



Veterinary License Application Packet

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Important Social Security Number Information:

You are required by state and federal law to provide a social security number with your application. If you do not have a social security number at the time you send in this application, please contact the Customer Service Center at 360.236.4700 for more information.

A U.S. Individual Taxpayer Identification Number (ITIN) or a Canadian Social Insurance Number (SIN) cannot be substituted.

In order to process your request:

Mail your application with initial documentation and your check or money order payable to:

Department of Health
PO Box 1099
Olympia, WA 98507-1099

Send other documents not sent with initial application to:

Veterinarian Board of Governors
Credentialing
PO Box 47877
Olympia, WA 98504-7877

Contact us:

360.236.4700

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Application Instructions Checklist

Important background check Information: Washington State law authorizes the Department of Health to obtain fingerprint-based background checks for licensing purposes. This check may be through the Washington State Patrol and the Federal Bureau of Investigation (FBI). This may be required if you have lived in another state or if you have a criminal record in Washington State. This would be at your own expense.

All information should be typed or printed clearly in blue or black ink. It is your responsibility to submit the required forms.

Application Fees. All fees are non-refundable. You can check the online [fee page](#) for current fees.

1: Demographic Information:

Social Security Number: You must list your social security number on your application. Please call the Customer Service Center at 360.236.4700 if you do not have one.

Legal Name: List your full name: first, middle, and last.

Definition of legal name: "Legal name" is the name appearing on your official certificate of birth or, if your name has changed since birth, on an official marriage certificate or an order by a court. The court must have the legal authority to change your name. We may ask you to prove your legal name. If you use any name other than your legal name on this application form, your application may be denied.

Birth date: Provide the month, day, and year of your birth.

Birth place: Provide the city, state and country where you were born.

Address: List the address we should use to mail any information about your credential. Be sure to list all information requested. This will be your permanent address for your license information until we have been notified of a change. See [WAC 246-12-310](#).

Phone, Fax, and Cell Numbers: Enter your phone, fax and cell numbers, if you have them.

Email: Enter your email address, if you have one.

Other Names: Indicate whether you are known or have been known under any other names. If you have a name change, you must notify the Department of Health in writing. You must include proof of this change. See [WAC 246-12-300](#).

2: Personal Data Questions:

All applicants for credentialing must answer the same personal data questions. They are focused on your fitness to practice the essential skills for this profession. If you answer "yes" to any of the questions, you must provide an explanation and the documentation listed in the note following the question. If you do not provide the documents, your application is incomplete and will not be considered.

- Question 5 includes misdemeanors, gross misdemeanors and felonies. You do not have to answer yes if you have been cited for traffic infractions. You can obtain copies of court records through the county courthouse where the conviction, plea, deferred sentence, or suspended sentence was entered.

- Another jurisdiction means any other country, state, federal territory, or military authority.

3: Specialty Board Certification:

If applying for specialty license, please indicate board speciality. List all AVMA recognized specialty board memberships you hold. List the name of board, certification number, issue date, and if it is currently valid or not.

4: Education:

List in date order your educational preparation and post-graduate training. Attach additional completed pages if you need more space.

5: Experience:

List in date order your professional experience and practice from date of graduation from professional college. Attach additional completed pages if you need more space.

6: Other License, Certification, or Registration:

List all states where credentials are or were held. Specifically list credentials granted as temporary, reciprocity, exemption or similar with type, date, grantor, and if credential is current. Attach additional completed pages if you need more space.

7: Examination Data:

Check yes or no if you have taken the following:

- National Board Examination in another jurisdiction. If yes, provide month and year.
- Clinical Competency Test in another jurisdiction. If yes, provide month and year.
- North American Veterinary Licensing Examination in another jurisdiction. If yes, provide month and year.
- Have you ever applied for a license in Washington before this application? If yes, provide approximate date and under what name you applied.

8: AIDS Education and Training Attestation:

Read the AIDS education and training attestation. AIDS training may include self-study, direct patient care, courses, or formal training. A minimum of four hours is required. Course content can be found in [WAC 246-12-270](#).

9: Applicant's Attestation:

You must sign and date this for us to process the application.

10: Applicant's Photograph:

Attach a current photograph in the box provided or attach it to the application. Indicate date the photograph was taken and sign in ink across the bottom of the photo. The photograph must be a clear, close up and a front view. Your application will not be processed without a current photograph.

Notice to Spouses and Registered Domestic Partners of Military Personnel Transferring to Washington

Under a new state law, a spouse or registered domestic partner of military personnel transferring to Washington may receive his or her health professional license more quickly. In order for us to do this, please complete the additional form found at <http://www.doh.wa.gov/hsga/professions/military/> and include supporting documentation with your application.

License Requirements

When your application has been received by the Department of Health, Veterinary Board of Governors, you will be sent a letter noting receipt and any other documentation needed to complete the process.

Make sure the necessary fees and documentation have been submitted or requested by you. We encourage you to use the following checklist:

Note: You may not provide services as a veterinarian until you receive your Washington State Veterinary credential. Please be advised during the application process information on the status of an application is available only to the applicant.

State Examination:

The state examination is a state law and rule, mail-home/open book examination. This exam can be taken upon receipt of the state exam fee. You must obtain a 90% score on the state examination. There are 50 questions, and each question is worth two points.

Registration and Verification of National Exam NAVLE Registration:

The North American Veterinarian Licensing Examination (NAVLE) is held twice each year. These dates can be viewed at the National Board of Veterinary Medical Examiners Web site at: www.nbvme.org. Registration and payments are made at the NBVME Web site: www.nbvme.org.

Application to sit for this exam must be made via the Washington State Veterinary Board of Governors and National Board of Veterinary Medical Examiners.

Registration and payments are made at the NVBME Web site: www.nbvme.org.

- Candidates must also send a Washington State Veterinary Application and the initial license fee, for current fees check the online [fee page](#), with their receipt verifying payment for NAVLE from the NBVME, to the board office no later than 120 days prior to the NAVLE beginning examination date.

Official Transcript:

Your transcript must indicate the date your degree was issued and must be sent directly from your school to the Department of Health, Veterinary Board of Governors, PO Box 47877, Olympia, WA 98504-7877. Transcripts will only be accepted if mailed directly to this office from your school.

Letter from your school:

If you are an exam applicant and your transcripts are not yet available, you will be permitted to take the examination on submission of a letter from your program director. This must state your current enrollment and expected date of graduation. You must be within six months of graduation. Your license, however, will not be issued until an official transcript has been received.

Foreign Trained Applicants:

If you were foreign trained, you must complete the ECFVG or PAVE Program. Send proof of completion directly to the Department of Health, Veterinary Board of Governors, PO Box 47877, Olympia, WA 98504-7877.

You may contact the PAVE at:
AAVSB Attn: Erin Jones
380 West 22nd Street, Suite 101
Kansas City, MO 64108
Call: 816.931.1504 x 222
email: ejones@aavsb.org

National Exam Scores:

The National Board Examination (NBE) and Clinical Competency Test (CCT)

or

North American Veterinary Licensing Examination (NAVLE) scores must be sent to Department of Health, Veterinary Board of Governors, PO Box 47877, Olympia, WA 98504-7877. Your exam scores must be mailed to this office directly from the testing agency or from the Veterinary Information Verifying Agency (VIVA). You may contact VIVA at: Toll Free 877.698.8482 or 816.931.1504 or <http://www.aavsb.org/VIVA/VIVAHome.aspx>.

The passing score for the NBE, CCT and NAVLE examinations is the established criterion referenced passing score.

Verification of Credentials:

If you hold a credential in another state, jurisdiction, or country, and are taking the NAVLE, applying for your initial Washington credential, or reinstating your Washington credential, you will need to request written verification of your credentials in all other states or provinces in which you have ever held a credential. Have the verification sent to Department of Health, Veterinary Board of Governors, PO Box 47877, Olympia, WA 98504-7877.

Specialty License:

If you are applying for a specialty license, in addition to the above requirements you must also have the certifying specialty board send verification you are currently certified in your specialty. The Veterinary Board of Governors recognizes all veterinary medicine specialties recognized by the AVMA.

Note: A veterinarian licensed as a specialty practitioner can only practice in specialties in which he or she is licensed.

Background
Check
Stamp
Here

Date
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Here

Rev 0283010000

Veterinary Medicine, Surgery and Dentistry Application

Please type or print clearly. It is the responsibility of the applicant to submit or request to have submitted all required supporting documents. Failure to do so may result in a delay in processing your application.

1. Demographic Information

Social Security Number (If you do not have a social security number, see instructions.) Male
 Female

Name First Middle Last

Birth date (mm/dd/yyyy)	Place of birth		
	City	State	Country

Address

City	State	Zip Code	County
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Country

Phone (enter 10 digit #)	Fax (enter 10 digit #)	Cell (enter 10 digit #)
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Email address

Mailing address (if different from above)

City	State	Zip Code	County
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Country

Note: The mailing and email addresses you provide will be your addresses of record. It is your responsibility to maintain current contact information with the department.

Have you ever been known under any other name(s)? Yes No
If yes, list name(s):

Will documents be received in another name? Yes No
If yes, list name(s):

For Office Use Only

Credential # _____ Issue date _____

2. Personal Data Questions

Yes No

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please attach explanation.

“Medical Condition” includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopaedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disabilities, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

If you answered “yes” to question 1, explain:

1a. How your treatment has reduced or eliminated the limitations caused by your medical condition.

1b. How your field of practice, the setting or manner of practice have reduced or eliminated the limitations caused by your medical condition.

Note: If you answered “yes” to question 1, the licensing authority will assess the nature, severity and the duration of the risks associated with the ongoing medical condition and the ongoing treatment to determine whether your license should be restricted, conditions imposed, or no license issued.

The licensing authority may require you to undergo a mental, physical or psychological examination. This would be at your own expense. By submitting this application, you give consent to such an examination. You also agree the examination report may be provided to the licensing authority. You waive all claims based on confidentiality or privileged communication. If you do not submit to a required examination or provide the report to the licensing authority, your application may be denied.

2. Do you currently use chemical substance(s) in any way which impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please explain.....

“Currently” means with the past two years.

“Chemical substances” includes alcohol, drugs or medications, whether taken legally or illegally.

3. Have you ever been diagnosed with, or treated for pedophilia, exhibitionism, voyeurism or frotteurism?.....

4. Are you currently engaged in the illegal use of controlled substances?.....

“Currently” means within the past two years.

“Illegal use of controlled substances” is the use of controlled substances (e.g., heroin, cocaine) not obtained legally or taken according to the directions of a licensed health care practitioner.

Note: If you answer “yes” to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders. The Department does criminal background checks on all applicants.

5. Have you **ever** been convicted, entered a plea of guilty, no contest or a similar plea, or had prosecution or a sentence deferred or suspended as an adult or juvenile in any state or jurisdiction?

Note: If you answered “yes” to question 5, you must send certified copies of all court documents related to your criminal history with your application. If you do not provide the documents, your application is incomplete and will not be considered.

To protect the public, the Department considers criminal history. A criminal history may not automatically bar you from obtaining a credential. However, failure to report criminal history may result in extra cost to you and the application may be delayed or denied.

6. Have you ever been found in any civil, administrative or criminal proceeding to have:
- a. Possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes?.....
- b. Diverted controlled substances or legend drugs?

2. Personal Data Questions (Cont.)	Yes	No
c. Violated any drug law?	<input type="checkbox"/>	<input type="checkbox"/>
d. Prescribed controlled substances for yourself?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If "yes", please attach explanation and provide copies of all judgments, decisions, and agreements.	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever surrendered a credential like those listed in number 8, in connection with or to avoid action by a state, federal or foreign authority?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence or malpractice in connection with the practice of a health care profession?	<input type="checkbox"/>	<input type="checkbox"/>

3. Specialty Board Certification

If applying for specialty license, please indicate board speciality. List all AVMA recognized speciality board memberships you hold.

Name of board	Certification number	Issue date	Currently in Force
			<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 <input type="checkbox"/> Yes

4. Professional Education

List in date order your educational preparation and post-graduate training. Attach additional completed pages if you need more space.

Full name, city and state of schools attended	Degree earned	Attendance	
		Entrance date	Ending date

5. Experience

List in date order your professional experience and practice from date of graduation from professional college. Include the month/day/year in date order. Attach additional pages if you need more space.

Begin Date	End Date	Employer/Activities	Address / Telephone number	Title

6. Other License, Certification, or Registration

List **all** states where credentials are or were held. Specifically list credentials granted as temporary, reciprocity, exemption or similar with type, date grantor, and if credential is current. Attach additional pages if you need more space.

State/Jurisdiction	Profession	Credential			Method of Credentialing	Currently In Force
		Type	Number	Year Issued		
						<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 <input type="checkbox"/> Yes

7. Examination Data

Have you taken the National Board Examination in another jurisdiction? Yes No

If yes, list month(s) _____ and year(s) _____

Have you taken the Clinical Competency Test in another jurisdiction? Yes No

If yes, list month(s) _____ and year(s) _____

Have you taken the North American Veterinary Licensing Examination in another jurisdiction? Yes No

If yes, list month(s) _____ and year(s) _____

Have you ever applied for a license in Washington before this application? Yes No

Approximate date _____, under what name did you apply? _____

8. AIDS Education and Training Attestation (Check Appropriate Box)

I certify I have completed the minimum of four hours of education in the prevention, transmission and treatment of AIDS. This includes the topics of etiology and epidemiology, testing and counseling, infection control guidelines, clinical manifestations and treatment, legal and ethical issues to include confidentiality, and psychosocial issues to include special population considerations.

I understand I must maintain records documenting said education for two years and be prepared to submit those records to the department if requested. **I understand if I provide any false information, my license may be denied, or if issued, suspended or revoked.**

Applicant's Initials	Date

9. Applicant's Attestation

I, _____, declare under penalty of perjury under the laws of the state of
(Print applicant name clearly)

Washington the following is true and correct:

- I am the person described and identified in this application.
- I have read [RCW 18.130.170](#) and [RCW 18.130.180](#) of the Uniform Disciplinary Act.
- I have answered all questions truthfully and completely.
- The documentation provided in support of my application is accurate to the best of my knowledge.

I understand the Department of Health may require more information before deciding on my application. The department may independently check conviction records with state or federal databases.

I authorize the release of any files or records the department requires to process this application. This includes information from all hospitals, educational or other organizations, my references, and past and present employers and business and professional associates. It also includes information from federal, state, local or foreign government agencies.

I understand I must inform the department of any past, current or future criminal charges or convictions. I will also inform the department of any physical or mental conditions that jeopardize my ability to provide quality health care. If requested, I will authorize my health providers to release to the department information on my health, including mental health and any substance abuse treatment.

Dated _____ in _____
(mm/dd/yyyy) (City, state)

By: _____
(Signature of applicant)

10. Applicant's Photograph

Photo Here



Attach Current Photograph Here.
Indicate Date Taken and Sign in
Ink Across Bottom of the Photo.

NOTE: Photograph **Must** Be:

1. Original, not a photocopy
2. No larger than 2" X 2"
3. Taken within one year of
application
4. Close up, front view—not profile
5. Instant Polaroid Photographs
not acceptable

Height _____

Weight _____

Hair color _____

Color of eyes _____



Washington State Department of
Health
 Veterinary Board of Governors
 Credentialing
 PO Box 47877
 Olympia, WA 98504-7877
 360.236.4700

Out-of-State Credential Verification

To Applicant: Complete top portion in full and forward to the state, province, or country in which you hold or have held a credential as a veterinarian. There may be a fee for this service.

Name _____ Date of birth _____
mm/dd/yyyy

Address _____ City _____ State _____ Zip Code _____

License number: _____

I authorize the release of the information asked for below to the Washington State Veterinary Board of Governors

Signature: _____ Date _____
mm/dd/yyyy

To State Board: The above individual is applying for license as a veterinarian in Washington State.
 To assist the Board in its review, please complete the following information and return directly to the address shown above. Thank you.

Name of License: _____

License number: _____ Issue date _____ Expiration date: _____

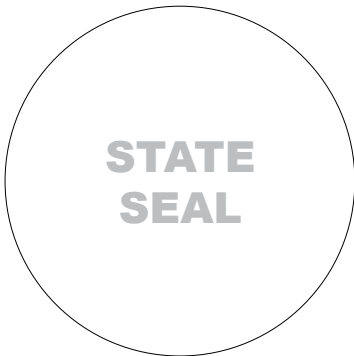
Issued on the basis of: _____

Credential was issued on the basis of:

- Examination in your State-National Board Examination, Clinical Competency Test, North American Veterinary Licensing Examination.
- Reciprocity/Endorsement from (indicate state)
- Other (explain):

Has credential ever been suspended, revoked, or subject to other disciplinary action? Yes No

If yes, Please explain _____



Signature: _____

Title: _____

State Board _____

Date: _____

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RCW/WAC and Online Web Site Links

RCW/WAC Links

Uniform Disciplinary Act.....	<u>RCW 18.130</u>
Administrative Procedure Act	<u>RCW 34.05</u>
Administrative procedures and requirements	<u>WAC 246-12</u>
Veterinary Medicine, Surgery and Dentistry	<u>RCW 18.92</u>
Veterinary Board of Governors	<u>WAC 246-933</u>

On-Line

AIDS Training Resources	<u>Reference page</u>
Veterinary Board of Governors	<u>Web page</u>