

State of Florida
Department of Business and Professional Regulation
Board of Veterinary Medicine
Application for Veterinary Medicine Examination
Form # DBPR VM 1

APPLICATION CHECKLIST – IMPORTANT – Submit all items on the checklist below with your application to ensure faster processing.

APPLICATION REQUIREMENTS
<p>ALL License Applicants must submit:</p> <p><input type="checkbox"/> Fees:</p> <ul style="list-style-type: none"> • Graduate Candidates – \$354.25 • Senior Candidates – \$354.25 • Foreign Candidates – \$354.25 • Endorsement Candidates – \$605.00 • Make check payable to the Florida Department of Business and Professional Regulation. • Note: Fees now include the \$105 licensure fee that was previously paid after passing the exam – this will allow the license to be issued within 48 hours of exam scores being received for most candidates. Senior candidates will need to provide proof of graduation before license can be issued. <p><input type="checkbox"/> Education Qualifications</p> <ul style="list-style-type: none"> • Graduate Candidates: Official school transcripts showing proof of graduation and Doctor of Veterinary Medicine degree conferred by an American Veterinary Medical Association (AVMA) accredited school. Do not submit copies of transcripts. • Senior Candidates: Letter of enrollment and good standing from dean of veterinary school accredited by the American Veterinary Medical Association (AVMA). • Foreign Candidates: Documentation showing enrollment in, or certification of completion for the Educational Commission for Foreign Veterinarian Graduates (ECFVG) certification program or the Program for the Assessment of Veterinary Education Equivalence (PAVE). • Endorsement Candidates: <ul style="list-style-type: none"> ▪ Request North American Veterinary Licensing Exam (NAVLE) scores be transferred from the American Association of Veterinary State Boards (AAVSB). ▪ Endorsement candidates who have not held a license for three years or more are required to submit official school transcripts showing proof of graduation and Doctor of Veterinary Medicine degree conferred by an American Veterinary Medical Association (AVMA) accredited school. Do not submit copies of transcripts. ▪ If applying for endorsement with Florida Laws and Rules course: ▪ A copy of the completion certificate for the approved 2 hour continuing education course on Florida's laws and rules. A list of current approved courses can be found at http://www.myfloridalicense.com/dbpr/servop/testing/documents/vet_LR.pdf • Note: Only applicants who have never had disciplinary action taken against any professional license by any jurisdiction may apply for endorsement with the Florida Laws and Rules Course, all other applicants must take the Florida Laws and Rules Exam. <p><input type="checkbox"/> If the applicant has been previously licensed in any state, the applicant must request Licensure Verification, form number VM 10 (included in this application package), from each state in which you currently hold or have previously held a license.</p> <p><input type="checkbox"/> Supporting legal documentation, if necessary. See Section IV of Instructions.</p>

Please mail your completed application, documentation and required fee(s) to:

Department of Business and Professional Regulation
2601 Blair Stone Road
Tallahassee, FL 32399-0783

Florida Laws and Rules Examination

The Laws and Rules examination is a requirement for licensure for all applicants. The exam is a computer based test and is administered by a vendor contracted by the department to conduct the exam. There is no deadline required in submitting an application before you are eligible to sit for the exam. Once your application and all documents are received, you will be notified in writing that you are eligible to sit for the exam. At that time, you will be provided further information on scheduling yourself for the exam.

The exam is given **daily** at various locations around the state. If you are located outside Florida and you would like to take the exam in your home state, you will need to talk to the vendor's out-of-state coordinator for information regarding out-of-state testing locations.

North American Veterinary Licensing Examination (NAVLE) Candidates (Graduate Candidates)

All NAVLE candidates applying through the Florida Board of Veterinary Medicine will be approved directly by the International Council for Veterinary Assessment (ICVA) office, not by the Florida Board.

Florida NAVLE candidates will need to complete a NAVLE application and pay the NAVLE fee directly to the ICVA. Applications are available at www.icva.net.

The above process is only available to NAVLE candidates taking the examination for purposes of being licensed in Florida. All other NAVLE candidates must contact the state licensing board in the state where they wish to be licensed.

NAVLE Exam Dates

Exam dates are located on the ICVA website at www.icva.net.

Senior Student Candidates

Students attending a college of veterinary medicine that has been accredited by the American Veterinary Medical Association (AVMA) may take the Laws and Rules Exam during their **senior** year. Senior applicants must have the dean of the accredited school submit a letter of good standing stating they are seniors and indicating the expected date of graduation.

Please note that the final transcripts showing proof of graduation and NAVLE scores from the AAVSB or ICVA must be submitted and received prior to licensure. Candidates must instruct the school or college to send final transcripts directly to the department. A license to practice veterinary medicine in Florida cannot be issued to successful senior graduates until final transcripts are received.

Endorsement Candidates taking Florida Exam

Licensure by endorsement applies to those persons who hold and have held for at least three years, a current license in good standing as a veterinarian in another state of the United States, the District of Columbia or a territory of the United States, provided that the requirements for licensure in the issuing state, district or territory are equivalent to or more stringent than the requirements of Florida. Please refer to Section 474.217, Florida Statutes.

- If applying under this provision choose “**Initial Application for Endorsement Candidates with Florida Exam [1016]**” under application Type on Page 4 of this application.
- Once your application is approved you will be able to schedule and take the Florida Exam. Once passing scores are received from the exam vendor the license will be issued.

Endorsement Candidates taking Laws and Rules Course

Applicants who qualify for licensure under Section 474.217, F.S. who hold and have held for at least three years, a current license in good standing as a veterinarian in another state of the United States, the District of Columbia or a territory of the United States and have never had disciplinary action taken against any professional license by any jurisdiction may, in lieu of taking the laws and rules portion of the licensure exam, demonstrate knowledge of the laws and rules governing the practice of veterinary medicine of Florida by completing a Board approved 2 hour continuing education course on Florida's laws and rules as set forth in Rule 61G18-16.002(2), F.A.C.

- If applying under this provision choose “**Initial Application for Endorsement Candidates with Laws and Rules Course [1031]**” under application Type on Page 4 of this application.
- Include a copy of the completion certificate for the approved 2 hour continuing education course on Florida's laws and rules with the application.
- A list of current approved courses can be found at http://www.myfloridalicense.com/dbpr/servop/testing/documents/vet_LR.pdf

Foreign Graduate Candidates

Foreign candidates who have graduated from a college of veterinary medicine not accredited by the AVMA must be enrolled in or have completed the ECFVG or PAVE program or demonstrate to the board, through the submission of documentation verified by the applicant's respective professional association, that she or he received a professional degree in veterinary medicine from a college or university located in the country from which he or she emigrated, 474.207(3)(b)(2), Florida Statutes, before they are eligible to apply to take the Laws and Rules exam. A letter of enrollment from the ECFVG or PAVE program or a copy of the completion certificate must be submitted to the board office to be certified as eligible to sit for the exam.

If a foreign graduate has already completed the ECFVG or PAVE program, a copy of the national board scores will need to be submitted to the Department from the AAVSB. Foreign graduates that may already be licensed in other states will also need to have a letter of verification mailed from each state.

Documents in a Foreign Language

A certified translator who is not a relative of the applicant must translate any document that is in a language other than English.

State of Florida
Department of Business and Professional Regulation
Board of Veterinary Medicine
Application for Veterinary Medicine Examination
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If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.
For additional information see the Instructions at the end of this application.

Section I – Application Type

APPLICATION TYPE
<input type="checkbox"/> Initial Application for Graduate Candidates [1010]
<input type="checkbox"/> Initial Application for Senior Candidates [1017]
<input type="checkbox"/> Initial Application for Foreign Candidates [1018]
<input type="checkbox"/> Initial Application for Endorsement Candidates with Florida Exam [1016]
<input type="checkbox"/> Initial Application for Endorsement Candidates with Florida Laws and Rules Course [1031]

SPECIAL ACCOMMODATIONS FOR TESTING
Americans with Disabilities Act (ADA) and Disability Accommodation. In accordance with Chapter 61-11.008, Florida Administrative Code, if you have a disability and you need special assistance with the examination process please call the Bureau of Education and Testing at (850)487-9755 immediately.

Section II – Applicant Information

APPLICANT INFORMATION		
Social Security Number*		
FULL LEGAL NAME		
Last Name	First	Middle
Birth Date (MM/DD/YYYY) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
MAILING ADDRESS		
Street Address or P.O. Box		
City	State	Zip Code (+4 optional)
County (if Florida address)	Country	

* The disclosure of your Social Security number is mandatory on all professional and occupational license applications, is solicited by the authority granted by 42 U.S.C. §§ 653 and 654, and will be used by the Department of Business and Professional Regulation pursuant to §§ 409.2577, 409.2598, 455.203(9), and 559.79(3), Florida Statutes, for the efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. It is also required by § 559.79(1), Florida Statutes, for determining eligibility for licensure and mandated by the authority granted by 42 U.S.C. § 405(c)(2)(C)(i), to be used by the Department of Business and Professional Regulation to identify licensees for tax administration purposes.



Section II – Applicant Information continued

CONTACT INFORMATION				
Phone Number		Fax Number		
Email Address				
CURRENT/PRIOR LICENSE INFORMATION				
If you currently hold or have previously held a business or professional license/registration in Florida or elsewhere, please list each one below (attach additional copies of this page as necessary):				
1. License/Registration Type	State	Date (From) / /	Date (To) / /	
License Number		Name Used		
2. License/Registration Type	State	Date (From) / /	Date (To) / /	
License Number		Name Used		
3. License/Registration Type	State	Date (From) / /	Date (To) / /	
License Number		Name Used		
PRIOR NAME INFORMATION				
Have you used, been known as, or are currently known by another name (example - maiden name, nickname) or alias other than the name provided in the legal name section of the applicant information? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If your answer is yes, state name or names used below:				
Last Name	First	Middle	Title	Suffix
Last Name	First	Middle	Title	Suffix
Last Name	First	Middle	Title	Suffix

Section III – Education Information

EDUCATION INFORMATION				
List the names and addresses of each college or university where Veterinary Medicine Education was obtained.				
1. Institution				
Address		<input type="checkbox"/> Degree Obtained OR <input type="checkbox"/> ECFVG Program <input type="checkbox"/> PAVE Program		Date of Graduation / /
City		State		Zip code
2. Institution				
Address		<input type="checkbox"/> Degree Obtained OR <input type="checkbox"/> ECFVG Program <input type="checkbox"/> PAVE Program		Date of Graduation / /
City		State		Zip code

Section IV(a) – Background Questions**BACKGROUND QUESTIONS**

If you answer “YES” to any question below, please refer to Section IV of Instructions for detailed instructions on providing complete explanations, including requirements for submitting supporting legal documents. Please complete Section IV (b) for your response to question 1, and complete Section IV (c) for your response to questions 2 through 6. If you have more offenses/incidents to document in Section IV (b) or (c), attach additional copies as necessary.

1.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been convicted or found guilty of, or entered a plea of nolo contendere or guilty to, regardless of adjudication, a crime in any jurisdiction, or are you currently under criminal investigation? This question applies to any criminal violation of the laws of any municipality, county, state or nation, including felony, misdemeanor and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer “NO” because you believe those records have been expunged or sealed by court order pursuant to Section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering “NO.” YOUR ANSWER TO THIS QUESTION MAY BE CHECKED AGAINST LOCAL, STATE AND FEDERAL RECORDS. FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
2.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession or nation, related to the practice or profession for which you are applying, or is there any such case or investigation pending?
3.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever had an application for registration, certification, or licensure in Florida or in any other jurisdiction denied, or is there now pending a proceeding or investigation to deny such an application?
4.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has any license, registration, or permit to practice any regulated profession, occupation, vocation, or business been revoked, annulled, suspended, relinquished, surrendered, or otherwise disciplined in Florida or in any other jurisdiction, or is any such proceeding or investigation now pending?
5.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been denied the right to take a veterinary licensure examination?
6.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever ceased the active practice of veterinary medicine for more than two consecutive weeks?

Section IV (b) – Explanation(s) for Background Question 1

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description	

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description	

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description	

Section V – Impairment Questions**IMPAIRMENT QUESTIONS**

If you are currently under contract with Florida's impaired practitioner program (Professionals Resource Network) you may answer **No** to the following questions.

If you have been enrolled in a Veterinary Medical School within the last two years and have been successfully treated for drug abuse, alcohol abuse, a mental disorder, or a physical disorder that impaired your ability to practice veterinary medicine with reasonable skill and safety, you may answer **No** to the following questions.

Please answer the following questions.

A.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Within the last two years, have you been ordered into, or participated in, any drug or alcohol recovery program or impaired practitioner program for the treatment of drug or alcohol abuse?
B.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Within the last two years, have you been ordered into, or participated in, an impaired practitioner program for the treatment of a diagnosed mental or physical disorder that has impaired your ability to safely practice veterinary medicine?
C.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Within the last two years, have you been treated for or had a recurrence of a diagnosed mental or physical disorder that has impaired your ability to safely practice veterinary medicine?

If you answer "yes" to any of the above questions, provide the following documentation to the Florida Board of Veterinary Medicine:

- A letter from your treating professional stating you are currently under their care and complying with the recommended treatment or that you have successfully completed the recommended treatment program.

If you believe you are currently impaired or at elevated risk for impairment, you should contact our designated Impaired Practitioner's Program for assistance.

Professionals Resource Network

Ph: 800-888-8776

www.flprn.org

Section VI – Examination History

EXAMINATION HISTORY		
Have you ever taken the NAVLE, National Board Examination (NBE), Clinical Competency Test (CCT) or Florida Laws and Rules examination? <input type="checkbox"/> Yes <input type="checkbox"/> No Note: If "Yes," please list below all previously passed examinations including the date of the examination and the state in which the examination was taken.		
National Board Exam/NAVLE	Clinical Competency Test	Laws and Rules Exam
Date: / /	Date: / /	Date: / /
State:	State:	State:

Section VII – Applicant Licensure Status

APPLICANT LICENSURE STATUS		
Do you hold or have held a license to practice veterinary medicine? If yes, list below the license(s) held and request the licensing board(s) of that state to complete form DBPR VM 10. This form must be returned directly to the Florida Board by the state in which you held the license.		
State	License Number	Status (i.e. active, inactive, expired)

Section VIII – Affirmation by Written Declaration

AFFIRMATION BY WRITTEN DECLARATION	
I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.	
Signature:	Date:
Print Name:	

State of Florida
Department of Business and Professional Regulation
Board of Veterinary Medicine
Authorization for Interstate Exchange of Examination and Licensure Information
Form # DBPR VM 10

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at (850) 487-1395.

PART A – Applicant Information: The applicant is to complete Part A only and forward the entire form to the appropriate state to complete Part B.

APPLICANT INFORMATION				
This form is essential to the application you are filing with this Board. Before approval of your application, the Board of Veterinary Medicine must verify your examination history and/or licensure status. Please complete the initial portion of this form and then forward it to the state in which you are licensed or have previously been licensed. That Board, in turn, will complete the remainder of this form (Part B) and return it to this agency. (You are advised to check with the Board before forwarding this form to determine if there are additional requirements and/or fees charged before such information will be released.) This form must be filled out by all states in which you are licensed or have previously been licensed.				
TO BE COMPLETED BY THE APPLICANT (Please type or print legibly):				
Last Name	First	Middle	Title	Suffix
Address		License Number (if applicable)		
City	State	Zip Code		
Phone	Date of Birth	Social Security Number*		

*Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary unless specifically required by Federal status. In this instance, social security numbers are mandatory pursuant to Title 42 United States Code, Section 653 & 654; and sections 445.203(9), 409.2577, & 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants & licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional & occupational license applications & will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec. 317.

I hereby request and authorize any institution with whom I have been associated to provide any and all pertinent information requested in this form concerning my qualifications for professional licensure to the Florida Department of Business and Professional Regulation Board of Veterinary Medicine to complete an application filed with that agency. I hereby release the institution and all individuals connected therewith from all liability for any damage whatsoever incurred by me as a result of their furnishing such information.	
_____ Applicant Signature	_____ / ____ / ____ Date Signed

PART B – Licensure Verification: State verification information to be completed by the state board.

LICENSURE VERIFICATION	
Applicant Name	License Number
Title of License	Date of Original Issue: / /
LICENSE TYPE	
<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Other (explain):	
LICENSE STATUS	
<input type="checkbox"/> Active/Current <input type="checkbox"/> Inactive <input type="checkbox"/> Void <input type="checkbox"/> Other:	
METHOD OF LICENSURE	
<input type="checkbox"/> Examination <input type="checkbox"/> Without Examination <input type="checkbox"/> Grandfathering <input type="checkbox"/> Reciprocity <input type="checkbox"/> Endorsement	
If Endorsement, explain qualifications for endorsement:	
LICENSE DISCIPLINE	
Provide explanation if any type of disciplinary action has been taken against the license.	
<input type="checkbox"/> No Disciplinary Action <input type="checkbox"/> Suspended <input type="checkbox"/> Revoked <input type="checkbox"/> Invalid <input type="checkbox"/> Other Discipline	
Explanation:	
AFFIRMATION STATEMENT	
I affirm that I have provided the above information completely and truthfully to the best of my knowledge.	
State Board of: _____	Phone Number: ____ . ____ . ____
Official's Signature: _____	Date: ____ / ____ / ____
Print Name: _____	
Title: _____	

Please mail the completed form to:
Department of Business and Professional Regulation
2601 Blair Stone Road
Tallahassee, FL 32399-0783

You must request to have your North American Veterinary Licensing Exam (NAVLE) scores or NBE and CCT scores (if applicable) transferred from the American Association of Veterinary State Boards (AAVSB) to Florida to complete this application.

Instructions

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at 850.487.1395.

1) Requirements for Veterinary Medicine Examination

- a) Education Qualifications
 - i) **Graduate Candidates:** Official school transcripts showing proof of graduation and Doctor of Veterinary Medicine degree conferred by an American Veterinary Medical Association (AVMA) accredited school. Do not submit copies of transcripts.
 - ii) **Senior Candidates:** Letter of enrollment and good standing from dean of veterinary school accredited by the American Veterinary Medical Association (AVMA).
 - iii) **Foreign Candidates:** Documentation showing enrollment in, or certification of completion for the Educational Commission for Foreign Veterinarian Graduates (ECFVG) certification program or the Program for the Assessment of Veterinary Education Equivalence (PAVE).
 - iv) **Endorsement Candidates:** Official school transcripts showing proof of graduation and Doctor of Veterinary Medicine degree conferred by an American Veterinary Medical Association (AVMA) accredited school. Do not submit copies of transcripts.
- b) Request North American Veterinary Licensing Exam (NAVLE) scores be transferred from the American Association of Veterinary State Boards (AAVSB).
- c) If the applicant has been previously licensed in any state, the applicant must request Licensure Verification, form number VM 10 (included in this application package), from each state in which you currently hold or have previously held a license.
- d) For more information regarding the requirements necessary to take the Veterinary Medicine licensure examination please refer to Section 474.207, Florida Statutes and Chapter 61G18-11 of the Florida Administrative Code.

2) Application Instructions by section

- a) **Section I- Application Type**
 - i) Select the method of application under which you wish to qualify.
 - ii) **NOTE:** If you have a disability and require special accommodations in taking this examination, please contact the Bureau of Education and Testing at 850.487.9755 to make arrangements for accommodations. If accommodations are not requested in advance, we cannot guarantee the availability of accommodations. For more information go to <http://www.myfloridalicense.com/DBPR/examination-information/special-testing-accommodations/>.
- b) **Section II- Applicant Information**
 - i) Fill out each section completely. A Social Security number is required in order to apply for any individual license within the Department of Business and Professional Regulation.
 - ii) In the Full Legal Name section, applicants must provide their full legal name. Do not use any nicknames, aliases, or initials.
 - iii) Provide your mailing address. This will be used for sending correspondence regarding your application and license.
 - iv) Provide a valid phone number and email address. Contact information is often used to quickly resolve questions with applications by telephone call or email. If contact information is not provided, questions regarding applications will be mailed to the applicant's mailing address and may take longer to resolve.
 - v) Applicants must provide information on current or prior licenses held in Florida or any other state, territory, or jurisdiction of the United States or in any foreign national jurisdiction.
 - vi) Applicants must provide information on any prior names or aliases used by applicant. If the name on supporting documentation does not match the applicant's legal name, the alias used in the supporting documentation must be provided in this section. Failure to do so will result in a deficient application.
- c) **Section III- Education Information**
 - i) Provide the name and address of each college or university that you have attended where Veterinary Medicine education was obtained.
 - ii) Provide whether or not you graduated with a degree or ECFVG or PAVE program certificate. Provide the date of your graduation.
- d) **Section IV (a), (b), and (c) - Background Questions.**

- i) Question 1:
 - (1) If you answer “yes” to this question, you must complete Section IV (b) [*make additional copies as necessary*] of the application and provide a copy of the arrest report, copies of the disposition or final order(s), and documentation proving all sanctions have been served and satisfied. **You must supply this documentation for each occurrence.** If you are unable to supply this documentation, a certified statement from the clerk of court for the relevant jurisdiction stating the status of records is required.
 - (2) If you are still on probation, you must supply a letter from your probation officer, on official letterhead, stating the status of your probation.
- ii) Question 2:
 - (1) If you answer “yes” to this question, you must complete Section IV (c) [*make additional copies as necessary*] of the application by explaining the nature of the case and the allegations made against you. If a judgment was entered against you, please supply documentation proving all sanctions have been served and satisfied, or if not, stating the current status of any proceedings.
- iii) Question 3:
 - (1) If you answer “yes” to this question, you must complete Section IV (c) [*make additional copies as necessary*] of the application by explaining the reason for denial or pending action. You may be asked to supply copies of documentation ordering the denial or pending action.
- iv) Question 4:
 - (1) If you answer “yes” to this question, you must complete Section IV (c) [*make additional copies as necessary*] of the application by providing an explanation for the action against your license and supply copies of the order(s) showing the disciplinary action taken against the license, or documentation showing the status of the pending action.
- v) Question 5:
 - (1) If you answer “yes” to this question, you must complete Section IV (c) [*make additional copies as necessary*] of the application by explaining the reason for the denial. You may be asked to provide any documentation ordering the denial of your request for examination.
- vi) Question 6:
 - (1) If you answer “yes” to this question, you must complete Section IV (c) [*make additional copies as necessary*] of the application and explain the details regarding your break in the practice of veterinary medicine.
- e) **Section VI- Examination History**
 - i) List all states and dates where you have previously taken and passed the NAVLE, National Board Examination (NBE), Clinical Competency Test (CCT), or the Florida Laws and Rules Examination.
 - ii) Please send an **Authorization for Interstate Exchange of Examination and Licensure Information Form # DBPR VM 10** to each state in which you are licensed or have previously been licensed. See section 3 of instructions below.
- f) **Section V – Impairment Questions**
 - i) If you answer “yes” to any of the above questions, provide the following documentation to the Florida Board of Veterinary Medicine:
 - A letter from your treating professional stating you are currently under their care and complying with the recommended treatment or that you have successfully completed the recommended treatment program.
- g) **Section VII- Applicant Licensure Status**
 - i) Provide the state, license number, and license status for any veterinary medical license that you currently hold or have previously held.
- h) **Section VIII- Affirmation by Written Declaration**
 - i) The applicant must sign the affirmation by written declaration.
- 3) **Authorization for Interstate Exchange of Examination and Licensure Information Form # DBPR VM 10**
 - a) **This form is to be used by any applicant who has previously taken a Veterinary Medicine examination or has been licensed in another state.**
 - b) This form is essential to the application you are filing with this Board. Before approval of your application, the Board of Veterinary Medicine must verify your examination history and/or licensure status.

- c) Please complete the initial portion of this form and then **forward it to the state in which you are licensed or have previously been licensed**. That Board, in turn, will complete the remainder of this form (Part B) and return it to the Florida Department of Business and Professional Regulation.
- d) You are advised to check with each State Board before forwarding this form to determine if there are additional requirements and/or fees charged before such information will be released.

4) Requirements for Licensure

- a) Educational requirements:
 - i) Graduation from an American Veterinary Medical Association (AVMA) accredited school with a Doctor of Veterinary Medicine degree. You must submit official transcripts to verify this requirement; OR
 - ii) Completion of the Educational Commission for Foreign Veterinarian Graduates (ECFVG) or the Program for the Assessment of Veterinary Education Equivalence (PAVE) certification program. You must submit a copy of your certificate showing completion of the ECFVG or PAVE program.
- b) A score of 425 on the North American Veterinary Licensing Exam (NAVLE).
- c) A score of at least 70% on the Florida Laws and Rules examination.
- d) Licensure verification is required if the applicant has been previously licensed in any state. The applicant must request Licensure Verification, form number VM 10 (included in this application package), from each state in which you currently hold or have previously held a license.