

APPLICATION FOR BOARD APPROVAL TO TAKE THE
NORTH AMERICAN VETERINARY LICENSING EXAMINATION (NAVLE)

AND

APPLICATION FOR LICENSE TO PRACTICE VETERINARY MEDICINE
IN THE STATE OF MINNESOTA PURSUANT TO MINNESOTA STATUTES CHAPTER 156

*[FOR SENIOR VETERINARY STUDENTS AND VETERINARIANS
NOT PREVIOUSLY LICENSED IN ANY U.S. OR CANADIAN JURISDICTION]*

I am submitting this application to the Minnesota Board of Veterinary Medicine for the purpose of:

Obtaining a Minnesota Veterinary License *AND/OR* NAVLE Approval

I have submitted my NAVLE application and payment to the NBVME. **OR**

I have passed the NAVLE and will have my score transferred to Minnesota.

1. BIOGRAPHICAL DATA

NAME (last, first, middle)

NAME TO APPEAR ON LICENSE

STREET _____

CITY _____ ST _____ ZIP _____ COUNTRY _____

DAY PHONE (_____) _____ OTHER PHONE (_____) _____ DATE OF BIRTH _____

E-MAIL _____ SSN * _____ - _____ - _____ M _____ / F _____

BIRTHPLACE (city/state/country) _____

MILITARY SERVICE (branch) _____ Date of Discharge _____

2. EDUCATIONAL HISTORY (after high school; include veterinary degree and post DVM education)

a. Name and Location of Institution	Dates attended or currently enrolled	Degree awarded or to be completed	Date of degree or anticipated degree
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1) _____

2) _____

3) _____

4) _____

If graduate of a non-accredited college of veterinary medicine, date of ECFVG or PAVE certificate _____

If not ECFVG or PAVE certified, submit proof of enrollment and completion of the program's Step 3 examination.

3 EXAMINATION HISTORY

- a) a. Have you taken and passed the NAVLE? If yes, list location and date taken (month/year). Yes _____ No _____

- b) Have you ever applied for permission to take the NAVLE and had permission denied? Explain below. Yes _____ No _____

- c) Have you ever taken the NAVLE and failed to attain a passing score? If yes, list location and date taken (month/year). Yes _____ No _____

5. IMPAIRMENT HISTORY

- a) Within the past five years, have you been advised by a consulted health care professional that you have a mental, physical, or emotional condition, including alcohol or chemical dependency, which, if untreated, would be likely to impair your ability to practice veterinary medicine with reasonable skill and safety? Yes _____ No _____

If answer to question 5.a. is Yes, please answer the following:

- (1) With regard to any condition referenced above, are you being treated so that such impairment is avoided? Yes _____ No _____
- (2) With regard to any condition referenced above, are you in compliance with the recommended treatment? Yes _____ No _____
- (3) With regard to any condition referenced above, has your treating health care professional advised you that you are able to practice veterinary medicine with reasonable skill and safety? Please explain. Yes _____ No _____

(4) Identify your health care professional.

6. TEMPORARY PERMIT REQUEST

- I request a temporary permit to practice veterinary medicine in Minnesota prior to the Board officially issuing my license. I understand a temporary permit will only be issued after my DVM degree is awarded, complete application and supporting documents are received at the Board Office, and I have taken and passed the NAVLE and the Minnesota Jurisprudence Examination.

7. DISCIPLINARY HISTORY - Any question answered affirmatively must be fully explained in the space below or on an attached sheet.

- a. Have you ever been denied a license to practice veterinary medicine? Yes _____ No _____

- b. Have you ever surrendered a license to practice veterinary medicine in lieu of disciplinary action by a licensing authority? Yes _____ No _____

- c. Do you have a felony conviction record or a criminal charge pending? Yes _____ No _____

8. FEES

I have enclosed a check or money order payable to the **Minnesota Board of Veterinary Medicine** for the following (all can be included in one check).

ALL APPLICANTS:

APPLICATION FEE \$50 _____

APPLICANTS ELIGIBLE TO REQUEST LICENSURE:

MINNESOTA JURISPRUDENCE EXAMINATION \$50 _____

INITIAL BIENNIAL LICENSE, includes \$20 surcharge
(Students may delay paying initial license fee until graduated
and eligible for licensure.) \$220 _____

TEMPORARY PERMIT (This is only for graduate veterinarians who
are applying to practice before next scheduled Board meeting.
See Paragraph 6.) \$50 _____

TOTAL: _____

AFFIDAVIT

I agree that, should a license to practice veterinary medicine be granted to me by the Minnesota Board of Veterinary Medicine, I will comply with the laws pertaining to the practice of veterinary medicine in the State of Minnesota as set forth in Minnesota Statutes Chapter 156.

I hereby certify that the foregoing statements have been made by myself, and I understand their meaning, and they are true, full and correct to the best of my knowledge. I also certify that I have fully responded to all questions and have not omitted relevant information sought in this application. I understand that providing false information or failing to provide material information may constitute fraud, misrepresentation or deception in attempting to obtain a license and may result in denial of license or disciplinary action should a license be issued

Applicant Signature

Subscribed and sworn to before me this _____ day of _____, 20_____

Notary Signature

S E A L

Application Checklist - the following are required to complete this application:

- Notarized signature
- Copy of diploma or letter verifying enrollment and anticipated graduation date
- If student or graduate of non-accredited college of veterinary medicine - proof of ECFVG or PAVE enrollment and completion of Step 3 examination
- 5 reference letters from adults not related to you, at least two of whom are licensed veterinarians
- Copy of military discharge papers, if applicable
- Fees

RIGHTS OF SUBJECTS TO DATA

This application is authorized by MN Stat. 156.02 and will be used to determine your qualifications for examination and licensure. Although you may refuse to supply the information requested in this application, failure to provide the requested information will result in the denial of licensure.

Until licensure is granted, the information in the application is private data, accessible only to you, the Board of Veterinary Medicine, its agents, and/or agents of the Attorney General's Office representing the Board of Veterinary Medicine. In accordance with statute and rules, application information may in some circumstances be disclosed to certain other persons or entities, including the Office of Administrative Hearings and any reviewing courts. This file becomes public record if licensure is granted, except that your social security number remains private, subject to disclosure requirements discussed immediately below.

* Social Security Number Information - Pursuant to MN Statute 270C.72 Tax Clearance: Issuance of Licenses, the licensing authority is required to provide to the Minnesota Commissioner of Revenue your social security number. Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue; however, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.