

STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING
APPLICATION FOR LICENSURE
VETERINARY INTERNSHIP

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Utah Division of Occupational and Professional Licensing (DOPL) desires to provide courteous and timely service to all applicants for licensure. To facilitate the application process, **submit a complete application form including all applicable supporting documents and fees.** Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of licensure. The fees are for processing your application and will not be refunded. **Please read all instructions carefully.**

Address of Record: The address you provide on this application will be your address of record. All correspondence from DOPL will be sent to that address. You are responsible to directly notify DOPL of any change to your address of record. **Do not rely on a forwarding order.**

Social Security Number: Your social security number (SSN) is classified as a private record under the Utah Government Records Access and Management Act. It is used by DOPL as an individual identifier. It is also used for child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements 42 U.S.C. 666(a) (13). If an SSN is not provided, the application is incomplete and may be denied.

SUPPORTING DOCUMENTS AND FEES:

In addition to submitting a completed application, complete the following:

1. Submit a **\$35.00** non-refundable application-processing fee, made payable to "DOPL".
2. Submit a completed application.
3. Submit an official transcript including your date of graduation from a veterinary college that held current accreditation by the Council on Education of the American Veterinary Medical Association (AVMA) at the time of your graduation.
4. If you graduated from a foreign veterinary school, submit a Certificate of Competency issued by the AVMA Educational Commission for Foreign Veterinary Graduates. See the **Additional Important Information**, section for Foreign Graduate information.

ADDITIONAL IMPORTANT INFORMATION:

1. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed. Go to www.dopl.utah.gov to ensure you have the most recent version of these documents.
2. **NAVLE:** You must contact NAVLE directly to take this exam. NAVLE may be contacted at (701) 224-0332 or at www.nbvme.org.
3. **NAVLE Score Transfers:** Submit verification of your passing score on the NAVLE (North American Veterinary Licensing Exam). If you have previously taken the NAVLE and need to obtain verification of your score, contact the Veterinary Information Verifying Agency (VIVA) at (877) 698-VIVA or at www.aavsb.org for VIVA score report form.
4. **Change of Supervising Veterinarian:** You must submit a new “Internship Supervision Request” form to the Division for any change of supervising veterinarian.
5. **Completion of Internship:** Once you are ready to apply for licensure as a veterinarian, you must submit the “Completion of Internship” form, documenting that you have successfully completed your internship, along with the veterinarian application and fees.
6. **Foreign Graduate:** If you are a graduate of a foreign veterinary school, you must meet with the Veterinary Board before you will be issued a veterinary intern license. Please contact the Board Secretary at (801) 530-6495 for an appointment. You shall demonstrate educational equivalency of your foreign veterinary school with an accredited domestic veterinary school by submitting a Certificate of Competence issued by the AVMA Educational Commission for Foreign Veterinary Graduates (ECFVG) or the AAVSB Program for Assessment of Veterinary Education Equivalence (PAVE) Certificate.
7. **ECFVG:** For foreign education evaluation, call (847) 925-8070, fax (847) 925-1329, write 1931 N. Meacham Rd. Suite 100, Schaumburg, IL 60179-4360, or at www.avma.org/education/ecfvg/default.asp.
8. **PAVE:** For foreign education evaluation, call (877) 698-8482, fax (816) 931-1604, or at www.aavsb.org/PAVE/PAVEHome.aspx.
9. **Examination Fees:** There are separate fees for all examinations. It is the responsibility of the applicant to submit the fees directly to the testing agency.
10. **Updating Address Information:** It is your responsibility to maintain a current address with DOPL. If your address is incorrect, you will not receive renewal notices or other correspondence. Address changes can be made online at www.dopl.utah.gov
11. **Name Change:** If you have been licensed by DOPL under any other name, please submit documentation of your name change (*i.e. copy of a marriage license or divorce decree*).
12. **Mail Complete Application to:**

By U.S. Mail

Division of Occupational & Professional Licensing

P.O. Box 146741
Salt Lake City, Utah 84114-6741

By Delivery or Express Mail

Division of Occupational & Professional Licensing
160 East 300 South, 1st Floor Lobby
Salt Lake City, Utah 84111

12. **Telephone Numbers:** (801) 530-6628
 (866) ASK-DOPL – Toll-free in Utah
 (866) 275-3675
13. **Fax Number:** (801) 530-6511

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APPLICATION FOR LICENSURE

GENERAL INFORMATION

License Applying For: **VETERINARY INTERN LICENSE**

Please list your <u>full legal name</u> as it appears on your driver's license, Social Security Card, etc.			
Last Name:		First Name:	
		Middle Name:	
Social Security Number: - -		Maiden Name:	
I certify under penalty of perjury that:			
<input type="checkbox"/> I am a citizen of the United States and I have a valid US Driver License or US State ID. License/State ID Number: _____ State: ____			
<input type="checkbox"/> I am a citizen of the United States currently living outside the United States and do not have a valid US Drivers License or US State ID. Please attach a legible copy of your valid passport or other documentation to verify you are a legal citizen of the United States.			
<input type="checkbox"/> I am a non-citizen of the United States, who is lawfully present in the United States and I have a valid US Drivers License or US State ID. License/State ID Number: _____ State: ____			
<input type="checkbox"/> I am a non-citizen of the United States, who is lawfully present in the United States and I do not have a valid US Drivers License or US State ID. Please attach a legible copy of your current and valid government issued document showing evidence of authorization to work in the United States.			
<input type="checkbox"/> I am a foreign national not physically present in the United States.			
Mailing Address:		City:	State: ZIP:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Phone #:	E-Mail:
List all other licenses, registrations, or certifications issued by any state which you now hold or have ever held in any profession. <i>(Use additional sheets if necessary.)</i>			
Profession:		Issuing State:	
License Number:		License Status:	Issue Date:
Profession:		Issuing State:	
License Number:		License Status:	Issue Date:
Profession:		Issuing State:	
License Number:		License Status:	Issue Date:
Profession:		Issuing State:	
License Number:		License Status:	Issue Date:

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY	
License/Certificate Number: _____	
Date License/Certificate Approved: ____/____/____	
Approved By: _____	
Date License/Certificate Denied: ____/____/____	
Denied By: _____	
Reason for Denial/Other Comments: _____	

AFFIDAVIT and RELEASE AUTHORIZATION

1. I certify that I am qualified in all respects for the license for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, forgery, misrepresentation, omission of material fact; is truthful, correct, and complete; discloses all material facts regarding the applicant; and that I will update or correct the application as necessary, prior to any action on my application.
3. I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division of Occupational and Professional Licensing to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.

Signature of Applicant: _____ Date of Signature: ____/____/____

PROFESSIONAL EDUCATION REQUIREMENT: *(Use additional sheets if necessary.)*

Name of accredited institution: _____

Dates Attended: ____/____/____ to ____/____/____

Location: _____

Degree Received: _____ Date of Graduation: ____/____/____

PROFESSIONAL EXAMINATION REQUIREMENT:

Answer “yes” or “no.”

☐ Yes ☐ No National Board (NBE), Date(s) Taken: _____

☐ Yes ☐ No Clinical Competency Test (CCT), Date(s) Taken: _____

☐ Yes ☐ No National Association of Veterinary (NAVLE), Date(s) Taken: _____

VETERINARY INTERN QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. _____ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. _____ Have you ever been denied the right to sit for a licensure examination?
3. _____ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4. _____ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
5. _____ Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency?
6. _____ Have you ever had hospital or other health care facility privileges denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
7. _____ Have you ever been permitted to resign or surrender hospital or other health care facility privileges, while under investigation or while action was pending against you by any licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
8. _____ Is any action related to your conduct or patient care pending against you now at any hospital or health care facility?
9. _____ Have you ever had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
10. _____ Have you ever had a federal or state registration to sell, possess, prescribe, dispense, or administer controlled substances denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
11. _____ Have you ever been permitted to surrender your registration to sell, possess, prescribe, dispense, or administer controlled substances while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?

*(Questions continue on next page.)*7

12. _____ Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
13. _____ Have you been named as a defendant in a malpractice suit?
14. _____ Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitations, restrictions, or conditions imposed by any malpractice carrier?
15. _____ Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?
16. _____ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
17. _____ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
18. _____ Have you been terminated from a position because of drug use or abuse within the past five (5) years?
19. _____ Are you currently using or have you recently (*within 90 days*) used any drugs (*including recreational drugs*) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
20. _____ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
21. _____ Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
22. _____ Do you currently have any criminal action pending?
23. _____ Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed
24. _____ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
25. _____ Have you, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed (*i.e. plea in abeyance or deferred sentence*)?

26. _____ Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?



If you answered “yes” to questions 22, 23, 24, 25, or 26 above, you must submit a complete narrative of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s).

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.



If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A “yes” answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.

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INTERNSHIP SUPERVISION REQUEST

Name of Veterinary Intern: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Telephone: _____

TO BE COMPLETED BY SUPERVISING VETERINARIAN:

Name of Supervising Veterinarian: _____

Address: _____

City: _____ State: _____ Zip: _____

Utah Veterinary License Number: _____ Telephone: _____

I hereby certify that I am a licensed veterinarian in the state of Utah and that I will supervise the internship practice of the above named veterinary intern. I understand that I must be available for immediate voice contact by telephone or radio and must provide daily face-to-face consultation and review of cases at the veterinary facility for the veterinary intern I am supervising. I certify that the intern named above will be under my supervision while practicing as a veterinary intern and will be in compliance with all Utah laws and rules.

Signature of Supervising Veterinarian: _____

Date of Signature: ____/____/____

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COMPLETION OF INTERNSHIP

TO BE COMPLETED BY VETERINARY INTERN:

Name of Veterinary Intern: _____

Utah Intern License Number: _____ Telephone: _____

TO BE COMPLETED BY SUPERVISING VETERINARIAN:

Name of Supervising Veterinarian: _____

Utah Veterinary License Number: _____ Telephone: _____

1. Has the Intern named above completed the required 1,000 hours of internship under your supervision?

☐ Yes ☐ No, explain: _____

2. From what dates did the Intern start and complete his/her internship?

From ____/____/____ To ____/____/____

3. Has the Intern demonstrated good moral character?

☐ Yes ☐ No, explain: _____

(Continued on the next page.)

4. Has the Intern engaged in unprofessional conduct or any act prohibited by the State of Utah?

☐ Yes ☐ No, explain: _____

5. Has the Intern demonstrated sufficient clinical skills to practice without supervision?

☐ Yes ☐ No, explain: _____

6. Would you recommend this Intern for Utah Veterinary licensure?

☐ Yes ☐ No, explain: _____

Signature of Supervising Veterinarian: _____

Date: ____/____/____