WEST VIRGINIA BOARD OF VETERINARY MEDICINE
TEMPORARY LICENSURE/REGISTRATION APPLICATION
EMERGENCY RESPONDER - NO FEE REQUIRED

The Governor must have declared a State of Emergency for Temporary Emergency Responder license or registration. Applicants must have a valid Veterinary license or Veterinary Technician registration in another jurisdiction with no disciplinary actions. Permit will be issued for 30 days. If more time is needed, an extension can be requested.

☐ **Veterinarian** ☐ **Registered Veterinarian Technician**

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

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

BUSINESS INFORMATION – *If applicable*			
Facility Name	Business Email Address	Business Phone	
Street Address	City	State or Province	Zip Code

LICENSURE INFORMATION- List all state/jurisdictions where you now hold or ever held a license or registration

PERSONAL INFORMATION

Please submit details and/or 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 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__

PUBLIC RECORD NOTICE
REGARDING YOUR PROVIDED INFORMATION ON YOUR APPLICATION

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 "business address" under "Mail Preference" located on the application.
- Any document, correspondence, or records submitted in connection with your application may be open to public inspection.

Read the following, then in the presence of a Notary, sign and date.

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 depose and state that I am of good moral character, not having been convicted of a felony within 5 years preceding this application or a misdemeanor or felony at any time if the conviction was related to the practice of veterinary medicine or animal abuse or neglect, and that if a license is issued in my favor, I will respectfully comply with the laws of West Virginia regarding the practice of veterinary medicine in this state.

_____ _____

Signature of Applicant Date

Mail application and 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 Web: www.wvbvm.gov

TO BE COMPLETED BY WVBVM

Approved by WVBMV Rep Signature: _____

Print Name of WVBVM Report: _____

Effective Date: _____

Expiration Date: _____