

North Carolina Veterinary Medical Board

VETERINARY STATE EXAM APPLICATION

Mailing Address: PO Box 37549, Raleigh, NC 27627

To OVERNIGHT an application using FedEx/UPS/USPS you must use:
1611 Jones Franklin Road, Suite 106, Raleigh NC 27606
Phone: (919) 854-5601

TEST DATE	APPLICATION DEADLINE
January 18, 2012	November 16, 2011
February 22, 2012	December 21, 2011
March 21, 2012	January 18, 2012
April 18, 2012	February 15, 2012
May 16, 2012	March 14, 2012
June 22, 2012	April 20, 2012
July 20, 2012	May 18, 2012
August 22, 2012	June 20, 2012
September 19, 2012	July 18, 2012
October 17, 2012	August 15, 2012

A complete application must be in the Board office by 5:00pm the day of the deadline. **Requirements of a complete application:** completely filled in and notarized, official passport photo taken within the past six (6) months, a copy of your Social Security card and the application fee.

Exam Fee \$250.00

Check or money order should be made payable to the North Carolina Veterinary Medical Board (NCVMB). The application and fee are non-refundable and non-transferable to another examination date.

NOTE: Upon the receipt of an application, a status letter will be generated and mailed to the applicant. Status letters will continue to be sent out as VTNE scores, transcripts, license/registration verifications, etc. are received by the Board office. Please read them carefully. When the file is complete, a final status letter will be sent.

Seating passes will be mailed out to all applicants approximately 30 days prior to the exam date; however, the applicant's file must be complete no later than one (1) week prior to the examination date to be eligible to sit. Seating passes will include the location and time of the exam.

1. The applicant must be present on or before the check-in time noted on the seating pass.
2. Once the examination begins, applicants will be given one (1) hour to complete the 100 question examination covering the General Statutes of North Carolina.
3. If an applicant arrives late; they may be admitted but will only be given the time remaining and not a full hour to complete the exam. An applicant will be denied entry into the examination once the first person has completed the exam and exited the examination area.

Please read all application instructions carefully, in addition to the following reminders:

1. Applicants must have graduated from an American Veterinary Medical Association (AVMA) accredited veterinary college/school. This means that all course work is complete and the degree has been awarded/conferred. It is the applicant's responsibility to request an official degree awarded/conferred transcript. This must be mailed directly from the college/school to the Board office.

2. Applicants applying prior to graduation must have a Dean's letter mailed to the Board office. This letter must be on school letterhead, state that all course work has been completed to date, that the individual is in good standing and the anticipated graduation date. A degree conferred transcript must be on file with the Board office no less than one (1) week prior to the examination date.
3. Applicants must have passed the NBE, NBE & CCT or NAVLE. It is the applicant's responsibility to request scores from AAVSB (www.aavsb.org). This must be mailed directly to the Board from AAVSB.
4. It is the applicant's responsibility to request a license verification from any/all state(s) which the applicant holds or has held any license, registration or certification (including non-veterinary medicine licenses). This must be mailed directly from the state(s) to the Board office.
 - a. **NOTE:** If an individual is not fully licensed within five (5) years of graduation from a veterinary college, they will be required to retake the NAVLE prior to application for a North Carolina veterinary license.
5. Applicants applying as Foreign Graduates must have received a letter of completion from the AVMA ECFVG program. (Contact AVMA at www.avma.org for more information.) It is the applicant's responsibility to request an ECFVG letter from the AVMA. This must be mailed directly from the AVMA to the Board office.
6. Applicants who have not graduated in the past five (5) years must have an active license in another state, be in good standing and have practiced three (3) of the last five (5) year. If an individual has not practiced three (3) of the last five (5) years, they will be required to retake the NAVLE prior to application for a North Carolina veterinary license.
7. A copy of your Social Security card must be submitted with application. Disclosure is mandatory by N.C.G.S. § 93B-14 and N.C.G.S. § 110-14, *et. seq.*
8. If the name on any of the required application documents display a name other than that on your application, you must submit a copy of the legal document which allowed that change (*i.e. marriage license, divorce decree, affidavit or court order*).

Applicants with disabilities:

Those who need to request special accommodations for an exam must contact the Board office in writing at the time of application by the examination deadline. All information about the disability must be provided as well as what special accommodations are being requested.

Additional information regarding ADA accommodations required, but not limited to:

1. When your disability was professionally diagnosed.
2. Did you receive any special accommodations not relating to testing in high school? In college? If yes, please describe.
3. Did you receive any special accommodations for the college admission test? If yes, please describe.
4. What accommodations are you requesting at this time which relates to your disability, given the test is a true/false and multiple choice test?

Veterinary Continuing Education and Renewal

Veterinary licenses are renewed on-line on an annual basis. **Any license obtained in 2012 will expire Dec 31, 2012 regardless of the exam date.** At this time the renewal fee is \$150.00. 20 hours of continuing education credit are required each renewal cycle and must be acquired during the calendar year. **Exception:** No additional education is required if licensed in the same year of graduation. Please retain all original copies of proof of attendance for you future reference or if audited by the Board.

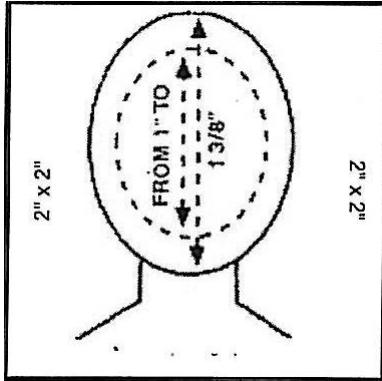
North Carolina Veterinary Medical Board

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PO Box 37549, Raleigh, NC 27627

Phone: (919) 854-5601

ATTACH ONE 2"x2" PHOTO HERE



Official Passport Photo Information 2x2 inches in size and taken within the past 6 months showing current appearance - Color, full face, front view with a plain white or off-white background, between 1 inch and 1-3/8 inches from the bottom of the chin to the top of the head. Take in normal street attire; uniforms should not be worn in photographs except religious attire that is worn daily. Do not wear a hat or headgear that obscures the hair or hairline. If you normally wear prescription glasses, a hearing device, wig or similar articles, they should be worn for your picture. Dark glasses or nonprescription glasses with tinted lenses are not acceptable unless you need them for medical reasons. A medical certificate may be required. **Digital, personal, or copies of photographs are unacceptable.**

SELECT ONE (1) EXAM DATE

- January 18, 2012
 March 21, 2012
 May 16, 2012
 July 20, 2012
 September 19, 2012
 February 22, 2012
 April 18, 2012
 June 22, 2012
 August 22, 2012
 October 17, 2012

2013 dates will available September 1, 2012

Have you previously applied for **any** examination or certificate in or through the North Carolina Veterinary Medical Board, including national examinations? Yes No

The following must be in the Board office by 5:00pm the day of the deadline:

1. Complete/notarized application (for requirements of "complete", see page 1 of form)
2. Application fee of \$250.00 (*Check or money order made out to NCVMB*)
3. Copy of Social Security card

PLEASE NOTE:

- If the application is not complete, it may be returned. This delay may cause you to be ineligible for the examination date being requested.
- It is the **applicant's responsibility** to request transcripts, scores, license verifications, etc. They must be mailed directly from the agency to the Board office. They may **not** be mailed from the applicant or hand delivered.

Applicant Information

Any address changes after application is processed will need to be received in writing.

Legal First Name	Middle Name	Last Name	Social Security Number
			_____-_____-_____ COPY OF SS CARD REQUIRED
Name(s) under which any documents will be submitted (<i>Provide legal court documentation</i>)			
Home Mailing Address - <i>City, State, County, Zip Code</i>			
Work Name & Address - <i>City, State, County, Zip Code</i>			
Place of Birth - <i>City, County, State or Jurisdiction, Country</i>	Date of Birth / /	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Phone:	E-mail Address:		
Cell Phone:			
Work Phone:			

Education Information

Name of veterinary College/University*		Date of Graduation: ____/____/____ ((REQUIRED)) Month Day Year		
Location – City & State				
SPECIALIZED TRAINING (Residency, Professional Training, Vocation Training, Practical or Clinical Training)				
INSTITUTION NAME	LOCATION (City, State or Country)	DATES OF ATTENDANCE		DID YOU COMPLETE TRAINING?
		FROM Month/Year	TO Month/Year	
				[] YES [] NO
				[] YES [] NO
				[] YES [] NO
				[] YES [] NO
				[] YES [] NO
OTHER COLLEGE OR UNIVERSITY (Undergraduate & Graduate)	LOCATION (City & State or Country)	DATES OF ATTENDANCE		DEGREE EARNED
		FROM Month/Year	TO Month/Year	

***Applicant is to request official Transcript with degree awarded/conferred. This document must be mailed directly from the school/college of veterinary medicine to NCVMB.**

Graduates from Non-accredited Veterinary Schools

EDUCATIONAL COMMISSION FOR FOREIGN VETERINARY GRADUATES (ECFVG)	
<p>AVMA has developed a program to evaluate graduates of foreign veterinary medical colleges. An applicant who has satisfactorily completed the following four (4) steps will be awarded an ECFVG Certificate.**</p> <ol style="list-style-type: none"> 1. Provide proof of graduation. (diploma & transcript) 2. Provide proof of comprehension/ability to communicate in English or provide documentation of at least 3 years full time attendance where the language of instruction is English. 3. Successfully passed the Basic and Clinical Sciences Examination (BCSE). 4. Successfully passed Clinical Proficiency Examination (CPE). 	
<p>Have you been awarded the Certificate of completion for the ECFVG program? [] YES [] NO</p>	
<p>Date of Completion: _____</p>	
<p>Completion of ECFVG Program Required Prior to Submitting Application</p>	

****Letter of completion must be requested from the AVMA and mailed directly to Board office.**

Record of Licensure Information

If you have been licensed to practice in the veterinary profession or held any other professional license or registration, complete the information requested below. You must identify the method by which you obtained your professional license(s) in the appropriate column (*i.e. licensure by examination, score transfer, endorsement, grandfather/waiver provision, or reciprocity*). If you have ever held a temporary, certificate, trainee/apprenticeship license or a permit, it must be listed here also. Failure to disclose all profession licenses or registrations held may result in denial of your application or other appropriate action.

***State in which you are currently licensed and have been practicing:	Profession Title	License Number Type of License	How License Obtained	Date of Issuance	License Status Active, Revoked, etc.	Date Revoked, etc.

Original State of License						
Other State of Licensure						
Other State of Licensure						
Other State of Licensure						
Other State of Licensure						
Other State of Licensure						
State(s) of other professional License/Registration:	Profession Title	Type of License	How Obtained	Date of Issuance	License Status Active, Revoked, etc.	Date Revoked

*****Applicant to request license verification(s) from state(s) you have had or currently hold a veterinary license; it must be mailed directly from each state. Applicant must hold an active license. (This requirement does not apply to new graduates.)**

Record of Examination

Please complete the information below if you have ever taken or applied for a national/state exam for veterinary medicine or any other profession. Each exam attempt must be shown. Failure to disclose an exam attempt may result in the denial of your application or other appropriate action may take place.

Name of Examination <i>NBE/CCT, NAVLE, State Exam, etc.</i>	State	Date of Examination	Passed / Failed / Other <i>If Other, please explain</i>

Applicant to request NBE & CCT OR NAVLE scores, must be mailed directly to NCVMB from AAVSB

*NBE Score required effective 1969

*CCT Score required effective June 1980

Employment History

Regardless of employment type, fill in employment history for the last five (5) years.

Name of Business Institution:		Job Title:
Address/Phone Number of Business/Institution:		Description of Duties Performed:
Name of Supervisor:		
Date of Employment: FROM: ____/____/____ TO: ____/____/____	Hours Worked per Week:	
Type of Employment: Full-time Part-time		

Name of Business Institution:		Job Title:
Address/Phone Number of Business/Institution:		Description of Duties Performed:
Name of Supervisor:		
Date of Employment: FROM: ____/____/____ TO: ____/____/____	Hours Worked per Week:	
Type of Employment: Full-time Part-time		

Name of Business Institution:		Job Title:
Address/Phone Number of Business/Institution:		Description of Duties Performed:
Name of Supervisor:		
Date of Employment: FROM: ____/____/____ TO: ____/____/____	Hours Worked per Week:	
Type of Employment: Full-time Part-time		

Name of Business Institution:		Job Title:
Address/Phone Number of Business/Institution:		Description of Duties Performed:
Name of Supervisor:		
Date of Employment: FROM: ____/____/____ TO: ____/____/____	Hours Worked per Week:	
Type of Employment: Full-time Part-time		

YOU ARE AUTHORIZED TO PHOTOCOPY THIS PAGE FOR ADDITIONAL ENTRIES

Personal History Information

Please answer each of the following questions by putting a check in the appropriate box on the right. Failure to disclose any of the requested information may result in the denial of application or other appropriate action. All questions must be answered. **All "YES" answers MUST be explained in detail on a separate SIGNED and NOTARIZED affidavit.**

1.	Has any licensing authority ever denied you application for license as a veterinarian?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.	Has any licensing authority ever denied you application for any professional license?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3.	Have you ever been denied the privilege of taking an examination required for any professional licensure?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4.	Have you ever voluntarily surrendered your veterinary license, allowed it to lapse, or had a limited license issued by any licensing authority?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5.	Has your veterinary license ever been revoked or the subject of disciplinary action by any licensing agency?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6.	Have any complaints ever been filed against you with any licensing agency, association?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7.	Have you ever voluntarily surrendered any other professional license, allowed it to lapse, or had a limited license issued by any licensing authority?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8.	Have you ever had a registration issued by a controlled substance authority revoked, suspended, surrendered, limited or restricted?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9.	Have you ever voluntarily surrendered a registration issued by a controlled substance authority?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10.	Has your application for accreditation by the U.S. Department of Agriculture (USDA) or U.S. Drug Enforcement Agency (DEA) ever been denied?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11.	Has the USDA or DEA ever disciplined your certification of accreditation or have you ever voluntarily surrendered it, allowed it to lapse, or had a limited certificate of accreditation issued by USDA or DEA?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
12.	Is there any disciplinary action pending against you by any Licensing jurisdiction, the USDA, Drug Enforcement Agency, or any State Drug Enforcement authority? If YES , where and when?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13.	Have you ever been charged with, convicted of or have a pending violation (including a nolo contendere plea or guilty plea) of a DWI, felony or criminal offense in any state or in federal court (other than minor traffic violations) whether or not sentence was imposed or suspended? If YES , attach a certified copy of the court records regarding your conviction, the nature of the offense, date of conclusion, if applicable, a statement from the probation or parole officer.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
14.	Have you ever been pardoned from a felony or criminal conviction?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
15.	Have you ever had a record expunged from a felony or criminal conviction?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
16.	Have you ever been charged with, convicted of or have a pending violation (including a nolo contendere plea or guilty plea) of animal abuse or animal cruelty whether or not sentence was imposed or suspended? If YES , attach a certified statement regarding the nature of the offense, date of conclusion	<input type="checkbox"/> YES	<input type="checkbox"/> NO
17.	Have you ever been charged with, convicted of or have a pending violation (including nolo contendere plea or guilty plea) of a violation of any federal or state drug law(s) or rule(s) whether or not sentence was imposed or suspended, If YES , attach a certified copy of the court records.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
18.	Are you now or have you in the last 7 years been addicted to or used in excess, any drug or chemical substance including alcohol?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
19.	Are you now in treatment or have you in the last 5 years been treated for a drug or alcohol addiction or participated in a rehabilitation program?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
20.	Do you currently have any disease or condition that interferes with your ability to competently and safely perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e. (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; and/or (3) physical disease or condition, that may presently interfere with your ability to competently and safely perform the essential functions involved in practice as a veterinarian?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
21.	Have you ever been named as a defendant to a civil action other than a separation, divorce matter?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
22.	Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
23.	Have you ever practiced veterinary medicine in North Carolina without first having obtained a temporary permit certificate, full veterinary license, faculty certificate, or registration for student intern or preceptee?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
		INITIAL HERE	

Requesting Special Accommodations

Are you requesting special accommodations for a disability under the Americans with Disabilities Act?

YES NO

If answered "YES," submit what type(s) of accommodation(s) are being requested. Submit documentation on the nature of the disability, as well as physician(s) who made the diagnosis and what accommodations have been given in the past. **All documents are required by application deadline.**

References

Please list the names and addresses of three individuals not related to you, who you have known for at least five (5) years and that can attest to your character. (*Required*)

1. Name	Address
2. Name	Address
3. Name	Address

Child Support Information

Required to answer question: In accordance with N.C.G.S. § 93B-14 and N.C.G.S. § 110-14, *et. seq.* applications for renewal of a license or a new license shall include the applicant's Social Security number, the licensee shall certify under penalty of perjury, that he or she is not more than 90 days delinquent in complying with a child support order. Failure to certify may result in disciplinary action and making a false statement may subject the licensee to contempt of court.

You must check one of the following:

- I am not more than 90 days delinquent in complying with a child support order.
- I am more than 90 days delinquent in complying with a child support order.
- I am not currently under any child support order.

Citizenship

Are you a United States Citizen? YES NO

If you answered "NO" are you:

- A qualified alien (as defined in 8 U.S.C.A. § 1641)
- A nonimmigrant under the Immigration and Nationality Act (8 U.S.C.A. § 1 101 et seq.)
- An alien who is paroled into the United States under 8 U.S.C.A. § 1182(d)(5) for less than year
- A foreign national not physically present in the United States
- Other (*Please provide detailed explanation*)

Certifying Statement

By virtue of filing this application, I do solemnly swear or affirm that I am of good moral character. I understand the instructions and terms as set forth in this application form, that I have personally completed this form, and that the information given is true, correct, and complete to the best of my knowledge. I hereby authorize the North Carolina Veterinary Medical Board to verify any and all information contained in this application, including information maintained in veterinary licensing board data banks, and to transmit this information to the North Carolina Veterinary Medical Board. I authorize North Carolina Veterinary Medical Board to review state files pertaining to my licensure and practice, and all law enforcement records, administrative records, and court documents to confirm the accuracy and completeness of the information provided herein. This application and signature shall act as authorization of entities in possession of applicable information to release such information to the North Carolina Veterinary Medical Board. I also understand that I cannot by law practice Veterinary Medicine in North Carolina until such time that I am granted a full N.C. veterinary license or a temporary permit certificate. The Board office provides status letters by mail until applicant's file is complete. Each letter should be read carefully. The status letter is sent to keep applicants updated on which documents have arrived in the Board office. File must be completed seven days before the examination date or the applicant will not be eligible for examination. Once check in for an exam has been completed, the examination area is closed and no one will be able to enter.

NOTE: This exam application form is required to be notarized

Signature of Applicant – DO NOT PRINT

Printed Name of Applicant

Date

Applicant's emergency contact name and number: _____

SUBSCRIBED and SWORN to before me this _____ day of _____, 20_____

NOTARY PUBLIC

My Commission Expires: _____