

LICENSURE APPLICATION INSTRUCTIONS

OKLAHOMA STATE BOARD OF VETERINARY MEDICAL EXAMINERS

201 N.E. 38th Terr, Suite 1
Oklahoma City, OK 73105
PH# (405) 524-9006 FAX# (405) 524-9012
E-MAIL: staff@okvetboard.com

Application Deadline Dates:

Please call the Board office for dates.

All applicants must submit:

- The completed “Licensure Application” form.
- The “Verification of Education” form completed by the accredited school of veterinary medicine showing the applicant is a Doctor of Veterinary Medicine graduate.
- Three (3) “Recommendation” forms.
- A certified or notarized copy of the diploma. A notarized copy of the diploma may be obtained by submitting the original and a photocopy to a notary, the notary must affix their signature under the following statement “I have seen the original and this is an exact duplicate of the same”.
- A “Verification of Licensure” form must be completed for each current or previously issued veterinary license or certification. It is recommended that you call ahead, they may have a fee for this service.
- If your national exam(s) were taken in another jurisdiction other than Oklahoma, you must request a score transfer. All National examination scores, both passing and failing, must be transferred to this Board. To transfer scores, you can apply on-line at www.aavsb.org/scoreTransferApp.asp or contact them by phone at 1-877-698-8482. They will then fax the information directly to OSBVME.
- A check, money order or cashier’s check made out to OSBVME for \$150.00 for the Oklahoma State Examination (OSE).

Additional requirements for foreign graduates:

- Graduates of schools of veterinary medicine located outside the United States and Canada, applying for Oklahoma licensure **MUST** submit a certified copy of the ECFVG certificate in addition to the diploma.
- All documents, certificates, diplomas, etc. **MUST** be in the English language or an additional translation into the English language by a translator or translation service acceptable to the Board must accompany the document.

Additional Fee Information

- The fee schedule is subject to change without notice. Contact the Board office for a current fee schedule.
- **ALL FEES ARE NON-REFUNDABLE.**
- Return Check Processing Fee is \$ 35.00, if applicable.

Additional information:

- All forms must have original signatures. Stamped or initialed signatures are **NOT** acceptable.
- If you have been licensed in another state for over 5 years and have at least 5,000 clinical hours, you must submit a “Reciprocity” application. Please contact the Board office for this application to be sent to you or download a copy from our website at okvetboard.com.
- Applicants requiring special testing accommodations must contact the Board office prior to submission of the application.
- Applicants will receive only one (1) notice as to any deficiencies in the application, if further information is needed, or if there is a negative Board decision. It will be the applicant’s responsibility to contact the Board office as to the status of his/her application.
- The OSBVME may contact other sources for verification of information contained in your application.

- All applications are submitted to the Board for approval, prior to examination. The Board meetings are open to the public. You may but are not required to appear in person before the Board in support of your application, have an attorney or representative appear for you or allow the Board to make the final determination of qualification by reviewing your written application. If you wish to appear in person, have an attorney or other representative appear before the Board, notify the office staff at least ten (10) days prior to the meeting to permit scheduling.
- Even though your application is complete and all requirements are satisfied, there is no guarantee that the Board will approve your application for licensure. The Board may find exceptions or make discoveries which will cause them not to approve an application for licensure. In such event, the Board will clearly state the basis upon which such exceptions have been made and you will be notified by mail. The Board may, at its discretion, require further proof of clinical competency. You will be notified if this applies to you.
- After Board approval, the OSE will be administered at the Board office by appointment arranged with the Executive Director. The OSE consists of questions covering the Oklahoma Veterinary Practice Act which will be provided by the Board prior to the examination. You can also download a current copy from our website at www.okvetboard.com. You must receive a passing score of 70 or above before a license will be issued.
- If the applicant fails to receive the passing score on the examination, the applicant may request a re-examination after (10) days. The licensing fee covers the original examination and the re-examination provided the applicant request re-examination within one (1) year after the initial failing of the examination and further provided the applicant update all information submitted on the original application. If the applicant fails to receive a passing score on the re-examination, the applicant will not be considered for licensure.
- Applications are valid for one (1) year from the date received from the Board.

******KEEP THIS OFFICE INFORMED OF YOUR CURRENT MAILING ADDRESS AT ALL TIMES. THIS OFFICE CAN NOT BE RESPONSIBLE FOR UNDELIVERABLE OR MISDIRECTED MAIL. THE OSBVME WILL, AT ALL TIMES, USE THE ADDRESS ON THE APPLICATION UNLESS A WRITTEN CHANGE OF ADDRESS IS RECEIVED BY THIS OFFICE. THE OSBVME CONTINUOUSLY UPDATES ITS FORMS AND INSTRUCTIONS. IT SHALL BE THE APPLICANTS RESPONSIBILITY TO CONTACT THE BOARD OFFICE FOR CURRENT REVISIONS AND UPDATED FORMS******



**OKLAHOMA STATE BOARD OF
VETERINARY MEDICAL EXAMINERS**
201 N.E. 38th Terr, Suite 1 Oklahoma City, OK 73105
(405) 524-9006 Fax (405) 524-9012

LICENSURE APPLICATION

PRINT OR TYPE ANSWERS TO ALL QUESTIONS ON THIS FORM IN FULL

Name:						-	-
FIRST	MIDDLE	LAST	MAIDEN	SS#			
Address:							
NUMBER AND STREET	CITY	STATE	ZIP	EMAIL			
() - () -		/ /					
HOME PHONE	DAY PHONE	DATE OF BIRTH	BIRTH CITY	STATE	COUNTRY		
		/ /			/ /	/ /	
Military Service:							
BRANCH		RANK		FROM		TO	

EACH "YES" ANSWER MUST BE EXPLAINED IN DETAIL ON A SEPARATE PAGE.	YES	NO
1. Has your application for examination or licensure ever been rejected in any state, territory, province, or foreign country?		
2. Have you ever failed a National or State veterinary examination?		
3. Have you ever been the subject of any disciplinary action by any government, jurisdictional or licensing authority; federal, state or municipal?		
4. Have you ever been arrested for, charged with, or convicted of, a felony or misdemeanor? (Do not include traffic offenses unless the original charge was DUI, DWI or APC)		
5. Are you now or have you in the past been addicted to or used in excess any drug or chemical substance, including alcohol, the excessive use of which has the potential to affect, or actually affected, your ability to practice veterinary medicine with reasonable skill and safety?		
6. Are you now being or have you in the past been treated through a drug or alcohol rehabilitation/recovery program?		
7. Are you now being or have you in the past been treated for emotional or mental disorder which affects or affected your ability to practice veterinary medicine with reasonable skill and safety?		
8. Have you ever been charged with or convicted of a crime directly or indirectly related to the practice of veterinary medicine?		
9. Has your narcotic license or permit (State or Federal) ever been revoked, denied or voluntarily surrendered?		
10. Have you ever been denied membership or had your membership revoked in a state or other veterinary association?		
11. Have you ever been named as a defendant in a civil lawsuit involving unprofessional conduct, moral turpitude or in any way pertaining to the practice of veterinary medicine (including malpractice)?		

LIST ALL EDUCATION BEGINNING WITH HIGH SCHOOL: Attach a separate page if necessary.				
NAME OF INSTITUTION	CITY, STATE	FROM	TO	DEGREE RECEIVED
_____	_____	___/___	___/___	_____
_____	_____	___/___	___/___	_____
_____	_____	___/___	___/___	_____
_____	_____	___/___	___/___	_____
_____	_____	___/___	___/___	_____
_____	_____	___/___	___/___	_____

<p align="center">PHOTO taken within the past 12 months (Tape - do not staple)</p>	<p>This is to certify that the photograph is a correct likeness of the applicant. State of _____ County of _____. Sworn to before me on ___/___/____. My commission expires on ___/___/____. Notary Public _____ Comm # _____</p> <p align="center">Note: Notary seal must be impressed partially on the picture and partially on the form.</p>
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EMPLOYMENT: Account for ALL gaps of time in employment and/or education. Attach a separate page if necessary.

FROM	TO	EMPLOYER	CITY, STATE	JOB TITLE/ACTIVITY
___/___/___	___/___/___	_____	_____	_____
___/___/___	___/___/___	_____	_____	_____
___/___/___	___/___/___	_____	_____	_____
___/___/___	___/___/___	_____	_____	_____
___/___/___	___/___/___	_____	_____	_____

Proposed Practice: _____ () - _____
 NAME PHONE
 ADDRESS CITY STATE ZIP

Please write exactly how you would like your name to read on your wall license when it is issued:
 NAME ADDRESS IF DIFFERENT FROM PAGE

FOR DVMS LICENSED IN ANOTHER STATE, PLEASE ANSWER THE FOLLOWING:

Reason For Locating to Oklahoma:
 Have you been actively engaged in the clinical practice of veterinary medicine in another state, territory or district or province of the United States or Canada for a period of at least 5,000 hours during the five (5) consecutive years immediately prior to making this application?
 YES NO If yes, Full Time Part Time
 Are you registered with the DEA? YES NO If yes, DEA Reg # _____ Exp / /

VETERINARY RELATED LICENSES OR CERTIFICATES IN OTHER STATES: Attach a separate page if necessary.

PROFESSION	STATE OR COUNTRY	NUMBER	DATE ISSUED	CURRENT STATUS
_____	_____	_____	___/___/___	_____
_____	_____	_____	___/___/___	_____
_____	_____	_____	___/___/___	_____

APPLICANT'S AFFIRMATION

"I hereby certify under oath or affirm that I am the person named in this application; that all statements I have made herein are true; that the photograph is a true resemblance of me and was made within the last twelve (12) months; that in consideration of the issuance to me of a license to practice veterinary medicine in the State of Oklahoma I hereby pledge that I shall abstain from deceptive or fraudulent methods of practice, from immoral, unprofessional and unethical conduct; that I shall abstain from professional association with, and shall not act as a shield for, an unlicensed practitioner or other person and I hereby agree that violation of this pledge shall constitute cause for revocation of my veterinary license. I further swear/affirm that I have not practiced veterinary medicine in any other state or territory of the United States in violation of the laws thereof; that my license to practice veterinary medicine has not been revoked in any other such state or territory; and that I have not been convicted of a felony or a violation of the narcotic laws of the United States. I further state that I am not omitting any information which might be of value to the Board to determine my qualification or eligibility. I agree that any falsification, omission or withholding of pertinent information or facts, concerning my qualifications as an applicant for examination and/or licensure shall be sufficient to bar me from further consideration for licensure by the Oklahoma State Board of Veterinary Medical Examiners. Any such falsification, omission or withholding of pertinent information shall serve as sufficient grounds for fines, revocation, cancellation or suspension of my veterinary license should it be discovered after my license is granted. I hereby authorize all hospitals, clinics, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present), and all government agencies (local, state, federal or foreign) to release to the Oklahoma State Board of Veterinary Medical Examiners or its successors any information, files, or records requested by the Board in connection with this application. **By submitting this application, I am requesting the release of any and all disciplinary actions from any organizations, institutions, clinics or hospitals to the Oklahoma State Board of Veterinary Medical Examiners.** I further authorize the Oklahoma State Board of Veterinary Medical Examiners or its successors to release to the organizations, individuals or groups listed herein, information which is material to this application or any subsequent license."

Notary Seal
 Signature: _____ Date: ___/___/___
 State of _____ County of _____. Sworn to before me on ___/___/____. My commission expires on ___/___/____.
 Notary Public _____ Comm # _____

Oklahoma State Board of Veterinary Medical Examiners

201 N.E. 38th Terr, Suite 1
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(405) 524-9006

VERIFICATION OF EDUCATION

- This form must be completed by an educator of the institution from which you are obtaining or have obtained your professional academic degree.
- If a copy of the diploma is available, please have it accompany this form.
- The seal of the institution must be impressed on this form or the statement at the bottom of this form must be signed by the author of this form and signature notarized.
- **ALL SIGNATURES MUST BE ORIGINAL.**

I, _____, do hereby certify that the applicant,
Name of Educator
_____, is attending or has attended
Name of Applicant
_____ located
Name of Institute
in _____, _____ beginning ____/____/____ until the graduation
City State
date or anticipated graduation date of ____/____/____.

Was the applicant was the subject of disciplinary action while enrolled at this institution? Yes No

Institution
Seal

____/____/____
Date

Signature

Printed name of Signature

Title

Phone Number

(____)_____

.....
If the Institution seal is not available, the above signature must be notarized here:

Notary
Seal

Sworn to before me on ____ day of _____, _____.

My commission expires ____/____/____.

Notary

Public _____

Comm# _____

Main
(405) 524-9006

E-Mail: staff@okvetboard.com

Fax
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Oklahoma State Board of Veterinary Medical Examiners

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RECOMMENDATION

- This form is to be completed by a veterinarian who is personally acquainted with you.
- The certifying veterinarian must hold a current, unmodified license to practice veterinary medicine in the US or Canada.
- This form must be a representation of clinical skills and competence in veterinary medicine.
- This form serves as one (1) of your required three (3) letters of recommendations.
- This form may be copied as necessary.

I, _____ do hereby certify that I am personally
Name of certifying veterinarian - Please type or print
and well-acquainted with the applicant, _____. The
Name of Applicant
following is my recommendation to the Oklahoma State Board of Veterinary Medical Examiners in
support of his/her application for licensure. (give a brief narrative recommendation).

I further certify that I hold a current, unmodified license in the state of _____,
License # _____.

_____/_____/_____
Date Signature

Before me, on this _____ day of _____, _____,
personally appeared _____, to me known to be
the identical person who executed the within and foregoing
statement. State of _____, county of
_____. My commission expires ____/____/____.

Notary
Seal

Notary Public _____ Comm# _____

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License # _____.

_____/_____/_____
Date Signature

Before me, on this _____ day of _____, _____,
personally appeared _____, to me known to be
the identical person who executed the within and foregoing
statement. State of _____, county of
_____. My commission expires ____/____/____.

Notary
Seal

Notary Public _____ Comm# _____

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_____/_____/_____
Date Signature

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personally appeared _____, to me known to be
the identical person who executed the within and foregoing
statement. State of _____, county of
_____. My commission expires ____/____/____.

Notary
Seal

Notary Public _____ Comm# _____

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VERIFICATION OF LICENSURE

- This form must be completed by the state regulatory agency in each state in which you hold or have ever held a license to practice veterinary medicine.
- The signature of the authorizing official must be original.
- This form may be copied as necessary.
- A computer generated substitute for this form is acceptable provided it contains ALL the information described below, and bears the original signature.

Name Of Applicant _____ License # _____

Profession In Which License Was Issued _____

State Issuing License _____ Date License Issued ____/____/____

License Issued On The Basis Of _____

Is License Current? Yes No If no, briefly explain _____

Dates Of Disciplinary Action (If Applicable) _____

Reason For Disciplinary Action _____

If there has been disciplinary action, please attach a certified copy of the Final Order or charges of a pending case.

I hereby certify that this information is correct to the best of my knowledge and that based on records available to me the applicant was competent to practice while licensed in this state.

Agency
Seal

_____/_____/_____
Date

Signature of Agency Official

Printed name of signature

Title

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