APPLICATION FOR LOUISIANA VETERINARY LICENSURE AND EXAMINATION VERIFICATION

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 and/or take an examination, please notify the Board office with this application.

INSTRUCTIONS:

- A passport size photograph must be attached where indicated.
- Complete each section fully. If a section does not apply to you, indicate "DOES NOT APPLY".
- **DO NOT LEAVE ANY BLANKS.**
- Use a separate sheet of paper to respond to any questions for which more space is needed.

APPLICANT STATUS: ❑ Fourth Year Student/ New Graduate ❑ Licensed, practicing less than 5 years
❑ Student or Graduate of Foreign Veterinary School ❑ Licensed, practicing more than 5 years

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FULL LEGAL NAME: _____
last first middle

LIST ANY OTHER LAST NAMES: _____

CURRENT ADDRESS: _____
street/PO box city state zip

PERMANENT ADDRESS: _____
street/PO box city state zip

CURRENT PHONE: (_____)_____ ❑ Cell ❑ Landline PERMANENT PHONE: (_____)_____

EMAIL ADDRESS: _____

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

PLACE OF BIRTH: _____

COLLEGE DEGREE EARNED (VETERINARY MEDICINE)
or ANTICIPATED on _____
date institution

DO YOU PLAN TO APPLY FOR A LICENSE TO PRACTICE IN THE STATE OF LOUISIANA? ❑ Yes ❑ No

If "Yes", the original license fee of $250 must be paid prior to issuance of license. $ 250

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1. **APPLICATION BEING MADE FOR -** Indicate with a checkmark all types of application being made:

☑ **EXAM VERIFICATION and/or LOUISIANA LICENSURE** - a one-time application processing fee payable to the LBVM must accompany form $ 100

❑ **NAVLE** - Fourth Year Students or Graduates ONLY.
Proof of graduation or proof of student status (original signed form) must be submitted with this application.

➊ NBVME exam application and payment being submitted directly to NBVME via mail or electronically for test window: ❑ April 20____ ❑ Nov/Dec 20____

❑ **STATE BOARD EXAM** - Graduates or Students eligible for graduation within not less than 60 days of exam date. Proof of graduation status must be submitted with this application.
--- Month requested: _____ $ 200

❑ **SCORE TRANSFER FEE** – If you are transferring passing scores for NBE & CCT or NAVLE previously taken in another state, include $10 transfer processing charge for each score $ 10 / 20

- The application fee, State Board Exam fee, and score transfer processing charge must be made payable to the LBVM.

2. **PREVIOUS EXAM HISTORY:** List all attempts taken for NBE, CCT, NAVLE or any other state board; mark exam scores to be transferred. *THIS INFORMATION MUST BE PROVIDED.*

NAME OF EXAM	DATE TAKEN	STATE BOARD APPLIED THROUGH	IF TRANSFERRING	
			Yes / No	If you are transferring passing scores for NBE & CCT or NAVLE previously taken in another state, include the $10 transfer processing charge for each score being transferred.
			Yes / No	
			Yes / No	
			Yes / No	

3. LIST ALL LICENSES CURRENTLY OR PREVIOUSLY HELD AS DVM, WHETHER TEMPORARY OR PERMANENT (A Certificate of Valid Licensure must be completed by each state listed and provided to the LBVM - form is available from LBVM).
   ❑ DOES NOT APPLY

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

4. 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.)

5. DO YOU CURRENTLY HAVE ANY DISCIPLINARY INVESTIGATION AND/OR ACTION PENDING AGAINST YOU IN ANOTHER JURISDICTION?
   ❑ No ❑ Yes (If "Yes", explain circumstances in detail on separate sheet and attach to this application.)

6. 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 circumstances in detail on separate sheet 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 circumstances 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 circumstances in detail on separate sheet and attach to this application.)

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 circumstances in detail on separate sheet and attach to this application.)

10. PROVIDE THE EMPLOYMENT INFORMATION REQUESTED BELOW COVERING **THE LAST TEN YEARS**. ACCOUNT FOR ALL GAPS OF TIME IN EMPLOYMENT AND/OR EDUCATION. Use separate sheet of paper if additional space is needed.

DATE FROM (month & year)	DATE TO (month & year)	NAME AND ADDRESS OF EMPLOYER OR SCHOOL	JOB TITLE

REFERENCES OF PERSONAL AND PROFESSIONAL CHARACTER: List the names and mailing addresses for three individuals who are **licensed veterinarians or other professionals** not related to you or currently enrolled in the same veterinary curriculum as yourself and who can attest to your professional capabilities and ethical standards. A reference form will be forwarded to each individual listed by the Board office for completion.

Full Name	Profession:
Address	
Full Name	Profession:
Address	
Full Name	Profession:
Address	

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

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 at

_____

this _____ day of _____,

20_____.

_____
Signature of Notary Public

Applicant's photograph must be attached here.

NOTARY SEAL MUST BE AFFIXED ON APPLICATION.

Make sure application is complete, there are no blanks, and the form has been signed and notarised.

Mail completed application and fees to:

LOUISIANA BOARD OF VETERINARY MEDICINE
5825 Florida Blvd.
Baton Rouge, Louisiana 70806

Board telephone number is (225) 925-6620 www.lsbvm.org

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