



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

**Applying For:**  
 NAVLE  
 OK State Exam

I have registered online w/NBVME

**APPLICATION FOR NAVLE EXAM AND/OR LICENSURE**

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

<b>EACH "YES" ANSWER MUST BE EXPLAINED IN DETAIL ON A SEPARATE PAGE.</b>	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 Has your narcotic license or permit (State or Federal) ever been revoked, denied or voluntarily surrendered?		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)?		

Proposed Practice (if known): \_\_\_\_\_ ( ) -  
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, if applicable:

\_\_\_\_\_  
NAME ADDRESS IF DIFFERENT FROM PAGE

**PHOTO**  
 taken within  
 the past 12 months  
 (Tape - do not staple)

This is to certify that the photograph is a correct likeness of the applicant.  
 State of \_\_\_\_\_ County of \_\_\_\_\_. Sworn before  
 me on this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. My commission  
 number is \_\_\_\_\_ and expires on \_\_\_\_/\_\_\_\_/\_\_\_\_.  
 Notary Public \_\_\_\_\_

**Note:** Notary seal must be impressed partially on the picture and partially on the form.

**LIST ALL EDUCATION BEGINNING WITH HIGH SCHOOL:** Attach a separate page if necessary.

NAME OF INSTITUTION	CITY, STATE	FROM	TO	DEGREE RECEIVED
_____	_____	___/___/___	___/___/___	_____
_____	_____	___/___/___	___/___/___	_____
_____	_____	___/___/___	___/___/___	_____

**EMPLOYMENT:** Account for ALL gaps of time in employment and/or education since High School. Attach a separate page if necessary.

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

**APPLICANT'S AFFIRMATION**

**(including verification of lawful presence in the United States)**

“The undersigned, of lawful age, being first duly sworn, upon oath state, under penalty of perjury, as follows: I am a United States Citizen, or I am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States. I further swear/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.”

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
State of \_\_\_\_\_ County of \_\_\_\_\_. Sworn to before  
me on \_\_\_/\_\_\_/\_\_\_\_. My commission expires on \_\_\_/\_\_\_/\_\_\_\_.  
Notary Public \_\_\_\_\_ Comm # \_\_\_\_\_

Notary  
Seal