

APPLICATION FOR LOUISIANA VETERINARY 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 the school or college of veterinary medicine or its equivalent and: an active license in another jurisdiction within five years of application, or a current certificate or documentation of successful completion of a residency or specialty field program, or current certificate in a specialty area or documentation confirming participation in attaining specialty field certification. (**If an active license is currently held, applicant must request proof of licensure to be sent to the LBVM directly from the state board in which the license is held.*)
- All applicable fees must accompany the completed application form prior to commencement of practice.

Initial Application Fee = \$ 100

Application for Faculty License

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 country

NAME OF LOUISIANA VETERINARY SCHOOL EMPLOYED: _____

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

DATE OF EMPLOYMENT: _____

ANTICIPATED TERMINATION OF EMPLOYMENT: _____

LOCAL PHONE: (____) _____ Cell Landline SCHOOL PHONE: (____) _____

EMAIL ADDRESS: _____

DATE OF BIRTH: ____ / ____ / ____ SOCIAL SECURITY NUMBER/ VISA NUMBER : _____

PLACE OF BIRTH: _____

1. VETERINARY MEDICAL DEGREE OR ITS EQUIVALENT EARNED ON AND FROM

date

institution

AND

2. A. ACTIVE LICENSE(S) IN GOOD STANDING ISSUED BY ANOTHER STATE, TERRITORY, OR DISTRICT JURISDICTION IN THE U.S. AT SOME TIME WITHIN THE FIVE YEARS PRIOR TO THE DATE OF THIS APPLICATION OR

Issuing jurisdiction	active dates
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- B. CURRENT CERTIFICATE(S) OR PROVIDE DOCUMENTATION INDICATING SUCCESSFUL COMPLETION OF A RESIDENCY OR PROGRAM IN A SPECIALTY FIELD OF VETERINARY MEDICINE ACCEPTED BY THE BOARD OR

Issuing jurisdiction	Specialty Field	active dates
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*(NOTE: **Resident** is defined as an employee of LSU-SVM, who is a graduate from a school of veterinary medicine with a degree of doctor of veterinary medicine or its equivalent as accepted by the board, and has satisfied the one-year internship requirement, or was in private practice for at least one year, and is thereafter working towards a certification in a specialty area of veterinary medicine.)*

- C. CURRENT CERTIFICATE(S) IN A SPECIALTY AREA, OR PROVIDE DOCUMENTATION CONFIRMING THAT YOU ARE IN THE PROCESS OF ATTAINING CERTIFICATION, IN A SPECIALTY AREA OF VETERINARY MEDICINE BY THE AMERICAN BOARD OF VETERINARY SPECIALTY COLLEGES, OR ITS INTERNATIONAL EQUIVALENTS ACCEPTED BY THE BOARD.

Issuing jurisdiction	Specialty Field	active dates
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*(NOTE: **Intern** is defined as an employee of LSU-SVM, who is a graduate from a school of veterinary medicine with a degree of doctor of veterinary medicine or its equivalent as accepted by the board, and is undergoing training at the school for a one year period, and rotates in various specialties during such period.)*

3. 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.)
4. 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.)
5. 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 JURISDICTION?
 No Yes (If "Yes", explain in detail on separate sheet and attach to this application.)
6. HAVE YOU EVER ENGAGED IN THE PRACTICE OF VETERINARY MEDICINE (except as allowed by La.R.S. 37:1513) AND THE BOARD'S RULES 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.)
7. 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.)
8. ARE YOU CURRENTLY ENGAGING, OR WITHIN THE PAST YEAR HAVE YOU ENGAGED, 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.)
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9. 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 Public (U.S.)/ Foreign Government Official. Applicant photograph must be attached where indicated. Proper fee must be submitted with application.

(Photo and notarization not required if renewing a current Faculty License – Application MUST be signed and dated.)

STATE OF _____
 PARISH/COUNTY OF _____
 COUNTRY OF _____

Before me, a Notary Public (U.S.)/Foreign Government Official, duly commissioned and qualified in the above State and Parish/County / Country, 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 the Board's rules, 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

Applicant's photograph must
be attached here.

NOTARY PUBLIC
(U.S.)/FOREIGN
GOVERNMENT OFFICIAL
SEAL MUST BE AFFIXED
ON APPLICATION.

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 _____, 20_____.

 Signature of Notary Public (U.S.)/Foreign Government Official

Mail completed application, documentation, and applicable fees to:

LOUISIANA BOARD OF VETERINARY MEDICINE
 301 Main Street, Suite 1050
 Baton Rouge, Louisiana 70801

Board telephone number is (225) 342-2176
www.lsbvm.org Rev. 4/2019