

## APPLICATION FOR TEXAS STATE BOARD EXAMINATION (SBE)

If you meet the following pre-requisites and criteria, you may download and fill out the Texas State Board Examination application attached to this notice:

- You are a **graduate** of an AVMA accredited college of veterinary medicine. The college of veterinary medicine **MUST** have held AVMA accreditation at time of your graduation; **OR**
- You are a fourth year student enrolled at an AVMA accredited college of veterinary medicine and will be within 60 days of graduation when you take the licensing exam;  
**AND**
- You have passed the National Board Examination (NBE) with a locally derived scaled minimum score of 75% (425 minimum raw score), **AND** the Clinical Competency Test (CCT) with a locally derived scaled minimum score of 75% (425 minimum raw score); **OR**
- You have passed the North American Veterinary Licensing Examination (NAVLE) with the same minimum score criteria.

### Applicants from a non-accredited veterinary school:

- You must be a **graduate** of a veterinary school; **AND**
- You must have completed either the ECFVG or PAVE program. You must provide a notarized copy of your ECFVG or PAVE certificate of completion to this Board; **AND**
- Your NBE, CCT or NAVLE score(s) must meet the criteria given above.

### Fee Waiver for Veterans, Active Military Personnel, and Military Spouses

The Texas Legislature passed a law that allows state agencies to waive application and examination fees for veterans, active military personnel, and military spouses. If you meet the criteria, you do not need to submit a fee with your application. Please see instructions below for required documentation.

**This fee waiver is for applications received after September 1, 2015**

## IMPORTANT NOTICE

It is illegal to practice veterinary medicine in the State of Texas without a valid license. Practice in violation of the law could result in denial of your license to practice in this State.

**ALL MATERIAL IS DUE NO LATER THAN  
October 23, 2015**



## TEXAS BOARD OF VETERINARY MEDICAL EXAMINERS EXAMINATION/LICENSE APPLICATION

### GENERAL INFORMATION

All State Board Exams will be administered at participating COMIRA testing centers. Please read the deadline dates carefully. You must submit an application, all required documents and fee to TBVME for ALL exams to determine eligibility for veterinary licensure in Texas.

#### Examination Specifics:

**Deadline for application, required documents and fee: October 23, 2015**

**Window for purchasing and scheduling exam: November 9 - 20, 2015**

**Window for taking the exam: December 7 - 18, 2015**

**Fee:** \$555 (Cashier's check or money order.) No personal or company checks accepted. The application fee is generally non-refundable, depending on circumstances. Contact the office if you have questions.

#### Submit Applications To:

Texas Board of Veterinary Medical Examiners  
333 Guadalupe Street, Suite 3-810  
Austin, Texas 78701

#### Examination Description:

You will be tested over the contents of **all** three of the following publications: (1) Veterinary Licensing Act (laws), (2) Texas Board Veterinary Medical Examiners Rules of Professional Conduct, Chapter 573, and (3) Licensing Rules, Chapter 571. We will email you the instructions on how to schedule your exam once your application has been approved. **We will no longer be mailing the study materials to you. These publications are available on our website at: <http://www.veterinary.texas.gov/ExamStudyMaterial.php>**

**Minimum Passing Score:** 85%

#### Upon Attaining A Score Of 85% Or Better:

If you meet all requirements to be licensed, your grade(s) on the examination(s), the **license number** assigned to you, and the authorization letter for you to practice will be mailed to you **within 10 days of the last day of the exam window.**

#### Scores Below 85%:

If you fail to pass any examination(s), a re-application with fee is required and must reach the Board office on or before the next application deadline. Please contact the board for instructions.

#### THE VETERINARY INFORMATION VERIFYING AGENCY – VIVA:

The Texas Board of Veterinary Medical Examiners is a member of the American Association of Veterinary State Boards (AAVSB). AAVSB has created a division called the Veterinary Information Verification Agency (VIVA). VIVA provides a valuable service to veterinarians who want to be - or in the future may be - licensed in more than one state or Canadian province. VIVA is a central repository for records related to veterinarians' personal and professional credentials. There is a fee for this service and it takes approximately 45 days, **and is an optional service.** **You must utilize VIVA for transfer of scores for the National Board Exam (NBE) and Clinical Competency Exam (CCT) OR the NAVLE.** Please see the application checklist for contact information for AAVSB's VIVA.

**YOU ARE RESPONSIBLE FOR THE TIMELY SUBMISSION OF ALL REQUIRED MATERIAL AND DOCUMENTATION.**

## State Board Examination Application Checklist

ALL Applicants Are Required To Furnish:

- ❑ Completed Application – Do not leave blank spaces.
- ❑ Money Order or Cashier's Check for the \$555 application fee. **NOTE:** Personal Checks and/or cash will **NOT** be accepted) **If you meet the criteria for a military fee waiver, do not send in the application fee.**
- ❑ **Certified Copy** of Your Birth Certificate. Certified copies are usually obtained from the Health Department, Bureau of Vital Statistics, in the State where you were born. Most states charge a fee for this service, so contact them as soon as possible to avoid a delay in receiving your birth certificate. Hospital birth certificates and notarized copies are not acceptable. **If you are foreign born, you must submit a certified copy of your birth certificate from the country of birth.**
- ❑ Education/Evidence of Graduation
  - If you have graduated:
    - Certified Transcript of All Veterinary Courses You Attended, Giving Date And Degree Awarded.
  - If you are in your last semester:
    - Certificate of Enrollment from the Dean of Veterinary College/University stating that you are within 60 days of graduation. If you are more than 60 days from graduation, your application will NOT be accepted;
    - **NOTE:** All items must be in English. Items being translated from another language must be certified before they are submitted. Certification can be obtained from a licensed translator or the consulate of that foreign country. Other applicants have used the following website:  
[www.mejpbs.com](http://www.mejpbs.com).
- ❑ One Passport Type Picture
  - Must be 2" x 2";
  - Close-up photos only (Your face must fill most of picture);
  - Frontal face shots only;
  - May be black and white **OR** color;
  - No hats or sunglasses;
  - Must be signed and dated on back;
  - Not dog-eared, folded or bent.

You **Must** Utilize The Veterinary Information Verifying Agency (VIVA) For The Following Item:

- ❑ National Exam Scores
  - National Board Exam (NBE) AND the Clinical Competency Examination (CCT); **OR**
  - NAVLE

See contact information for AAVSB/VIVA on the next page.

### **Military Personnel Must Furnish:**

- ❑ DD 214 (if discharged from the Armed Forces) for each period of service. Need copy of entire form showing "Type of Separation" (discharged) and "Character of Service" (honorable, dishonorable, etc.). Current members must furnish your current military orders and a copy of your military ID.  
**OR**  
Current military orders and military ID if applying as an active military member  
**OR**  
Spouse's current military orders and military ID if applying as a military spouse.

**Be sure to fill out the military questions section on the bottom of page 3 of the application**

Continued on next page.....

Graduates of Non-accredited Schools of Veterinary Medicine Must Furnish:

- Notarized Copy of PAVE Certificate of Completion; **OR**
- Notarized Copy of ECFVG Certificate of Completion.

Additional Items That **May** Be Applicable:

- Certificate of Valid License Issued (Need verification from any and all states you have ever been licensed whether the license is current or not.)
- Verification Certification of Valid Racing License (Permit)
- U.S.D.A. Verification
- DEA Number(s) Registration Information

These forms are included in this packet. You may use the forms provided, or letters from the applicable authority will also be accepted. The applicant is responsible for contacting and submitting the forms to the appropriate entities. Most states require a fee for license verification and will not process your request until payment is received. **You may discard the forms if they do not apply to you.**

**Contact Information/Mailing Addresses You Will Need:**

Texas Board of Veterinary Medical Examiners  
333 Guadalupe Suite 3-810  
Austin, TX 78701-3942  
512-305-7555  
[www.veterinaryt.texas.gov](http://www.veterinaryt.texas.gov)  
Email: [vet.board@veterinary.texas.gov](mailto:vet.board@veterinary.texas.gov)

AAVSB/VIVA  
380 West 22<sup>nd</sup> St, Suite 101  
Kansas City, MO 64108  
(877) 698-8482  
[www.aavsb.org](http://www.aavsb.org)  
Email: [aavsb@aavsb.org](mailto:aavsb@aavsb.org)



## TEXAS STATE BOARD OF VETERINARY MEDICAL EXAMINERS APPLICATION FOR DVM EXAMINATION/ LICENSE

**PURPOSE** This application is required for eligible persons to apply for and take the Texas State Board Examination for licensing.

**DEADLINE FOR APPLICATION** The completed application must be received in the Board office no less than FORTY-FIVE (45) DAYS before the date of the examination. **The deadline for the December 2015 examination is October 23, 2015.** There is no exception to this rule. If the application is incomplete, it will not be accepted.

**APPLICATION REQUIREMENTS** All required information must be either **typed or printed in black or blue ink** and in the English language. You must answer all items/questions completely and accurately. If some responses require more space than the form provides, attach additional sheets. Incomplete answers or **failure to provide required data or documents by the deadline may be grounds for rejection of the application.** Further, if, after licensing, responses are found to be false, inaccurate or incomplete, disciplinary action, including suspension or license revocation, may be initiated. The application must be signed. *Please mail all material to: Texas Board of Veterinary Medical Examiners, 333 Guadalupe Street, Suite 3-810, Austin, Texas 78701.*

**APPLICATION FEE** The fee is \$555 payable at the time of application submission in the form of a **money order or cashier's check** made out to the TEXAS BOARD OF VETERINARY MEDICAL EXAMINERS or TBVME. The fee is generally non-refundable except for certain circumstances.

### I. GENERAL INFORMATION

1. (a) Full Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_  
(b) Social Security Number \_\_\_\_\_  
(c) Maiden Name (If applicable) \_\_\_\_\_  
(d) Give your name the way you wish it to appear on the license when issued (nicknames are not permissible) \_\_\_\_\_  
(e) If married, husband's name or MAIDEN name of wife. \_\_\_\_\_  
(f) Have you ever used any other name or has your name ever been changed? \_\_\_\_\_ If "yes", attach a separate sheet giving full details and attach a copy of the legal document changing your name (e.g. marriage license, divorce decree, court order, etc.)  
(g) Have you ever applied to this agency before? \_\_\_\_\_ If "yes", please give the approximate date and name under which you applied and for what you applied. \_\_\_\_\_
2. Present Address: Street/Apt# \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
Country (if not U.S.) \_\_\_\_\_
3. Phone Number: (a) Residence: \_\_\_\_\_ (b) Work: \_\_\_\_\_  
(c) Cell: \_\_\_\_\_ (d) E-mail address: \_\_\_\_\_
4. Driver's License Number and State in which issued: \_\_\_\_\_
5. Give **date and place** of birth. \_\_\_\_\_ Attach a **certified** copy of your birth certificate. Please refer to the instructions and "Frequently Asked Questions" for more detailed information.
6. Give accurately your present: Height \_\_\_\_\_ Weight \_\_\_\_\_ Color of Hair \_\_\_\_\_ Color of Eyes \_\_\_\_\_ Complexion \_\_\_\_\_ Distinguishing marks and/or scars, give location and description \_\_\_\_\_.

7. List chronologically each place of residence, post office addresses and date when you commenced and terminated each such residence for the last ten (10) years. Attach additional sheets, if needed.

Address	City/State	Mo.&Yr. Commenced	Mo.&Yr. Terminated

## II. EXAMINATION INFORMATION

1. Please provide us with information regarding the NBE and CCT or the NAVLE. Fill out the grid below with the PASSING information only. If you took the NBE and/or CCT or the NAVLE more than once, please give only the data on the exam(s) which you passed.

NATIONAL BOARD EXAMINATION	CLINICAL COMPETENCY TEST
Date of Examination:	Date of Examination:
State Administered:	State Administered:
Exam ID Number:	Exam ID Number:

### NAVLE INFORMATION:

Date of Examination: \_\_\_\_\_

State through which you applied: \_\_\_\_\_

Location of Testing Center: \_\_\_\_\_

2. **Verification of NBE ,CCT or NAVLE scores** You must contact the American Association of Veterinary State Boards (AAVSB), Veterinary Information Verifying Agency (VIVA) and request that your NBE and CCT or NAVLE scores are certified and transferred to this Board.

## III. EDUCATIONAL HISTORY

### 1. IF YOU HAVE NOT COMPLETED ALL WORK REQUIRED FOR A DVM DEGREE:

- (a) You must currently be enrolled in the final semester and **within SIXTY (60) DAYS of graduation when you take the exam.**

- (b) All student applicants must furnish a letter **from the Dean** of their veterinary college/university attesting to the requirements in paragraph (a) above, **and** an official transcript showing classes completed to date and classes in progress. *Once you have graduated, you will be required to furnish evidence of graduation BEFORE your license is issued (i.e. notarized copy of diploma, **OR** letter from Dean with date DVM degree was awarded, **OR** official copy of final transcript giving date and degree awarded).*

- (c) Give the anticipated date of graduation and the name of the veterinary college/university from which you intend to graduate: Date \_\_\_\_\_ Name of veterinary college/university: \_\_\_\_\_

**2. IF YOU HAVE GRADUATED**

Give the date and school where you began veterinary college/university: Date: \_\_\_\_\_ School \_\_\_\_\_  
 \_\_\_\_\_ and give the date and school from which you graduated:  
 Date \_\_\_\_\_ Name of veterinary college/university (if graduate of a foreign veterinary college, please give the name of the country, too) \_\_\_\_\_  
 \_\_\_\_\_

3. Please have a **certified** transcript of all veterinary courses you attended sent to our office directly from your school. If you are a foreign graduate, all documents submitted **MUST** be a certified translation to the English language. *Foreign graduates must also attach a copy of the ECFVG or PAVE certificate of completion.*

4. List all high schools and colleges, period of attendance, dates of graduation, and degrees received, if any. (Do not list veterinary schools - Attach additional sheet if necessary)

Name of School	School Address	Mo.&Yr. Began	Mo.&Yr. Ended & Degree Earned

**IV. PERSONAL BACKGROUND**

**A "YES" ANSWER TO ANY QUESTION LISTED BELOW REQUIRES ADDITIONAL INFORMATION, INCLUDING A DATED AND SIGNED LETTER IN YOUR OWN WORDS EXPLAINING THE CIRCUMSTANCES OF YOUR "YES" ANSWER, AND ALL RELATED LEGAL AND COURT DOCUMENTS.**

\_\_\_\_\_ Yes \_\_\_\_\_ No Have you ever been **arrested, cited, or charged** with a crime, Including:

- A. Arrests or charges that are pending or were dismissed.
- B. Arrests or charges that resulted in you receiving pre-trial diversion, deferred adjudication, probation, a court martial, or community service.
- C. Arrests or charges that occurred when you were a juvenile, occurred a long time ago, or occurred in another state.  
 (You may exclude **ONLY** Class C misdemeanor traffic violations.)

\_\_\_\_\_ Yes \_\_\_\_\_ No Are you currently the subject of or target of a grand jury or governmental investigation?

\_\_\_\_\_ Yes \_\_\_\_\_ No In the past 5 years, have you been addicted to and/or diagnosed with or treated for alcohol or chemical dependency or addiction?

\_\_\_\_\_ Yes \_\_\_\_\_ No Have you ever been a party to, witness in, any civil legal proceeding relating to the practice of veterinary medicine? (Including any civil legal matter whether you personally appeared in court or your attorney or other representative appeared on your behalf.)

\_\_\_\_\_ Yes \_\_\_\_\_ No Have you ever had a license to practice veterinary medicine revoked, suspended, canceled, or surrendered **OR** been subject to any other disciplinary action, including, but not limited to, Informal Settlements, Reprimands, administrative penalties or other Orders?

Have you ever served in the Army, Air Force, Navy, Marine Corps, Coast Guard, or any other branch of the Armed Forces of the United States? \_\_\_\_\_ If the answer is "yes" please attach form DD 214 for each period of service.

If you are on active duty at this time, please indicate \_\_\_\_\_ and attach a copy of your current military orders and your ID.

If you are a military spouse, please indicate \_\_\_\_\_ and attach a copy of your spouse's current military orders and your ID.

Indicate **ALL** criminal history information, regardless of the amount of time that has passed or in which state the offense occurred. Include all arrests, citations, or charges as described above. Include juvenile offenses, all charges that were dismissed, deferred adjudications, and all pending claims, whether or not you believe these are disqualifying.

Date of Arrest (MM/DD/YYYY)	Offense	Arresting Agency and Location (County and State)	Full Disposition

**NOTE: Expunged and Sealed Offenses:** While expunged or sealed offenses, arrests, tickets, or citations need not be disclosed, it is **YOUR RESPONSIBILITY** to ensure that the offense, arrest, ticket, or citation has, in fact, been expunged or sealed. It is recommended that you submit a copy of the Court Order expunging or sealing the record in question to our office with your application. Failure to reveal an offense, arrest, ticket, or citation that is not in fact expunged or sealed **may subject your license to a disciplinary order and fine.** Non-disclosure of offenses raises questions related to truthfulness and character. **This Board will conduct its own background investigation. If our investigation reveals an offense not disclosed by you, your application will be delayed and may subject your license to disciplinary order and fine, or possible denial of your license.**

- 1. Special Accommodations:** If you require ADA accommodations, please complete an ADA Accommodations Request Application. These are available at [www.veterinary.texas.gov](http://www.veterinary.texas.gov) or by calling our offices at 512-305-7555.
- 2. Enclose one recent picture.** Please see checklist for specifications.
- 3. Give name, address, phone number of father and mother.** If deceased, please indicate:

Father	Mother

## V. EMPLOYMENT HISTORY

- List the occupations and employment in which you have been engaged for the past 10 years, listing names of employers, their full addresses, and dates. (Attach additional sheet if needed)

Name of Employer	Complete Address	Dates of employment



## VI. LICENSES AND CERTIFICATIONS

1. Are you now or have you ever been licensed to practice veterinary medicine in another state, country or jurisdiction? \_\_\_\_ If "yes", please complete the following: (attach additional sheets, if needed)

State*	Lic. No.	Issue Date	Active?	Yrs. Prac.	DEA#	Issue Date	DEA Active?

\*If this applies to you, please have the attached verification form completed. You do not have to use the form. A letter of verification of license and good standing from the appropriate authority is also acceptable. The form may be reproduced if you need more than one. **The applicant is responsible for contacting and submitting the form to the appropriate entities. Most states require a fee for license verification and will not process your request until payment is received. You must request a verification from ALL states in which you have ever been licensed, regardless if the license is current or expired.**

2. Are you now or have you ever been U.S.D.A. accredited in another state or jurisdiction? \_\_\_\_ If "yes", please complete the following:

State	Accreditation No.	Issue Date	Status	No. Yrs. Accredited?

If this applies to you, please have the attached verification form completed. You do not have to use the form. A letter from the appropriate authority is also acceptable. The form may be reproduced if you need more than one. **You are responsible for contacting and submitting the form to the appropriate entities.**

3. Do you currently hold or have you ever had a license or permit issued by a state racing commission? \_\_\_\_ If "yes", please complete the following:

State	Permit/Lic. No.	Issue Date	Status	Any restrictions?

If this applies to you, please have the attached verification form completed. You do not have to use the form. A letter from the appropriate authority is acceptable. This form may be reproduced if you need more than one. **You are responsible for contacting and submitting the form to the appropriate entities.**

4. (a) To your knowledge, have you ever failed a licensing examination? \_\_\_\_ If "yes", please give the state, country or jurisdiction, date, and the type of examination. \_\_\_\_\_
- (b) Have you been refused or denied licensing or examination for licensing in any state, country or jurisdiction? \_\_\_\_ If the answer is "yes", please name state(s) and give approximate date(s) and reason(s) for refusal or denial. \_\_\_\_\_

**VII. SUBMITTING APPLICATION & PAYING FEE**

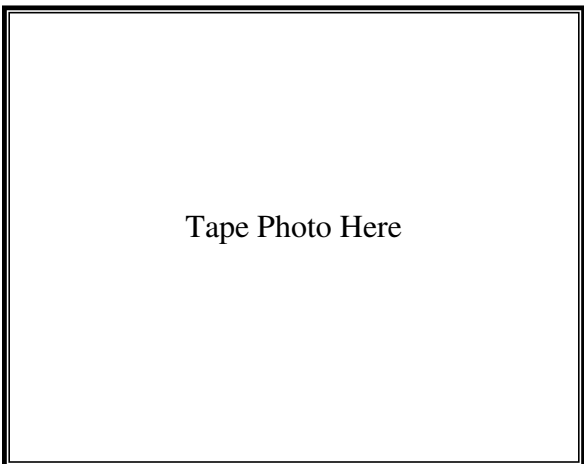
1. Attach a **money order** or **cashier's check** in the amount of \$555. **Cash or personal checks are NOT accepted.** The ENTIRE fee must accompany this application. *ALL MONEY ORDERS AND/OR CASHIER'S CHECKS MUST BE PAYABLE TO: THE TEXAS BOARD OF VETERINARY MEDICAL EXAMINERS OR TBVME.*
2. The application, fee, and related documents must be mailed to: TEXAS BOARD OF VETERINARY MEDICAL EXAMINERS, 333 Guadalupe Street, Suite 3-810, Austin, Texas 78701. **If you are utilizing VIVA's credentialing service, you MUST indicate this. (See VIVA information on the application checklist.) THIS APPLICATION AND FEE MUST BE MAILED TO THE BOARD OFFICE.**

In addition to the foregoing:

- (a) I understand and agree that this application and all supporting information, documents, and instruments submitted herewith become the property of the State of Texas, and will not be returned in whole or in part.
- (b) I hereby give my permission to the Texas State Board of Veterinary Medical Examiners to secure additional information concerning me or any of the statements in this application from any person or any source the Board may desire, and I hereby authorize any person, firm, company or organization to furnish any information requested by the Board.
- (c) I further agree to submit to questioning by the Board or its staff to substantiate my statements.
- (d) I further state that the photograph(s) submitted as part of this application is a true likeness of me and I am the person in said photograph(s).

I, \_\_\_\_\_, the applicant herein state that all facts, statements, and answers contained in this application are true and correct. I am not omitting any information which might be of value to this Board in determining my qualifications. I agree that any falsification, omission, or withholding of pertinent information or facts concerning my qualifications as an applicant shall be sufficient to bar me from this or any future examination given by the Texas State Board of Veterinary Medical Examiners and any such falsifications, omission, or withholding shall serve as sufficient grounds for disciplinary actions by the Texas State Board of Veterinary Medical Examiners.

\_\_\_\_\_  
APPLICANT SIGNATURE DATE





**TEXAS BOARD OF VETERINARY MEDICAL EXAMINERS  
CERTIFICATE OF VALID LICENSE ISSUED**

**TO THE APPLICANT:**

Please complete the top section of this form and mail it to the Board of each state in which you are now or have ever been licensed to practice veterinary medicine. Some states may charge for this service.

**TO WHOM IT MAY CONCERN:**

I am applying for a veterinary license in the State of Texas. Completion of this form is a requirement in order that I may be eligible to sit for the examination. This is your authority to release any information in your files concerning me, favorable or otherwise, to the Texas State Board of Veterinary Medical Examiners.

\_\_\_\_\_  
TYPE OR PRINT YOUR FULL NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
LICENSE NUMBER AND ISSUE DATE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY/STATE/ZIP CODE

**THE SECTION BELOW IS TO BE COMPLETED BY AN OFFICIAL OF THE BOARD**

Please complete this section and return to:  
Texas Board of Veterinary Medical Examiners  
333 Guadalupe Street, Tower 3, Suite 810  
Austin, Texas 78701-3942  
(512) 305-7555

Re: \_\_\_\_\_

This is to certify that the records of the State Board of Veterinary Medical Examiners in the State of \_\_\_\_\_ indicate that the above named individual was issued license number \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ on the basis of

- \_\_\_\_ Reciprocity/Endorsement from (Name of State) \_\_\_\_\_
- \_\_\_\_ State Board Examination \_\_\_\_\_ Grade
- \_\_\_\_ Oral Examination
- \_\_\_\_ National Board Examination
- \_\_\_\_ Clinical Competency Test
- \_\_\_\_ NAVLE

**Please answer the following questions:**

- 1. Is this license current? \_\_\_\_\_ YES \_\_\_\_\_ NO
- 2. Is this license in good standing at this time? \_\_\_\_\_ YES \_\_\_\_\_ NO
- 3. Has this individual ever been warned or reprimanded? \_\_\_\_\_ YES \_\_\_\_\_ NO
- 4. Has this individual's license ever been revoked? \_\_\_\_\_ YES \_\_\_\_\_ NO
- 5. Has this individual's license ever been suspended? \_\_\_\_\_ YES \_\_\_\_\_ NO
- 6. Has this individual's license ever been placed on probation? \_\_\_\_\_ YES \_\_\_\_\_ NO
- 7. Has this individual's license ever been restricted in any way? \_\_\_\_\_ YES \_\_\_\_\_ NO
- 8. Has this individual ever had any charges filed against him/her? \_\_\_\_\_ YES \_\_\_\_\_ NO
- 9. Do your files indicate any derogatory information whatsoever? \_\_\_\_\_ YES \_\_\_\_\_ NO

\_\_\_\_\_  
DATE  
  
(Official Seal)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
NAME OF BOARD

\_\_\_\_\_  
TITLE AND TYPED NAME OF OFFICIAL

**NOTE TO THE BOARD OFFICIAL COMPLETING THIS FORM:** If the answer to 1 & 2 is no, or 3 through 9 is yes, please explain and attach certified copies of any certified copies of any pertinent material, such as Notice of Hearing, Final Decision, Consent Order/Agreement, etc



**TEXAS BOARD OF VETERINARY MEDICAL EXAMINERS**

**Verification Certification of Valid Racing License (Permit)**

**TO THE APPLICANT:**

Please complete the top section of this form and mail it to the Racing Commission of each state or jurisdiction in which you are now or have ever been licensed.

**TO WHOM IT MAY CONCERN:**

I, the undersigned, am applying for a veterinary license in the State of Texas. Proper completion of this form is a requirement in order that I may be eligible to sit for the licensing examination. This is your authority to release any information in your files concerning me, favorable or otherwise, to the Texas Board of Veterinary Medical Examiners.

\_\_\_\_\_  
PRINT OR TYPE FULL NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
LICENSE/PERMIT NUMBER/DATE ISSUED

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY/STATE/ZIP CODE

***The section below is to be completed by an official of the Racing Commission***

Please complete this section and return to:  
Texas Board of Veterinary Medical Examiners  
333 Guadalupe, Tower 3, Suite 810  
Austin, Texas 78701  
(512) 305-7555

RE: (Name of permit/license holder) \_\_\_\_\_

This is to certify that the records of the Racing Commission in the State of \_\_\_\_\_ indicate that the above referenced individual was issued license (permit) number \_\_\_\_\_ on \_\_\_\_\_.

Type of license: \_\_\_\_\_ (i.e. groomer, veterinarian, etc.) Please answer the following questions:

- |     |  |        |
|-----|--|--------|
| 1.  | Is this license current?   | Yes/No |
| 2.  | Is this license in good standing?                                | Yes/No |
| 3.  | Has this person ever been warned or reprimanded?                 | Yes/No |
| 4.  | Has this person's license ever been revoked?                     | Yes/No |
| 5.  | Has this person's license ever been suspended?                   | Yes/No |
| 6.  | Has this person's license ever been put on probation?            | Yes/No |
| 7.  | Has this person's license ever been restricted in any way?       | Yes/No |
| 8.  | Has this person ever had any charges filed against him/her?      | Yes/No |
| 9.  | Do you know of anything which may be a discredit to this person? | Yes/No |
| 10. | Do your files indicate any derogatory information whatsoever?    | Yes/No |

\_\_\_\_\_  
DATE  
OFFICIAL STAMP (If available)

\_\_\_\_\_  
SIGNATURE AND TITLE

\_\_\_\_\_  
NAME OF RACING COMMISSION

NOTE TO THE RACING COMMISSION COMPLETING THIS FORM. If the answer to 1. and/or 2. is "No", or 3. through 10. is "Yes", please explain and attach certified copies of any pertinent material, such as, Notice of Hearing, Final Decision, Consent Order/Agreement, etc

**TEXAS BOARD OF VETERINARY MEDICAL EXAMINERS**



**U.S.D.A. VERIFICATION**

**TO THE APPLICANT:**

Please complete Part I and mail this form to the U.S.D.A. in the State(s) in which you are or ever have been U.S.D.A. accredited. You may reproduce this form and mail a copy to each of those states.

**TO WHOM IT MAY CONCERN:**

I am applying for a veterinary license in the State of Texas. Completion of this form is a requirement in order that I may be eligible to sit for the examination. This is your authorization to release any information in your files concerning me, favorable or otherwise, to the Texas Board of Veterinary Medical Examiners.

**PART I**

\_\_\_\_\_  
PRINT OR TYPE YOUR FULL NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S ADDRESS

\_\_\_\_\_  
CITY/STATE/ZIP CODE

\_\_\_\_\_  
STATE LICENSE NO./ISSUE DATE

\_\_\_\_\_  
U.S.D.A. NO./ISSUE DATE

**THE SECTION BELOW IS TO BE COMPLETED BY A U.S.D.A. OFFICIAL**

**PART II**

Please complete this section and return to:  
Texas Board of Veterinary Medical Examiners  
333 Guadalupe Street, Tower 3, Suite 810  
Austin, Texas 78701-3942  
(512) 305-7555

Re: \_\_\_\_\_

This is to certify that the records of the U.S.D.A. office in the State of \_\_\_\_\_ indicate that the above named individual was issued accreditation number \_\_\_\_\_ on \_\_\_\_\_.

Is this accreditation current and in good standing? \_\_\_\_\_ If the answer is "No", please explain and attach copies of pertinent material.

\_\_\_\_\_  
SIGNATURE OF A.V.I.C.                      DATE



**TEXAS STATE BOARD OF VETERINARY MEDICAL EXAMINERS**

**DEA NUMBER(S) REGISTRATION INFORMATION**

TO THE APPLICANT

Please complete this form and return it with any attachments to the TEXAS BOARD OF VETERINARY MEDICAL EXAMINERS, 333 Guadalupe, Tower 3, Suite 810, Austin, Texas 78701.

1. Do you have a current DEA registration number(s)? Yes\_\_\_\_No\_\_\_\_  
 If answered "yes", please list the DEA number(s)\_\_\_\_\_  
 If answered "no", but you once held a DEA permit but allowed to expire, please indicate so and give approximate date of it's expiration/lapse: \_\_\_\_\_
2. Have you ever had a DEA permit revoked, suspended or denied? Yes\_\_\_\_No\_\_\_\_
3. Have you ever had a DEA permit restricted in any way? (Example: You were restricted to handling only Schedules III or IIIN, etc.) Yes\_\_\_\_No\_\_\_\_
4. Have you ever surrendered a DEA permit due to some action taken by a State Board regulating the practice of veterinary medicine? Yes\_\_\_\_No\_\_\_\_
5. Have you ever been convicted of a drug related felony under State or Federal statutes? Yes\_\_\_\_No\_\_\_\_

If questions 2, 3, 4 or 5 were answered with "yes", explain on the reverse side.

I realize that completion of this form is a requirement in order that I may be eligible to sit for the examination for obtaining a veterinary license in the State of Texas. I also grant authority to the Drug Enforcement Administration (DEA) to release any information in its files concerning me, favorable or otherwise, to the Texas State Board of Veterinary Medical Examiners.

PRINT OR TYPE YOUR FULL NAME	SIGNATURE	DATE
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ADDRESS	DATE OF BIRTH AND BIRTH PLACE
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CITY/STATE/ZIP CODE	TELEPHONE NUMBERS (WORK/HOME)
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How long have you been located at the above given address: \_\_\_\_\_(Please give month and year of beginning date and ending date, i.e. 1/88 through 1/89)

**WARNING: ACCORDING TO SECTION 843(a)(4) OF TITLE 21, UNITED STATES CODE, AND TEXAS OCCUPATIONS CODE, SECTION 801, TEXAS VETERINARY LICENSING ACT, IT IS A VIOLATION OF SAID LAWS TO INTENTIONALLY FURNISH FALSE OR FRAUDULENT INFORMATION.**

## Frequently Asked Questions

*How will my name appear on my license?*

Your legal name, as it appears on your birth certificate, will be used, unless you have a legal document showing a change in your name. This includes marriage license, divorce decree, or court order. Nicknames are not allowed. While first and middle names cannot be dropped, you may use initials.

*If I have the scores from my national exam, can I just send them to you?*

No. These **must** be submitted through VIVA.

*I have been discharged from the military. What documentation do you need?*

If you have been discharged from the Armed Forces, copies of all separation papers (DD 214) are required. If you are on active duty at this time, please indicate. Need copy of entire Form DD 214 showing “Type of Separation” (discharged) and “Character of Service” (honorable, dishonorable, etc.).

*I am a current military member and qualify for the fee waiver. What documentation do you need?*

If you are on active duty at this time, please indicate. Please send in a copy of your military orders and your military ID.

*I need an auxiliary aid or services to take the examination. What do I need to do?*

Persons with disabilities who plan to attend this examination and who may need auxiliary aids or services (interpreters for hearing impaired, readers, braille, etc.) are requested to contact the Board office (512) 305-7555 or Relay Texas (1-800-877-8973 TDD) prior to submitting your application. If you find that you are unable to participate in the examination once you have actually applied, please contact us so that we may avoid paying for services not needed.

*I am using VIVA, will they take care of everything for me?*

**YOU MAY UTILIZE VIVA.** HOWEVER, even if you utilize VIVA, we still need ONE picture as described in the application checklist. VIVA requires 45 days to gather all of your documents. **It is your responsibility to ensure that all required documents are submitted timely. If your file is not complete by the deadline, you will not be scheduled for the exam. You are only required to use VIVA for the national score transfer, which does not take 45 days to process. Please contact VIVA for more information.**

*How much does it cost to take the examination?*

**The fee for taking the State Board Examination is \$555.00.** The examination fee must accompany the completed application, and must be in the form of **money order** or **cashier’s check**. **Personal checks or cash are NOT accepted.** Make all money orders or cashier's checks payable to the Texas Board of Veterinary Medical Examiners or TBVME.