



# IDAHO STATE BOARD OF VETERINARY MEDICINE

## General Application for Veterinary Licensing in Idaho

Return completed application form with appropriate fee(s) to:  
11351 W. Chinden Blvd., Bldg. 6  
Boise, ID 83714

For assistance with application, call (208) 488-7530. Hearing impaired individuals may call Idaho Relay Services at 1-800-377-3529.

### I. IDENTIFICATION INFORMATION (Print or type legibly. Illegible applications will be returned.)

a) Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

b) List below birth name, maiden name, given surname, or any other name(s) under which supporting documents will be submitted:

\_\_\_\_\_

c) E-mail address: \_\_\_\_\_

d) Social Security No.: (Required per I. C., §73-122) \_\_\_\_\_

The Idaho State Board of Veterinary Medicine is authorized to use your social security number as its primary means of identification for record-keeping purposes only. Your social security number and other personal information pertaining to your ability to hold a veterinary license in the state of Idaho will be provided to the American Association of Veterinary State Boards for the same purpose. Your social security number will be provided to the state of Idaho Department of Health and Welfare, Bureau of Child Support Services, to assist in the identification of persons who are more than 90 days or \$2,000 delinquent in complying with a child support order. This information shall not be disseminated further except as required under federal or state statutes.

e) Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ f) Place of birth: \_\_\_\_\_ g) Gender: M \_\_\_\_ F \_\_\_\_  
City/State/Province/Country

h) Home/permanent mailing address:

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/postal code: \_\_\_\_\_

i) Home phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

j) Business /Institution mailing address (if applicable):

Business/Institution name : \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/postal code: \_\_\_\_\_

k) Employer phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### II. VETERINARY EDUCATION

Was your veterinary education obtained at a *veterinary college* or *division of a university or college* that offers the degree of "Doctor of Veterinary Medicine," "Veterinary Medicine Doctor," or their equivalent, and is accredited or approved by the American Veterinary Medical Association (AVMA)? Yes  No

If you answered "No" to the above question, please select one of the following:

\_\_\_\_\_ I completed the Educational Commission for Foreign Veterinary Graduates (ECFVG) program.

\_\_\_\_\_ I am enrolled in the Educational Commission for Foreign Veterinary Graduates (ECFVG) program.

\_\_\_\_\_ I completed the Program for Assessment of Veterinary Education Equivalence (PAVE) program.

\_\_\_\_\_ I am enrolled in the Program for Assessment of Veterinary Education Equivalence (PAVE) program.

**III. PROFESSIONAL EDUCATION INFORMATION** (Include **MONTH/DAY/YEAR** on all dates of graduation. Attach additional pages if necessary.) Begin with information on your most recent degree.

1. College/University: \_\_\_\_\_ Years attended: \_\_\_\_\_ to \_\_\_\_\_  
Date of graduation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Location (city, state/country): \_\_\_\_\_ Degree  
received: \_\_\_\_\_ +

2. College/University: \_\_\_\_\_ Years attended: \_\_\_\_\_ to \_\_\_\_\_  
Date of graduation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Location (city, state/country): \_\_\_\_\_  
Degree received: \_\_\_\_\_

3. College/University: \_\_\_\_\_ Years attended: \_\_\_\_\_ to \_\_\_\_\_  
Date of graduation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Location (city, state/country): \_\_\_\_\_  
Degree received: \_\_\_\_\_

4. Foreign Graduates: ECFVG or PAVE Certificate Date Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**IV. RECORD OF LICENSURE INFORMATION**

**Directions:** If you hold or have ever held a license in veterinary medicine, or a related license, in another state or in Canada, **you must request the licensing board in each state/province or the Veterinary Information Verifying Agency (VIVA) of the American Association of Veterinary State Boards (AAVSB) to send a letter of verification** containing the information listed below **directly** to the Idaho State Board of Veterinary Medicine's office at **BOVM, 11351 W. Chinden Blvd., Bldg. 6, Boise, ID 83714.**

**All states/provinces in which you hold or have held a license must be listed. Attach additional sheets if necessary.** If you have ever held a temporary, trainee, or apprenticeship license or a permit, it must also be listed here. It is the duty of each applicant to make inquiry of the individual licensing boards regarding the status of his/her license in that state/province. **You must also notify the Board of any pending disciplinary action prior to the issuance of an Idaho veterinary license, and to supplement the information in Sections III and IV, should pertinent facts or circumstances change. Ignorance of a license status will not constitute an excuse for incorrect information. Failure to disclose all licenses held may result in denial of your application or other appropriate action.**

State/Province of **Original** Licensure \_\_\_\_\_ License No. \_\_\_\_\_ Date Issued \_\_\_\_ / \_\_\_\_ / \_\_\_\_

License Status (circle all that apply): **Active Inactive Not renewed Surrendered Restricted In Good Standing**

Additional Licensure (State/Province) \_\_\_\_\_ License No. \_\_\_\_\_ Date Issued \_\_\_\_ / \_\_\_\_ / \_\_\_\_

License Status (circle all that apply): **Active Inactive Not renewed Surrendered Restricted In Good Standing**

Additional Licensure (State/Province) \_\_\_\_\_ License No. \_\_\_\_\_ Date Issued \_\_\_\_ / \_\_\_\_ / \_\_\_\_

License Status (circle all that apply): **Active Inactive Not renewed Surrendered Restricted In Good Standing**

## V. PERSONAL HISTORY

**Directions:** Read each question carefully and place an 'X' in the box next to the appropriate answer. **If you answer "Yes" to any of the questions below, you must provide a detailed explanation in a separate signed and notarized affidavit.** It is the duty of each applicant to make inquiry of the individual licensing boards in each state regarding the status of his/her license in that jurisdiction. Ignorance of the status of a license or disciplinary action will not constitute an excuse for incorrect information. **Failure to disclose any of the requested information, or failure to supplement information and responses on this application when required, may result in the denial of your application or other appropriate action.**

- 1) Has a veterinary licensing authority in any jurisdiction ever denied your application for a professional license, registration, or certification? Yes  No
- 2) Have you ever been asked or required to surrender your veterinary license, or has your veterinary license ever been revoked? Yes  No
- 3) Have you ever been issued a limited or probationary license by any veterinary licensing authority? Yes  No
- 4) Have you ever been formally or informally disciplined by any veterinary licensing authority? Yes  No
- 5) Have you ever had a registration issued by a controlled substance authority revoked, suspended, placed on probation, or restricted, or have you ever been asked to surrender said registration? Yes  No
- 6) Has your application for accreditation by the United States Department of Agriculture (USDA) ever been denied for any reason? Yes  No
- 7) Has USDA ever disciplined your certification of accreditation, or has USDA ever issued a limited or probationary certificate of accreditation to you for any reason? Yes  No
- 8) Are you currently under investigation by any licensing jurisdiction, the USDA Federal Drug Enforcement Agency or any state drug enforcement authority, which could result in disciplinary action being taken against you? Yes  No
- 9) Have you ever been found guilty or convicted of any misdemeanor or felony criminal act(s), including those in which a nolo contendere plea or guilty plea was entered, in any state or federal court, whether or not sentence was imposed or suspended? Yes  No
- 10) Have you ever been named as a defendant to a civil lawsuit related to the practice of veterinary medicine? Yes  No
- 11) Have you ever been convicted of animal abuse in any state or federal court, including cases in which a nolo contendere plea or guilty plea was entered, regardless of whether or not a sentence was imposed or suspended? Yes  No
- 12) Have you ever been convicted of a violation of any federal or state drug law(s), rule(s) and/or regulation(s), including those in which a nolo contendere plea or guilty plea was entered, whether or not sentence was imposed or suspended? Yes  No
- 13) Are you now, or have you in the last five (5) years been addicted to any drug, alcohol, or chemical substance? Yes  No
- 14) Are you now being treated, or have you within the last five (5) years been treated, in a drug or alcohol rehabilitation program? Yes  No
- 15) Do you have any illness or condition that compromises your ability to safely practice veterinary medicine? Yes  No

## VI. WORK HISTORY/PRACTICAL EXPERIENCE

Directions: Provide your **complete work history, beginning with present employment.** Attach additional sheets if necessary to account for the entire time period since graduation from your undergraduate institution, including volunteer work. If you have never been employed, enter "N/A" in the first box.

**1) Dates of employment:** from \_\_\_\_\_ to \_\_\_\_\_ Full-time or part-time? \_\_\_\_\_

Name and address of business/institution: \_\_\_\_\_  
\_\_\_\_\_

Supervisor's name and phone number at institution: \_\_\_\_\_  
\_\_\_\_\_

**2) Dates of employment:** from \_\_\_\_\_ to \_\_\_\_\_ Full-time or part-time? \_\_\_\_\_

Name and address of business/institution: \_\_\_\_\_  
\_\_\_\_\_

Supervisor's name and phone number at institution: \_\_\_\_\_

Job title and description of duties performed:  
\_\_\_\_\_  
\_\_\_\_\_

## VII. MILITARY EDUCATION TRAINING AND SERVICE

**1)** Are you currently a member of the Military (the armed forces or reserves of the United States, including the army, navy, marine corps, coast guard, air force, and the reserve components thereof, the national guard of any state, the military reserves of any state, or the naval militia of any state)? **Yes**  **No**

**2)** Are you a spouse of a current member of the Military? **Yes**  **No**

**3)** Are you a former member of the Military discharged under honorable conditions? **Yes**  **No**

**4)** Are you the spouse of a former member of the Military discharged under honorable conditions? **Yes**  **No**

**5)** Are you a veteran (any person who has been discharged or released from active duty in the armed forces under honorable conditions provided the person has served on active duty for 180 consecutive days)? **Yes**  **No**

**6)** Are you the spouse of a Veteran? **Yes**  **No**

**VIII. NOTARIZED AFFIDAVIT**

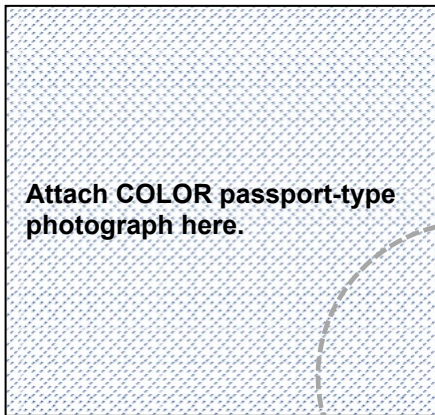
"I \_\_\_\_\_, being first duly sworn, depose and state: That by virtue of filing this application, I do solemnly swear or affirm that I am of good moral character, that I understand the instructions and terms as set forth in this application, that I have personally completed this form, and that the information given in this application is true and complete to the best of my knowledge. I hereby authorize the Idaho State Board of Veterinary Medicine ("Board") to verify any and all information contained in this application, including information maintained in applicable data banks. I authorize the Board to review any state files pertaining to my licensure and practice, and law enforcement and court documents to confirm the accuracy and completeness of the information provided herein. I understand that my fingerprint submission will be used to check the criminal history databases of the state and the FBI. By submitting and signing this application I hereby authorize any entities in possession of applicable information to release such information to the Board."

"Under penalty of perjury, I do hereby attest that the preceding information on this form is true and correct. A false statement on any part of this form may be grounds for disciplinary action as set forth by Chapter 21, Title 54 Idaho Code, and may be punished by fine or imprisonment (Idaho Code, Title 18, Section 5413)."

"In addition, I hereby verify that I have read the Idaho Veterinary Practice Act (Idaho Code Title 54, Chapter 21), Idaho Administrative Rules (IDAPA 24, Title 38, Chapter 01), and the AVMA Principles of Veterinary Medical Ethics (April 2010 Revision), and accept the professional responsibility thereof."

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature of applicant: \_\_\_\_\_



Signature of notary: \_\_\_\_\_

Printed name of notary: \_\_\_\_\_

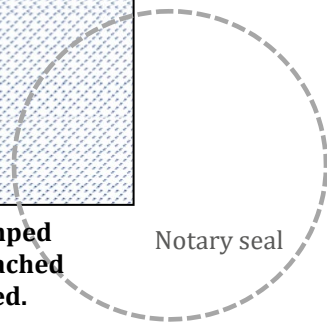
Notary Public for the State of \_\_\_\_\_

County of \_\_\_\_\_

Residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

**Notary seal must be stamped partially on top of the attached photograph as indicated.**



**CERTIFICATE OF EXPECTED GRADUATION**

If you have not yet graduated from an accredited school of Veterinary Medicine, the following form (or a similar letter) must be completed by the President or Dean of the school and sent, by the institution, to the address below.

To the Idaho Board of Veterinary Medicine:

I hereby certify that \_\_\_\_\_ is expected to graduate  
(Printed name of Applicant)  
from \_\_\_\_\_  
(Institution)  
with a degree/certificate in \_\_\_\_\_ in \_\_\_\_/\_\_\_\_.  
(Program) (Month/Year)

\_\_\_\_\_  
(Signature of President or Dean)

\_\_\_\_\_  
(Printed name of President or Dean)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date)

(\_\_\_\_)\_\_\_\_-\_\_\_\_  
(Phone number)



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