



# APPLICATION FOR A LICENSE TO PRACTICE VETERINARY MEDICINE

State Form 44614 (R14 / 6-23)

## INDIANA BOARD OF VETERINARY MEDICINE

1202 East 38<sup>th</sup> Street  
Discovery Hall, Ste. 100  
Indianapolis, Indiana 46205  
Telephone: (317) 544-2409  
E-mail: [VetBoard@vetboard.in.gov](mailto:VetBoard@vetboard.in.gov)  
[www.in.gov/VetBoard](http://www.in.gov/VetBoard)

- INSTRUCTIONS:**
1. The fee for this application is \$150.00, payable to the State of Indiana, 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.in.gov/VetBoard](http://www.in.gov/VetBoard), 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 issued	Date license issued (month, day, year)	Date of law examination (month, day, year)	Law examination score		

### DO NOT WRITE ABOVE THIS LINE

### BASIS OF LICENSURE (Please check one)

<input type="checkbox"/> EXAMINATION	Based upon passing either the North American Veterinary Licensing Examination (NAVLE) or the National Board Examination (NBE) and Clinical Competency Test (CCT)
<input type="checkbox"/> ENDORSEMENT	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. <b>(Has not taken and passed the NBE, CCT, or NAVLE; but has taken and passed a state constructed examination.)</b>

### APPLICANT INFORMATION

Name of applicant (last, first, middle)					
Social Security number *		Date of birth (month, day, year)		Gender ** <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address of applicant (number and street or rural route)			City, state, and ZIP code		
Telephone number (daytime) (      )		E-mail address			
Pursuant to IC 12-32-1-5 and IC 12-32-1-6, I swear under the penalty of perjury that: (Please select ONLY 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 USC § 1641). <input type="checkbox"/> I am authorized by the Federal government to work in the United States.					
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		

### VETERINARY DEGREE GRANTED BY

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

Please select the examination taken.  
 Clinical Competency Test (CCT) / National Board Examination (NBE)       North American Veterinary Licensing Examination (NAVLE)

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) or Program for the Assessment of Veterinary Education Equivalence (PAVE)?  
 Yes  No

### PRE-PROFESSIONAL EDUCATION IN VETERINARY MEDICINE

NAME OF SCHOOL	LOCATION OF SCHOOL	DATES ATTENDED (month, day, year)	DEGREE GRANTED

**LIST ALL STATES, INCLUDING INDIANA, IN WHICH YOU HAVE BEEN LICENSED TO PRACTICE ANY REGULATED HEALTH OCCUPATION, REGARDLESS OF STATUS.**

STATE	TYPE OF LICENSE / CERTIFICATE	NUMBER	DATE ISSUED (month, day, year)	CURRENT STATUS

**QUESTIONS**

If your answer is "Yes" to any of the following, explain fully in a signed written statement, 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.

- Has disciplinary action ever been taken regarding any health license, certificate, registration or permit that you hold or have held?  Yes  No
- Have you ever been denied a license, certificate, registration or permit to practice veterinary medicine or any regulated health occupation in any state (including Indiana) or country?  Yes  No
- Except for minor violations of traffic laws resulting in fines, and arrests or convictions that have been expunged by a court,
  - have you ever been arrested;  Yes  No
  - have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony in any state;  Yes  No
  - have you ever been convicted of any offense, misdemeanor, or felony in any state;  Yes  No
  - have you ever pled guilty to any offense, misdemeanor, or felony in any state; or  Yes  No
  - have you ever pled *nolo contendere* to any offense, misdemeanor, or felony in any state?  Yes  No
- 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?  Yes  No
- Have you ever had a malpractice judgment against you or settled any malpractice action?  Yes  No

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Indiana Board of Veterinary Medicine any files, documents, records or other information pertaining to the undersigned requested by the Board, or any of its authorized representatives in connection with processing my application for licensure.

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 information.

I further authorize the Indiana Board of Veterinary Medicine to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions any information which is material to my application, and I hereby specifically release the Board from any and all liability in connection with such disclosures.

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

**AFFIRMATION**

***\*I affirm, under penalties for perjury, that the foregoing representations are true.***

Signature of applicant

Date (month, day, year)