



# APPLICATION FOR A LICENSE TO PRACTICE VETERINARY MEDICINE

State Form 44614 (R10 / 9-17)

Approved by State Board of Accounts, 2017

**INDIANA BOARD OF VETERINARY MEDICAL EXAMINERS  
PROFESSIONAL LICENSING AGENCY**  
 402 West Washington Street, Room W072  
 Indianapolis, Indiana 46204  
 Telephone: (317) 234-2054  
 E-mail: pla8@pla.IN.gov  
 www.pla.IN.gov

- INSTRUCTIONS:**
1. The fee for this application is \$150.00, payable to the Indiana Professional Licensing Agency, in accordance with 888 IAC 1.1-3-2.
  2. Completed application and fees should be mailed to the address listed in the upper right hand corner of this form.
  3. All fees are non-refundable and non-transferable.
  4. Please refer to the instructions on our website, [www.pla.in.gov](http://www.pla.in.gov), for the licensing requirements.

\* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.  
 \*\* This information is being requested for workforce statistical purposes only; disclosure is voluntary.

FOR OFFICE USE ONLY	
APPLICATION FEE	
DATE FEE PAID (month, day, year)	
RECEIPT NUMBER	
LICENSE NUMBER	
LICENSE ISSUE DATE (month, day, year)	
LAW EXAMINATION DATE (month, day, year)	
LAW EXAMINATION SCORE	

**APPLICANT**

One (1) passport-quality photograph taken not earlier than eight (8) weeks prior to the date of application, dated and signed across the back in the applicant's "I certify that this is a true photograph of myself."

**DO NOT WRITE ABOVE THIS LINE**

APPLICANT INFORMATION			
Name of applicant (last, first, middle)			Social Security number *
Date of birth (month, day, year)		Place of birth (city and state or country)	
Address of applicant (number and street or rural route)			City, state, and ZIP code
Telephone number (daytime) (      )		E-mail address	
Gender ** <input type="checkbox"/> Male <input type="checkbox"/> Female		Ethnicity **	Race **
Pursuant to IC 12-32-1-5 and IC 12-32-1-6, I swear under the penalty of perjury that: (Please select one of the following.) <input type="checkbox"/> I am a United States Citizen. <input type="checkbox"/> I am a qualified alien (as defined under 8 U.S.C. § 1641).			
Are you the spouse of a member of the military who is assigned to a duty station in Indiana? (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you an active duty member of the military? (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No	

**BASIS OF LICENSURE (Please check one)**

<b>ENDORSEMENT OF EXAMINATION SCORES</b>	Based upon passing the North American Veterinary Licensing Examination (NAVLE)
<b>ENDORSEMENT OF EXAMINATION SCORES</b>	Based upon passing the National Board Examination (NBE) and Clinical Competency Test (CCT)
<b>ENDORSEMENT (Has not taken and passed NBE, CCT or NAVLE, but has taken and passed a state constructed examination.)</b>	For the five (5) years immediately preceding filing an application has been a practicing veterinarian licensed in a state, territory, or district of the United States having license requirements which are substantially equivalent.

**VETERINARY DEGREE GRANTED BY**

Name of school	Location of school	Date of graduation (month, day, year)
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**EXAMINATION RECORD**

EXAMINATION TAKEN	DATE OF MOST RECENT EXAMINATION (month, day, year)	WHERE TAKEN	HOW MANY TIMES HAVE YOU SAT FOR THIS EXAMINATION?
National Board Examination (NBE)			
Clinical Competency Test (CCT)			
North American Veterinary Licensing Examination (NAVLE)			
State Constructed Examination			
Have you sat for the NBE, CCT or the NAVLE Examination in Indiana prior to this application?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are a graduate of a foreign college of veterinary medicine have you completed and been granted certification by the Educational Commission for Foreign Veterinary Graduates (ECFVG)?			<input type="checkbox"/> Yes <input type="checkbox"/> No

**PRE-PROFESSIONAL EDUCATION IN VETERINARY MEDICINE**

NAME OF SCHOOL	LOCATION OF SCHOOL	DATES ATTENDED	DEGREE GRANTED

**STATES LICENSED**

TYPE OF LICENSE	STATE	NUMBER	DATE ISSUED	EXPIRATION DATE	STATUS

**LIST ALL PLACES YOU HAVE LIVED SINCE GRADUATION FROM VETERINARY SCHOOL**

GENERAL LOCATION	DATES

**LIST ALL PLACES OF EMPLOYMENT SINCE GRADUATION FROM VETERINARY SCHOOL**

NAME AND ADDRESS OF EMPLOYER	RESPONSIBILITIES	DATES OF EMPLOYMENT

If your answer is "Yes" to any of the following, explain fully in a sworn affidavit, including all related details, and provide copies of all relevant arrest or court documents. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of the license or permit issued pursuant to this application.

1. Have you ever previously filed an application in the State of Indiana?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has disciplinary action ever been taken regarding any health license, certificate, registration or permit that you hold or have held?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been denied a license, certificate, registration or permit to practice veterinary medicine or any regulated health occupation in any state ( <i>including Indiana</i> ) or country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you have any condition or impairment (including a history of alcohol or substance abuse) that currently interferes, or if left untreated may interfere, with your ability to practice in a competent and professional manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. <i>Except for minor violations of traffic laws resulting in fines, and arrests or convictions that have been expunged by a court,</i> (1) have you ever been arrested; (2) have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony in any state; (3) have you ever been convicted of any offense, misdemeanor, or felony in any state; (4) have you ever pled guilty to any offense, misdemeanor, or felony in any state; or (5) have you ever pled <i>nolo contendere</i> to any offense, misdemeanor, or felony in any state?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you ever had a malpractice judgment against you or settled any malpractice action?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**APPLICATION AFFIRMATION**

I hereby swear or affirm, under the penalties of perjury, that the statements made in this application are true, complete and correct.

Signature of applicant

Date (*month, day, year*)

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency any files, documents, records or other information pertaining to the undersigned requested by the Agency, or any of its authorized representatives in connection with processing my application for a license to practice veterinary medicine.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any such information.

A photostatic copy of this authorization has the same force and effect as the original.

**AFFIRMATION**

I hereby swear or affirm, that I have read the above statements and agree to same.

Signature of applicant

Date (*month, day, year*)

**VERIFICATION OF VETERINARY LICENSURE**

**INSTRUCTIONS:** Type or print the top portion of the verification and send a copy to each state where you hold or have held a license. Request each state to complete and send directly to:

**Indiana Board of Veterinary Medical Examiners  
Professional Licensing Agency**  
402 West Washington Street, Room W072  
Indianapolis, Indiana 46204  
(317) 234-2054  
E-mail: pla8@pla.IN.gov

Name (last, first, middle, maiden)		Social Security number *	
Address (number and street or rural route)			
City		State	ZIP code
Date of birth (month, day, year)	Telephone number (daytime) (        )		E-mail address
I hereby authorize the State of _____ to furnish to the Professional Licensing Agency with the information below.			
Signature		Date (month, day, year)	

**TO BE COMPLETED BY THE STATE BOARD**

License number	Date of issuance (month, day, year)	Expiration date (month, day, year)
License issued based upon: <input type="checkbox"/> Examination <input type="checkbox"/> Endorsement <input type="checkbox"/> Other _____		
Type of examination: <input type="checkbox"/> National Board Examination (NBE) <input type="checkbox"/> Clinical Competency Test (CCT) <input type="checkbox"/> North American Veterinary Licensing Examination (NAVLE) <input type="checkbox"/> State Constructed Examination (Attach subjects, scores and average)		Date of examination(s) (month, day, year)
Has the license been subject to any disciplinary action? (Please attach certified copies of any disciplinary action taken by your board.)		<input type="checkbox"/> Yes <input type="checkbox"/> No

**FORM COMPLETED BY:**

Name	<b>PLEASE AFFIX BOARD SEAL</b>
Title	
State Board	
Date (month, day, year)	