

Veterinary License or Intern Permit Application

Name (please print):	Birthdate:
Mailing Address:	Home Phone:
	Business Phone:
Residence Address (if different):	Social Security # (see reverse):

Schools: Attach copy of diploma or proof of expected graduation from a school official. If you graduated from an unaccredited foreign school, attach a copy of ECFVG or PAVE certification.

Undergraduate:	Degree:	Year:
Veterinary:	Degree:	Year:

National Examinations: Both NBE and CCT or NAVLE are required for Oregon licensure. Waiver of CCT may be granted if you meet the requirements listed in the information page. Scores must be reported directly from VIVA. If you took these tests in Oregon, you do not need to request score transfers.

Date and location of NBE _____ Date and location of NAVLE _____
 Date and location of CCT _____

B If you are not a new graduate, or are a new graduate with some practice experience, list
A your veterinary employment for the last 5 years. One of the listed employers (or colleague, if
C you were self-employed) must complete and submit an experience verification form.

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Employer name & location	Dates of Employment
Employer name & location	Dates of Employment
Employer name & location	Dates of Employment

& List all states in which you are or ever have been licensed. Check here if none.

R ALL applicants must list three personal references, at least two of which are veterinarians.

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Name, address & occupation
Name, address & occupation
Name, address & occupation

NOTICE OF REQUIREMENT AND USE OF SOCIAL SECURITY NUMBER

You are required to provide your Social Security Number (SSN) on this application. THIS IS MANDATORY. Authority for this requirement is ORS 25.785, ORS 305.385, 42USC § (405)(c)(2)(C)(i) and 42 USC § 666(a)(13). Failure to provide your SSN will be a basis to refuse to issue or renew the license. This record of your SSN will be used for child support enforcement and tax administration purposes (including identification) only unless you authorize other uses. Although a number other than your SSN appears on the face of the veterinary license, your SSN will remain on file with the Veterinary Medical Examining Board.

YOU MUST ANSWER THE FOLLOWING QUESTIONS

Explain 'yes' answers to questions 1-4 and a 'no' answer to question on a separate sheet. Failure to provide explanations or to be truthful may result in denial of licensure. A 'yes' answer does not preclude licensure. The Board will review applications with exceptional circumstances on an individual basis and decide on the facts. If your application is denied, you have the right to a fair hearing to appeal the denial.

- 1. Have you ever been arrested, charged or convicted of a felony or misdemeanor? Yes No
- 2. Have you ever been treated for controlled substance or alcohol abuse? Yes No
- 3. Have you ever had a veterinary or other professional license suspended or revoked, or been issued other disciplinary action in any other state or country? Yes No
- 4. Are there any other facts not disclosed by your previous answers which might bear adversely on your eligibility and competence to practice veterinary medicine? Yes No
- 5. Do you agree that if there are other matter(s) which occur hereafter before you receive your license as a veterinarian, which might adversely bear on your eligibility to practice veterinary medicine, such matter(s) will be disclosed by you immediately to the Oregon Veterinary Medical Examining Board? Yes No

Make \$75 check or money order payable to OVMEB and mail to:

Veterinary Medical Examining Board
800 NE Oregon St., Ste. 407
Portland, OR 97232



Sign and date a current photo and attach here

NOTARY PUBLIC:

In the State of _____, County of _____

Subscribed and sworn to before me this _____ day of _____, 200__

(SEAL)

Signed: _____

Notary Public for _____

County Commission Expires: _____

PLEASE NOTE: You may not practice veterinary medicine in Oregon until you have received your license or permit unless you are already licensed in another state and are working in consultation with a licensed Oregon veterinarian for 30 days or less (ORS 686.040(8)). When you have completed the application process, including passing the Juris Prudence exam, a license or permit activation form will be sent to you. You may download forms at our website, www.ovmeb.state.or.us.

AFFADAVIT OF APPLICANT: I, _____, depose and say that all of the preceding statements are true and correct, that I am the person described and identified above and on all attached documents, and that I will not practice veterinary medicine in Oregon until my license or permit has been issued.

Signature of applicant: _____ Date _____

Oregon Veterinary Medical Examining Board

800 N.E. Oregon St., Suite 407
Portland, Oregon 97232
Phone: 971-673-0224 Fax: 971-673-0226

VERIFICATION OF EXPERIENCE

Applicant Name: _____
(please print)

Applicants for a **permanent active** Oregon veterinary license must have at least one year of experience in another state, province or territory of the U.S. or one year of supervised experience (internship) in Oregon. This must be verified by a licensed veterinarian employer or colleague with knowledge of applicant's experience. Use a separate form (copy this original) for each veterinarian verifying experience. A signed letter with similar statements may be accepted in lieu of this form. Return form with original signature to address above. Form may be faxed if original is mailed.

Verification

- One year (and/or _____ months) of supervised experience in Oregon.
- One year (and/or _____ months) of experience as a practicing veterinarian in the state of _____.

Applicant received this experience by practicing in (check all that apply):

- Private Practice
- Residency in a graduate veterinary program* of the following accredited veterinary school: _____.
- Preceptorship or externship in a veterinary program* of the following accredited veterinary school: _____.

Additional comments:

I, _____, certify that I am a licensed
(print name)
veterinarian in the state of _____, that I have knowledge that the above-named

applicant for an Oregon veterinary license has the experience checked above, and that the statements herein are true and correct.

(signature)

(date)

(address)

SEAL

* If experience gained through residency or preceptorship/externship, certify with school seal.