

STATE BOARD OF VETERINARY MEDICINE

P. O. BOX 2649
 HARRISBURG, PA 17105-2649
 (717) 783-7134
 www.dos.pa.gov/vet

APPLICATION for LICENSURE in *VETERINARY MEDICINE*

DO NOT use this application to apply for the NAVLE

NOTE: Practice as a veterinarian in Pennsylvania may not begin until your license has been issued.

INSTRUCTIONS - Apply per requirements of A or B

A. LICENSURE BY EXAMINATION (NAVLE was passed within the preceding 60 months):

- You are ineligible to apply without a Social Security Number
 - NO Pennsylvania-specific jurisprudence exam is required
1. Complete pages 1, 2 and 3 of this license application; include **\$35 application fee (personal check or money order payable to "Commonwealth of PA")** and **mail ORIGINAL application to letterhead address**. Pages 4 and 5 are NOT required. **If any document required for licensure is in a name other than the name under which you applied, a photocopy of the appropriate name change document must be attached.** The only documentation accepted by the Board is a marriage certificate, divorce decree that reflects the retake of a maiden name or court issued legal name change document.
 2. **Graduates of U.S. schools:** Request your college of veterinary medicine to send a final transcript showing your degree (AVMA accredited) and date it was conferred, directly to the PA Board office. Omit this procedure if you are a graduate of the University of Pennsylvania School of Veterinary Medicine **AND** are applying within one year following graduation.
 3. **Graduates of foreign schools:** **To apply, you must have completed the ECFVG program or the PAVE program.** Request the American Veterinary Medical Association (AVMA), www.avma.org, to provide verification of your ECFVG certification directly to the PA Board office, or American Association of Veterinary State Boards (AAVSB) to provide verification of your PAVE certification directly to the PA Board office.
 4. Request the American Association of Veterinary State Boards (AAVSB), www.aavsb.org, Veterinary Information Verifying Agency (**VIVA**), to forward your NAVLE score (passing score is **425**) directly to the PA Board office. Omit this procedure if you took the NAVLE through the PA Board of Veterinary Medicine **AND** are applying within one year following the exam.
 5. Request each state (if any) in which you hold or have held a license as a veterinarian to forward a Letter of Good Standing directly to the PA Board office.
 6. If any documents will be received in a name other than the name under which you are applying, submit a copy of the legal document that changed your name (marriage certificate, divorce decree, court order).

B. LICENSURE BY RECIPROCITY (with five years practice in another state):

- See regulation 31.11 (c) of the Pennsylvania Code, Title 49, Chapter 31, State Board of Veterinary Medicine
- You are ineligible to apply without a Social Security Number
- NO Pennsylvania-specific jurisprudence exam is required

Apply for licensure by reciprocity if you have held a **valid (unexpired) license** in another state, AND have been actively engaged in the **clinical practice of veterinary medicine** in that state **for the 60 months immediately preceding** the date of application to the PA Board.

1. **Pages 1 through 5 must be completed and submitted together with \$35 application fee payable to "Commonwealth of Pennsylvania".** If any document required for licensure is in a name other than the name under which you applied, a photocopy of the appropriate name change document must be attached. **Mail ORIGINAL application to letterhead address.**
2. **Request each state in which you hold or have held a license as a veterinarian to forward a Letter of Good Standing directly to the PA Board office.**

NOTE: The Practice Act and Rules/Regulations of the State Board are available from the Board office or online at www.dos.pa.gov/vet. The continuing education requirement is detailed below.

CONTINUING EDUCATION

In order to renew the license, a ***veterinarian*** shall complete **30 hours of continuing education** (CE) courses approved by the Board during the 24 months preceding the expiration date (November 30 of each even year) of the license. A one-time exemption from this requirement is allowed for persons receiving their veterinary license during this same period. Continuing education credit will not be given for courses in office management or practice building. A maximum of 25% of the required hours may be earned by taking individual study (including on-line) or correspondence courses for which third-party verification of satisfactory completion is provided.

Make certain your credit hours are from approved courses/providers and are verified with documentation as noted below.

Approved courses are those provided by the (1) AVMA (including AVMA allied organizations/major regional veterinary organizations/specialty boards), (2) AVMA accredited schools, (3) PVMA, (4) another state's veterinary medical association, or (5) providers listed on the Registry of Approved Continuing Education (RACE) of the American Association of Veterinary State Boards (AAVSB). Courses from these providers are **not** required to have a Pennsylvania Board **approval number**. However, if you wish to use hours from courses of **other** providers, the course/provider must have applied to and received an **approval number** from the Pennsylvania Board.

The provider must give you a Certificate (letter) of Attendance which must include the name of the provider, your name, the title and date of the course, the number of credit hours you attended and the signature of the person authenticating attendance. If the provider is **not** one of those listed above, the certificate must also show an **approval number** issued by the Pennsylvania Board

Certificates of Attendance must be maintained for three years for submission to the Board if you are selected for audit.

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APPLICATION for LICENSURE in VETERINARY MEDICINE

APPLICATION IS FOR (check one): **license by EXAMINATION** (see part A of Instructions) **license by RECIPROCITY** (see part B of Instructions)

DO NOT use this application to apply for the NAVLE

APPLICATION FEE - \$35; Personal Check or Money Order payable to "Commonwealth of Pennsylvania." Fees are not refundable. NOTE: A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment. If a pending application is older than one year from the date submitted and the applicant wishes to continue the application process, the Board shall require the applicant to submit a new application including the required fee. In order to complete the application process, many of the supporting documents associated with the application cannot be more than six months from the date of issuance.

PART ONE

DAYTIME PHONE # (_____)_____

NAME _____
Last First Middle Maiden

ADDRESS _____
Street City State Zip Code

SOCIAL SECURITY # _____ *BIRTH DATE _____ EMAIL _____
 (You are ineligible to apply without a Social Security Number. See information at bottom of page 2.)

PART TWO

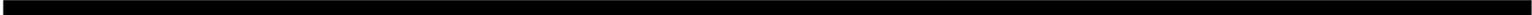
ANSWER THE FOLLOWING: If you answer "YES" to question(s) 3-8, give details on a separate sheet AND provide a certified copy of all related official documentation.	YES	NO
1. Do you hold or have you ever held a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?		
2. If you answered yes to the above question, please provide the profession and state or jurisdiction _____.		
3. Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		
4. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit, or registration in any state or jurisdiction?		
5. Have you withdrawn an application for a professional or occupational license, certificate, permit, or registration, had an application for a license denied or refused, or agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
6. Have you ever been convicted (found guilty, pled guilty, or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
7. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		
8. Do you currently engage in, or have you ever engaged in, the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics, or other drugs or substances that may impair judgment or coordination?		

PART THREE

Miscellaneous Data:

1. Veterinary school and location _____
2. Date of degree _____
3. (Foreign graduates) Date of ECFVG or PAVE certification _____
4. Date, and State for which you passed the NBE/CCT or NAVLE _____
5. List all states in which you hold or have held a license to practice veterinary medicine. You must request that a Letter Of Good Standing be sent from each State Board Office directly to the Pennsylvania Board Office.

6. Name and address of the veterinary facility in which you will practice in Pennsylvania.



PART FOUR

VERIFICATION

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 PA C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my licensure or registration. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S. Section 4911. **I verify that I have read and am familiar with the provisions of the Pennsylvania Veterinary Medicine Practice Act and regulations of the State Board of Veterinary Medicine (see www.dos.pa.gov/vet).** I also verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way.

Printed Name of Applicant

Signature of Applicant

Date

DO NOT use this application to apply for the NAVLE apply at www.nbvme.org.

NOTICE: Disclosing your Social Security Number on this application is mandatory in order for the State Boards to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa.C.S. § 4304.1(a). At the request of the Department of Human Services (DHS), the licensing boards must provide to DHS information prescribed by DHS about the licensee, including the social security number.

PENNSYLVANIA VETERINARY LEGAL REVIEW VERIFICATION

April 2009

Please complete this form and submit with your application to the Board office. This procedure will allow you to demonstrate to the Board your awareness of the content of the Veterinary Medicine Practice Act (63 P.S. §485.1 et seq.) and the Board's regulations (49 Pennsylvania Code, Chapter 31). The **Practice Act** and **Rules and Regulations** are available online at www.dos.pa.gov/vet.

Provide the **section AND paragraph designation** in the **Practice Act** which contain information on the following subjects:

- 1. The 5 "conditions" comprising a "Veterinarian-client-patient relationship". _____
- 2. Disciplinary action taken against your veterinarian license in another state shall be reported to the Pennsylvania board. _____
- 3. Educational programs shall be designed to keep members of the profession abreast with current learning and scholarship. _____
- 4. Refusing to permit the board to inspect the business premises of a licensee being grounds for disciplinary proceedings. _____
- 5. Veterinarians called from other states to consult with licensees of Pennsylvania being exempted from licensure. _____

Provide the **section AND paragraph designation** in the **Regulations** which contain information on the following subjects:

- 6. "Pre-approved" providers for continuing education courses. _____
- 7. Veterinary treatment being provided by a chiropractor, dentist or physical therapist. _____
- 8. Information to appear on labels of prescription drugs dispensed by a veterinarian. _____
- 9. A veterinarian may not withhold the release of veterinary medical records to clients for nonpayment of a professional fee. _____
- 10. Duties of employees who are NOT certified veterinary technicians. _____

I have provided the above responses by personal review of the Practice Act and regulations of the Pennsylvania State Board of Veterinary Medicine.

PRINTED NAME & SIGNATURE
OF APPLICANT:

DATE: _____

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VERIFICATION OF CLINICAL PRACTICE

Include this form with application for veterinarian licensure by **RECIPROCITY**. Complete **one form** (copy as necessary) **for each state** in which you have practiced. **Active clinical practice** must have occurred for the **immediate past five years** and be documented to the date of application.

APPLICANT

NAME _____
Last First Middle Maiden

DAYTIME PHONE _____ DATE _____

1. INCLUDE NAME AND ADDRESS OF FACILITY FOR WHICH YOU PRACTICED **DURING THE LAST 60 MONTHS**.
2. **PROVIDE INCLUSIVE DATES** FOR EACH EMPLOYMENT.
3. **DESCRIBE IN DETAIL** YOUR CLINICAL EXPERIENCE DURING EACH EMPLOYMENT.

(Please TYPE - include additional typed pages as necessary)

Start date of clinical practice _____ End date of clinical practice _____
Month Year Month Year

License number _____ State of issue _____

License issue date _____ License expiration date _____

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CERTIFICATE of RECOMMENDATION

- This form is required only of applicants for licensure by RECIPROCITY.
- Two currently licensed veterinarians must sign below and provide requested information.
- The second veterinarian signing must return the completed ORIGINAL form to applicant.
- ORIGINAL form must be submitted by applicant with remainder of application.

Applicant Name _____
Last
First
Middle
Maiden

I RECOMMEND THE APPLICANT FOR A LICENSE TO PRACTICE VETERINARY MEDICINE IN THE COMMONWEALTH OF PENNSYLVANIA. I CERTIFY TO THE BEST OF MY KNOWLEDGE THAT THE APPLICANT IS OF GOOD MORAL CHARACTER AND COMPETENCE, AND HAS BEEN IN ACTIVE CLINICAL PRACTICE FOR THE IMMEDIATE PAST FIVE YEARS.

 Printed Name of **FIRST** Recommending Veterinarian Daytime Phone # State of Licensure License #

Signature
Date

 Printed Name of **SECOND** Recommending Veterinarian Daytime Phone # State of Licensure License #

Signature
Date