Parish/County, personally came and appeared the applicant indicated hereinabove who, after being duly sworn (affirmed), did depose and state:

"I hereby certify that all information on this application is complete and correct to the best of my knowledge. I further certify that I have not practiced veterinary medicine in this state without a license, certificate, temporary permit, or exception from licensure as provided by La.R.S. 37:1511-1558 and I understand that failure to disclose information could result in the denial or revocation of my license to practice veterinary medicine in Louisiana."

 Full, true, and legal signature of applicant

Sworn to and subscribed before me and in testimony hereof I have sworn

hereunto set my hand and official seal, at my office in

_____ this _____ day of

_____, 19_____.

 Signature of Notary Public



Mail completed application, documentation, and applicable fees to:

LOUISIANA BOARD OF VETERINARY MEDICINE
 263 Third Street, Suite 104, Baton Rouge, Louisiana 70801

Board telephone number is (225) 342-2176 www.lsbvm.org

Rev. 3/2009