

OKLAHOMA STATE BOARD OF VETERINARY MEDICAL EXAMINERS

2920 N. Lincoln Blvd, Suite C Oklahoma City, OK 73105

PH# (405) 522-8831 FAX# (405) 522-8034

Website: www.okvetboard.com

OKLAHOMA LICENSURE APPLICATION INSTRUCTIONS

This application is intended for individuals needing an Oklahoma Veterinary License that have never been licensed or have held a license in another state for less than 5 years. If you have been licensed in another state for over 5 years, you must submit a “Reciprocity” application available on our website.

All applicants must submit:

- The completed “Licensure Application” form.
 - The application must show the notary seal impressed partially on the photograph and partially on the application to insure that the photo on the application is the same photo notarized. The photo must be firmly affixed to the application and must not exceed the space provided, nor obscure other information on the application.
 - Any “Yes” answer to questions 1-11 must be explained in full to include any charges, dates, county/state, outcome, and your driver’s license number on a separate sheet of paper.
 - If you are not a US Citizen, you must provide your I-94 number and your Alien Registration number. We also request you send a copy of your Alien Registration card and a copy of your passport.
 - The application must contain all necessary information to account for all time in education and work history since graduation from High School to the present.
 - Sign the Applicant Affirmation on page 2. All natural persons applying for a license from the Oklahoma State Board of Veterinary Medical Examiners (“Board”) are required, by the provisions of 56 O.S. Supp 2007 § 71, to provide the Board with verification of lawful presence in the United States by signing the application before a notary public or other officer authorized to notarize affidavits under State law. The Board’s licensing office is staffed with notaries who are available to provide notary service at no cost to applicants.
- The “Verification of Education” form completed by the accredited school of veterinary medicine showing the applicant is or will be a Doctor of Veterinary Medicine graduate.
- Three (3) “Recommendation” forms with original signatures on the forms provided.
- 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”. Graduates of schools of veterinary medicine that are not accredited **MUST** submit a certified copy of the ECFVG or PAVE certificate in addition to the diploma.
- A “Verification of Licensure” form must be completed for each current or previously issued veterinary license or certification. It is recommended that you call those boards; they may have a fee for this service. You may submit a printed online verification, if available.
- If your national exam(s) were taken in another jurisdiction other than Oklahoma, you must request a score transfer from AAVSB. All National examination scores, both passing and failing, must be transferred to this Board. Apply online at <http://aavsb.org/VIVA/> to transfer scores or call (877) 698-8482. They will then fax the information directly to the Board.
- The Oklahoma State Exam (OSE) fee of \$150.00 in the form of a check, money order or cashier’s check made out to OSBVME or submitted online at www.okvetboard.com.
 - 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.
- 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 Board may contact other sources for verification of information contained in your application.
- All applications are submitted to the Board for approval, prior to examination. Contact the Board office for the exact date and time of the scheduled meetings. 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. 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******



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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	CELL PHONE	DAY PHONE	DATE OF BIRTH	BIRTH CITY	STATE	COUNTRY	
Military Service: _____ / /						/ /	
BRANCH			RANK		FROM	TO	

EACH "YES" ANSWER TO QUESTIONS 1-11 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)?		
12. Are you a US Citizen? If no, list your I-94 number _____ and Alien Registration Number _____		

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. Sworn before me on this _____ day of _____, _____. My commission # _____ expires on ____/____/____. Notary Public _____</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
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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
(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.”

Notary Seal

_____/_____/_____
Signature Date

Sworn before me on this _____ day of _____, _____.

My commission # _____ expires on ___/___/___.

Notary Public _____

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VERIFICATION OF EDUCATION

- This form must be completed by an official 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. If the institution does not have a seal, the signature must be notarized.
- **ALL SIGNATURES MUST BE ORIGINAL.**
- By furnishing this form for your completion, the applicant is requesting the release of any confidential and/or disciplinary records, files or information requested by the Oklahoma State Board of Veterinary Medical Examiners.

I, _____, do hereby certify that the applicant,
Name of Institute Official
_____, 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 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 before me on this _____ day of _____, _____.
My commission # _____ expires on ____/____/____.
Notary Public _____

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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 serves as one (1) of your required three (3) letters of recommendations.
- Original form/signature must be received by the Board.

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 stating the applicant's clinical skills & competence in veterinary medicine)

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

_____/_____/_____
Date Signature

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Date _____
Signature

