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 Website: www.okvetboard.com

RECIPROCITY APPLICATION INSTRUCTIONS

This application is intended for DVMs licensed in another state for 5 years or more.

An applicant may be considered if:

- They are of good moral character.
- Hold a current license in "good standing" in another state, U.S. territory or province of Canada. The state in which the applicant is currently licensed must have standards for admission to practice which are equal to or greater than the current admission requirements in Oklahoma.
- Have received a minimum passing scaled score of 70 on the NBE and CCT or the NAVLE and the Oklahoma State Examination (OSE). The CCT requirement may be waived if at the time the applicant became licensed it was not required by this state.
- Have actively engaged in the clinical practice of veterinary medicine in another state, territory, 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 application in Oklahoma.

An applicant may not be considered qualified if the applicant:

- Has received disciplinary action or is currently under investigation by any licensing or regulatory agency or Board since receiving their degree in Veterinary Medicine. Disciplinary action includes but is not limited to fines, formal reprimands, license suspensions or revocations (except for nonpayment of license renewal fees), probationary limitations, and/or has not entered into any "consent agreements" which contain conditions placed by a Board on their professional conduct and practice, including any voluntary surrender of a license.
- Has had their United State Drug Enforcement Administration (DEA) privileges restricted or revoked;
- Has physical or mental impairment related to drugs, alcohol, or a finding of mental incompetence by a physician that would limit the applicant's ability to undertake the practice of veterinary medicine in a manner consistent with the safety of a patient or the public;
- Has been convicted of a felony;
- Has a conviction record or pending criminal charge relating to an offense the circumstances of which substantially relate to the practice of veterinary medicine. Any applicant who has a conviction record or pending criminal charge shall require appropriate authorities to provide information about the record or charge directly to the Board in sufficient specificity to enable the Board to make a determination whether the record or charge substantially relates to the practice of veterinary medicine.

All applicants must submit:

- The completed "Reciprocity License 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 College 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.
- 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 "Mandatory Continuing Education Information" to certify twenty (20) hours of continuing education in the last fiscal year (July 1st thru June 30th).
- The Reciprocity fee of $625.00 in the form of a check, money order, or cashier's check made out to OSBVME or submitted online at www.okvetboard.com.

Additional information:

- All forms must have original signatures. Stamped or initialed signatures are NOT acceptable.
- 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 placed on the Board agenda 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. If the Board deems it necessary, a personal appearance by the applicant in support of application for licensure may be required. If the Board determines that the applicant fails to qualify for reciprocity, the applicant may request a special hearing before the Board on the question of qualification for licensure.
- 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. Applicants must take and pass the OSE receiving a passing score of 70 or above before a license will be issued. If licensed, a wallet card will be issued to show proof of licensure and a display license will be sent after the required Board signatures are obtained.
- 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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RECIPROCITY 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

Proposed Practice: ( ) -
NAME PHONE

ADDRESS CITY STATE ZIP

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_____		
13. 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? If yes ○ Full Time ○ Part Time		
14. Are you registered with the DEA? If yes, DEA Reg # _____ Exp: ___/____/____.		
15. Reason for relocating to Oklahoma:		

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.

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

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

Notary Public _____

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

LIST ALL EDUCATION BEGINNING WITH COLLEGE: 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 College. Attach a separate page if necessary.

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

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

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

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 1

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

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)

_____

_____

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

____/____/____ _____
Date Signature

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

____/____/____ _____
Date Signature

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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.
- A substitute form is acceptable provided it contains ALL the information described below and comes from that Board office or the official Board's website.

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

CONTINUING EDUCATION INFORMATION
FOR RECIPROCITY APPLICANTS ONLY

The applicant must certify that he or she has obtained twenty (20) hours of **CONTINUING EDUCATION IN VETERINARY MEDICINE** within the last fiscal year. Identify acceptable hours of credit below. If additional space is needed, please attach a separate sheet. Do not send verification of hours unless requested to do so.

COLLEGE AND EXTENSION SEMINARS: One hour of credit for each hour of attendance.

A. Meeting Title:_____ Date_____/_____/_____

Location:_____ CE Hrs:_____

B. Meeting Title:_____ Date_____/_____/_____

Location:_____ CE Hrs:_____

NATIONAL, REGIONAL, STATE, OR LOCAL SCIENTIFIC MEETINGS:
One hour of credit for each hours of attendance.

A. Meeting Title:_____ Date_____/_____/_____

Location:_____ CE Hrs:_____

B. Meeting Title:_____ Date_____/_____/_____

Location:_____ CE Hrs:_____

INTERACTIVE ONLINE COURSES: One hour credit for each Board approved hour of completed interactive online course on or after July 1, 2002. A copy of the certificate indicating the number of course hours must be submitted to qualify.

Title_____ CE Hrs:_____ Date ____/____/____

Title_____ CE Hrs:_____ Date ____/____/____

PRESENTATIONS AND PUBLICATIONS: One hour of credit for each hour spent developing or presenting original, peer-reviewed presentations or publications. You may submit a copy of the presentation or publication. (Max 4 hours)

Title _____ Date_____/_____/_____

Location _____ Given To _____ CE Hrs:_____

AUTO-TUTORIAL TAPES: One hour of credit for each hour of study with auto-tutorial tapes of scientific material related to veterinary practice. (Max 4 hours)

Title_____ ___/___/___ CE Hrs_____ Title_____ ___/___/___ CE Hrs_____

JOURNALS AND PERIODICALS: One hour of credit for each hour of study of scientific or non-scientific articles in veterinary journals or periodicals pertaining to veterinary medicine or state or federal Controlled Dangerous Substance (CDS) laws. (Max 4 hours)

Title_____ ___/___/___ CE Hrs_____ Title_____ ___/___/___ CE Hrs_____

Title_____ ___/___/___ CE Hrs_____ Title_____ ___/___/___ CE Hrs_____

CE HOURS SHOULD EQUAL OR EXCEED TWENTY (20)

Under penalties of perjury, I do hereby attest that the above information on this form to be true and correct. A false statement on any part of this form may be grounds for disciplinary action as set forth by the Veterinary Practice Act, Title 59 Sec 698.1 et seq., and may be punished by fine or imprisonment (U.S. Code, Title 18, Section 1001).

DVM Signature_____ Date ____/____/____

Printed Name_____