



**WEST VIRGINIA BOARD OF VETERINARY MEDICINE  
LICENSURE APPLICATION FOR VETERINARIANS**

**Application fee - \$300  
Copy of the Practice Act - \$35.00**

<b>ATTACH PHOTO HERE</b>
Approximately 2" x 2" color photo such as a passport photo.
No group photos.
No photocopies.

Pursuant to W. Va. Code §30-1-27, a person shall be granted an occupational or professional license, registration, or certificate if the person has been licensed or certified in another state, the license, registration, or certificate is in the same discipline and at the same practice level as the license, registration, or certificate for which the person is applying in this state and the person meets other conditions prescribed by W. Va. Code §30-1-27.

Do you want to purchase a copy of the veterinary practice act and rules & regulations?

Yes     No

**All questions must be answered completely and precisely.** Misstatements, fraudulent, or insufficient answers and data required will be reason for rejection of your application.

<b>APPLICANT</b>					
Full Legal Name	First	Middle Initial	Last	Maiden/Former	
Social Security	Email Address		Home Phone	Cell Phone	
XXX-XX-					
Home Street Address	City	State or Province	Zip Code	County	

<b>RECORD OF BIRTH</b> – Please submit a certified copy of your birth certificate. If birth name differs from current name, submit appropriate proof of name change such as a certified copy of marriage license (photocopies will not be accepted)			
Birthdate (MM/DD/YR)	City of Birth	State of Birth	Country of Birth
/ /			

<b>CITIZENSHIP</b>			
Are you a citizen of the USA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you applied for US citizenship?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a work permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Country of Birth	
<b>IMMIGRATION</b>		<b>NATURALIZATION</b> - Provide proof of Naturalization	
Date of Immigration (MM/DD/YR)	Place of Immigration	Date of Naturalization (MM/DD/YR)	Place of Naturalization
/ /		/ /	

<b>BUSINESS INFORMATION</b> – If applicable				
Facility Name	Business Email Address		Business Phone	
Street Address	City	State or Province	County	Zip Code

**PUBLIC RECORD NOTICE  
REGARDING YOUR PROVIDED INFORMATION  
ON YOUR APPLICATION AND RENEWAL**

The WV Board of Veterinary Medicine is a public government agency and, as such, the records of the board are considered to be public records. Some or all of the information in these applications may be disclosed to any person under the WV Freedom of Information Act (FOIA). The board's records may also be subject to review by other government authorities or subject to disclosure in court or administrative proceedings by subpoena. In addition, the board is required by law to publish an annual roster of all licensees.

For these reasons, the board **cannot and does not** guarantee confidentiality of this information.

- If you do not wish to disclose your home address or phone number, you should choose to enter your business information for "public information preference"
- Any document, correspondence, or records submitted in connection with your application may be open to public inspection.
- Criminal background records are **not** subject to the WV Freedom of Information Act (FOIA).

<b>PUBLIC INFORMATION PREFERENCE</b>			
Facility Name (If applicable)		Street Address	
City	State or Province	County	Zip
Phone	Email		

<b>PREFERRED BOARD OFFICE COMMUNICATION – This information will only be available to the Board office</b>		
<b>Mailing Address</b> <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Public	<b>Email</b> <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Public	<b>Phone</b> <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Public

<b>EDUCATION – Please submit a certified copy of your transcripts of record from the school/college of veterinary medicine attended which shows total number of hours attended, subjects studied, grades given and date of graduation.</b>	
College/University	Were you a beneficiary of the WV student contract seat? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location	Date of Graduation (MM/YR) /
A veterinarian may represent themselves as a specialist only if they are Board certified in that specialty. If applicable, please list specialties:	

<b>ECFVG/PAVE REQUIREMENTS – If your school is not accredited by the AVMA, or if you are a graduate of a foreign veterinary school, please submit the Educational Commission for Foreign Veterinary Graduates (ECFVG) or Program for the Assessment of Veterinary Education equivalence (PAVE) certificate.</b>

<b>EXAM SCORES – Please have your National Board Exam and Clinical Competency Exam scores or your NAVLE scores submitted directly from VIVA. A passing score is required for WV License. Indicate which tests you have taken:</b>		
<input type="checkbox"/> NBE	<input type="checkbox"/> CCT	<input type="checkbox"/> NAVLE
Was WV the state that determined your eligibility for the NAVLE exam?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If approved for NAVLE through WV, your NAVLE scores are on file with WV and you are not required to have them submitted from the reporting service.		

<b>MILITARY WAIVER</b> -If you wish to submit a waiver request for your licensure fees, please complete and submit to the Board the "Military Family Waiver Application for Initial License" along with the required documents. This waiver application can be found on the Board's website. Please contact the Board with any questions regarding this waiver.	
Are you or your spouse an active member of the Armed Forces of the US, the National Guard, or reserve component?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a surviving spouse, who has not remarried, of a deceased service member who served as a member of the Armed Forces of the US, the National Guard or reserve component/	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>LICENSURE INFORMATION</b> - Please submit directly to our board under seal a confirmation of your standing while licensed and your current status from all states/jurisdictions where you now hold or have ever held a veterinary license.	
Are you now or have you ever been licensed in any state or jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
List all state/jurisdictions	

### PERSONAL INFORMATION

**Criminal Background Check** - Online criminal background check instructions are available. Printable instructions can be found under "Forms & Links" from "Quick Links" on the Home page.

**Please provide details and/or provide documentation to explain each question below that you responded to with a "yes" answer. If further information is required, you will be notified.**

1. Have you ever been convicted of a criminal offense? Yes \_\_\_ No \_\_\_
2. Has your veterinary license ever been disciplined, surrendered, suspended, dismissed or revoked? Yes \_\_\_ No \_\_\_
3. Have you ever been refused the right to be examined, or refused a license to practice veterinary medicine? Yes \_\_\_ No \_\_\_
4. Have you ever retracted or cancelled your application for veterinary license after it was submitted to a licensing board? Yes \_\_\_ No \_\_\_
5. Has your Federal DEA number ever been surrendered, suspended or revoked? Yes \_\_\_ No \_\_\_

Pursuant to West Virginia Code §48-15-303, each applicant for license must answer the following questions and certify, under penalty of false swearing, that these answers are true and correct.

1. Do you have a child support or medical obligation? Yes \_\_\_ No \_\_\_
2. If the answer to question 1, above, is yes, are you in arrears? Yes \_\_\_ No \_\_\_
3. If the answer to question 2, above, is yes, do your arrears equal or exceed the amount of child or medical support payment for six (6) months? Yes \_\_\_ No \_\_\_
4. Are you the subject of a child support related subpoena or warrant? Yes \_\_\_ No \_\_\_

If you make a false statement concerning any question on this application, you may be subject to disciplinary action including, but not limited to, immediate revocation or suspension of your license.

### CERTIFICATION

I, do hereby certify, under penalties of perjury and false swearing, I have personally completed this application and the answers are true and correct to the best of my knowledge. Furthermore, I being of full age and being duly sworn according to law, state that I am the person referred to in the foregoing statement, that I have carefully read the instructions given and questions asked in the application form, and that all statements made therein are true and correct.

I further understand and acknowledge that I have 30 days from being notified by the Board of my eligibility to take the jurisprudence exam or my file will be closed and all fees are non-refundable.

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Signature of Applicant

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Date

**Mail application and fees to:**

West Virginia Board of Veterinary Medicine

5509 Big Tyler Road, Suite 3

Cross Lanes, WV 25313

Phone (304) 776-8032

Fax (304) 957-0404

E-mail: [wvbvm@wv.gov](mailto:wvbvm@wv.gov)

Web: [www.wvbvm.org](http://www.wvbvm.org)