

**State of Florida
Department of Business and Professional Regulation
Board of Veterinary Medicine
Application for Veterinarian Temporary License
Form # DBPR VM 14**

APPLICATION CHECKLIST – IMPORTANT – Submit all items on the checklist below with your application to ensure faster processing.

**This application is for issuance of a temporary license as a veterinarian.
Temporary licenses are valid for 30 days, to treat animals of multiple owners in
response to an emergency.**

| APPLICATION REQUIREMENTS |
|--|
| ALL License Applicants must submit: |
| <input type="checkbox"/> Fees: <ul style="list-style-type: none">• \$200.00• Make check payable to the Florida Department of Business and Professional Regulation. |
| <input type="checkbox"/> Qualifications – Will be verified through AAVSB (American Association of Veterinary State Boards) and states of licensure <ul style="list-style-type: none">• Must hold a current, active license to practice Veterinary Medicine in another state of the United States.<ul style="list-style-type: none">• The requirements for licensure in the issuing state, district or territory are equivalent to or more stringent than the requirements of Florida.• License must have never been revoked, suspended or otherwise acted against by the licensing authority.• Doctor of Veterinary Medicine degree conferred by an American Veterinary Medical Association (AVMA) accredited school.• Passed the North American Veterinary Licensing Exam (NAVLE). |
| <input type="checkbox"/> Supporting legal documentation, if necessary. See Section IV of Instructions. |

Please mail your completed application, documentation and required fee(s) to:

Department of Business and Professional Regulation
2601 Blair Stone Road
Tallahassee, FL 32399-0783

State of Florida
Department of Business and Professional Regulation
Board of Veterinary Medicine
Application for Veterinarian Temporary License
Form # DBPR VM 14

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.
For additional information see the Instructions at the end of this application.

Section I – Application Type

| APPLICATION TYPE |
|--|
| <input type="checkbox"/> Initial Application for Veterinarian Temporary License Due to Emergency – Valid 30 Days [1033] |

Section II – Applicant Information

| APPLICANT INFORMATION | | | |
|--------------------------------|---|------------------------|--|
| Social Security Number* | | | |
| FULL LEGAL NAME | | | |
| Last Name | First | Middle | |
| Birth Date (MM/DD/YYYY) / / | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | | |
| MAILING ADDRESS | | | |
| Street Address or P.O. Box | | | |
| | | | |
| City | State | Zip Code (+4 optional) | |
| County (if Florida address) | Country | | |

* The disclosure of your Social Security number is mandatory on all professional and occupational license applications, is solicited by the authority granted by 42 U.S.C. §§ 653 and 654, and will be used by the Department of Business and Professional Regulation pursuant to §§ 409.2577, 409.2598, 455.203(9), and 559.79(3), Florida Statutes, for the efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. It is also required by § 559.79(1), Florida Statutes, for determining eligibility for licensure and mandated by the authority granted by 42 U.S.C. § 405(c)(2)(C)(i), to be used by the Department of Business and Professional Regulation to identify licensees for tax administration purposes.



Section II – Applicant Information continued

| CONTACT INFORMATION | | | | |
|--|-------|--------------------|------------------|--------|
| Phone Number | | Fax Number | | |
| Email Address | | | | |
| CURRENT/PRIOR LICENSE INFORMATION | | | | |
| If you currently hold or have previously held a business or professional license/registration in Florida or elsewhere, please list each one below (attach additional copies of this page as necessary): | | | | |
| 1. License/Registration Type | State | Date (From) / / | Date (To) / / | |
| License Number | | Name Used | | |
| 2. License/Registration Type | State | Date (From) / / | Date (To) / / | |
| License Number | | Name Used | | |
| 3. License/Registration Type | State | Date (From) / / | Date (To) / / | |
| License Number | | Name Used | | |
| PRIOR NAME INFORMATION | | | | |
| Have you used, been known as, or are currently known by another name (example - maiden name, nickname) or alias other than the name provided in the legal name section of the applicant information? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| If your answer is yes, state name or names used below: | | | | |
| Last Name | First | Middle | Title | Suffix |
| Last Name | First | Middle | Title | Suffix |
| Last Name | First | Middle | Title | Suffix |

Section III – Education Information

| EDUCATION INFORMATION | | | | |
|--|--|--|--|---------------------------|
| List the names and addresses of each college or university where Veterinary Medicine Education was obtained. | | | | |
| 1. Institution | | Number of Years of Practical Experience: | | |
| Address | | <input type="checkbox"/> Degree Obtained OR <input type="checkbox"/> ECFVG Program | | Date of Graduation / / |
| City | | State | | Zip code |
| 2. Institution | | Number of Years of Practical Experience: | | |
| Address | | <input type="checkbox"/> Degree Obtained OR <input type="checkbox"/> ECFVG Program | | Date of Graduation / / |
| City | | State | | Zip code |

Section IV(a) – Background Questions

| BACKGROUND QUESTIONS | | | |
|---|------------------------------|-----------------------------|---|
| <p>If you answer "YES" to any question below, please refer to Section IV of Instructions for detailed instructions on providing complete explanations, including requirements for submitting supporting legal documents. Please complete Section IV (b) for your response to question 1, and complete Section IV (c) for your response to questions 2 through 9. If you have more offenses/incidents to document in Section IV (b) or (c), attach additional copies as necessary.</p> | | | |
| 1. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <p>Have you ever been convicted or found guilty of, or entered a plea of nolo contendere or guilty to, regardless of adjudication, a crime in any jurisdiction, or are you currently under criminal investigation? This question applies to any criminal violation of the laws of any municipality, county, state or nation, including felony, misdemeanor and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." YOUR ANSWER TO THIS QUESTION MAY BE CHECKED AGAINST LOCAL, STATE AND FEDERAL RECORDS. FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.</p> |
| 2. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <p>Are you now or have you ever been a defendant in civil litigation in this or any other state, province, district, territory, possession or nation, in which the basis of the complaint against you was alleged negligence, malpractice or lack of professional competence related to the practice or profession for which you are applying, or is there any such case or investigation pending?</p> |
| 3. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <p>Have you ever had an application for registration, certification, or licensure in Florida or in any other jurisdiction denied, or is there now pending a proceeding or investigation to deny such an application?</p> |
| 4. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <p>Has any license, registration, or permit to practice any regulated profession, occupation, vocation, or business been revoked, annulled, suspended, relinquished, surrendered, or otherwise disciplined in Florida or in any other jurisdiction, or is any such proceeding or investigation now pending?</p> |
| 5. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <p>Have you ever ceased the active practice of veterinary medicine for more than two consecutive weeks?</p> |

Section IV (b) – Explanation(s) for Background Question 1

| EXPLANATION | |
|-------------------------------------|--|
| Offense | |
| County | State |
| Penalty/Disposition | |
| Date of Offense (MM/DD/YYYY) / / | Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Description | |
| | |
| | |
| | |

| EXPLANATION | |
|-------------------------------------|--|
| Offense | |
| County | State |
| Penalty/Disposition | |
| Date of Offense (MM/DD/YYYY) / / | Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Description | |
| | |
| | |
| | |

| EXPLANATION | |
|-------------------------------------|--|
| Offense | |
| County | State |
| Penalty/Disposition | |
| Date of Offense (MM/DD/YYYY) / / | Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Description | |
| | |
| | |
| | |

Section IV (c) – Explanation(s) for Background Questions 2 through 5

[illegible]

Section IV (c) – Explanation(s) for Background Questions 2 through 5

[illegible]

Section V – Examination History

| EXAMINATION HISTORY | | |
|---|--------------------------|-------------------------|
| Have you ever taken the NAVLE, National Board Examination (NBE), Clinical Competency Test (CCT) or Florida Laws and Rules examination? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Note: If “Yes,” please list below all previously passed examinations including the date of the examination and the state in which the examination was taken. | | |
| National Board Exam/NAVLE | Clinical Competency Test | Laws and Rules Exam |
| Date: / / | Date: / / | Date: / / |
| State: | State: | State: |

Section VI – Applicant Licensure Status

| APPLICANT LICENSURE STATUS | | |
|---|----------------|---|
| Do you hold or have held a license to practice veterinary medicine? If yes, list below the license(s) held. | | |
| State | License Number | Status (i.e. active, inactive, expired) |
| | | |
| | | |
| | | |
| | | |
| | | |

Section VII– Impairment Questions

| IMPAIRMENT QUESTIONS | | | |
|--|------------------------------|-----------------------------|---|
| If you are currently under contract with Florida’s impaired practitioner program (Professionals Resource Network) you may answer No to the following questions. | | | |
| If you have been enrolled in a Veterinary Medical School within the last two years and have been successfully treated for drug abuse, alcohol abuse, a mental disorder, or a physical disorder that impaired your ability to practice veterinary medicine with reasonable skill and safety, you may answer No to the following questions. | | | |
| Please answer the following questions. | | | |
| A. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Within the last two years, have you been ordered into, or participated in, any drug or alcohol recovery program or impaired practitioner program for the treatment of drug or alcohol abuse? |
| B. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Within the last two years, have you been ordered into, or participated in, an impaired practitioner program for the treatment of a diagnosed mental or physical disorder that has impaired your ability to safely practice veterinary medicine? |
| C. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Within the last two years, have you been treated for or had a recurrence of a diagnosed mental or physical disorder that has impaired your ability to safely practice veterinary medicine? |
| If you answer “yes” to any of the above questions, you are required to provide the following documentation to the Florida Board of Veterinary Medicine: | | | |
| <ul style="list-style-type: none"> A letter from your treating professional stating you are currently under their care and complying with the recommended treatment or that you have successfully completed the recommended treatment program. | | | |

If you believe you are currently impaired or at elevated risk for impairment, you should contact our designated Impaired Practitioner's Program for assistance.

Professionals Resource Network

Ph: 800-888-8776

www.flprn.org

Section VIII – Affirmation by Written Declaration

| AFFIRMATION BY WRITTEN DECLARATION | |
|--|-------|
| <p>I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.</p> | |
| Signature: | Date: |
| Print Name: | |

State of Florida
Department of Business and Professional Regulation
Board of Veterinary Medicine
Authorization for Interstate Exchange of Examination and Licensure Information

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at (850) 487-1395.

Applicant Information: The applicant is to complete the information below,

| APPLICANT INFORMATION | | | | |
|--|---------------|--------------------------------|-------|--------|
| This form is essential to the application you are filing with this Board. Before approval of your application, the Board of Veterinary Medicine must verify your examination history and/or licensure status. Information provided will be shared with licensing states and the American Association of Veterinary State Boards (AAVSB). | | | | |
| Last Name | First | Middle | Title | Suffix |
| Address | | License Number (if applicable) | | |
| City | State | Zip Code | | |
| Phone | Date of Birth | Social Security Number* | | |

*Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary unless specifically required by Federal status. In this instance, social security numbers are mandatory pursuant to Title 42 United States Code, Section 653 & 654; and sections 445.203(9), 409.2577, & 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants & licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional & occupational license applications & will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec. 317.

I hereby request and authorize any institution with whom I have been associated to provide any and all pertinent information requested concerning my qualifications for professional licensure to the Florida Department of Business and Professional Regulation Board of Veterinary Medicine to complete an application filed with that agency. I hereby release the institution and all individuals connected therewith from all liability for any damage whatsoever incurred by me as a result of their furnishing such information.

Applicant Signature

_____/_____/_____
Date Signed

Instructions

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at 850.487.1395.

1) Requirements

- a) Education Qualifications
 - i) Doctor of Veterinary Medicine degree conferred by an American Veterinary Medical Association (AVMA) accredited school.

2) Application Instructions by section

a) Section I- Application Type

- i) Check box for "Initial Application for Veterinarian Temporary License Due to Emergency".

b) Section II- Applicant Information

- i) Fill out each section completely. A Social Security number is required in order to apply for any individual license within the Department of Business and Professional Regulation.
- ii) In the Full Legal Name section, applicants must provide their full legal name. Do not use any nicknames, aliases, or initials.
- iii) Provide your mailing address. This will be used for sending correspondence regarding your application and license.
- iv) Provide a valid phone number and email address. Contact information is often used to quickly resolve questions with applications by telephone call or email. If contact information is not provided, questions regarding applications will be mailed to the applicant's mailing address and may take longer to resolve.
- v) Applicants must provide information on current or prior licenses held in Florida or any other state, territory, or jurisdiction of the United States or in any foreign national jurisdiction.
- vi) Applicants must provide information on any prior names or aliases used by applicant. If the name on supporting documentation does not match the applicant's legal name, the alias used in the supporting documentation must be provided in this section. Failure to do so will result in a deficient application.

c) Section III- Education Information

- i) Provide the name and address of each college or university that you have attended where Veterinary Medicine education was obtained.
- ii) Provide the number of years of practical experience and whether or not you graduated with a degree or ECFVG program certificate. Provide the date of your graduation.

d) Section IV (a), (b), and (c) - Background Questions.

- i) Question 1:
 - (1) If you answer "yes" to this question, you must complete Section IV (b) [*make additional copies as necessary*] of the application and provide a copy of the arrest report, copies of the disposition or final order(s), and documentation proving all sanctions have been served and satisfied. **You must supply this documentation for each occurrence.** If you are unable to supply this documentation, a certified statement from the clerk of court for the relevant jurisdiction stating the status of records is required.
 - (2) If you are still on probation, you must supply a letter from your probation officer, on official letterhead, stating the status of your probation.
- ii) Question 2:
 - (1) If you answer "yes" to this question, you must complete Section IV (c) [*make additional copies as necessary*] of the application by explaining the nature of the case and the allegations made against you. If a judgment was entered against you, please supply documentation proving all sanctions have been served and satisfied, or if not, stating the current status of any proceedings.
- iii) Question 3:
 - (1) If you answer "yes" to this question, you must complete Section IV (c) [*make additional copies as necessary*] of the application by explaining the reason for denial or pending action. You may be asked to supply copies of documentation ordering the denial or pending action.
- iv) Question 4:
 - (1) If you answer "yes" to this question, you must complete Section IV (c) [*make additional copies as necessary*] of the application by providing an explanation for the action against

your license and supply copies of the order(s) showing the disciplinary action taken against the license, or documentation showing the status of the pending action.

- v) Question 5:
 - (1) If you answer “yes” to this question, you must complete Section IV (c) [*make additional copies as necessary*] of the application by providing an explanation for being declared legally incompetent. Provide any supporting documentation from a doctor or medical facility to support declaration of competency.
- e) **Section V- Examination History**
 - i) List all states and dates where you have previously taken and passed the NAVLE, National Board Examination (NBE), Clinical Competency Test (CCT), or the Florida Laws and Rules Examination.
 - ii) Please complete ***Authorization for Interstate Exchange of Examination and Licensure Information Form***
- f) **Section VI- Applicant Licensure Status**
 - i) Provide the state, license number, and license status for any veterinary medical license that you currently hold or have previously held.
- g) **Section VII – Impairment Questions**
 - i) If you answer “yes” to any of the questions in this section, provide the following documentation to the Florida Board of Veterinary Medicine:
 - (1) A letter from your treating professional stating you are currently under their care and complying with the recommended treatment or that you have successfully completed the recommended treatment program.
- h) **Section VIII- Affirmation by Written Declaration**
 - i) The applicant must sign the affirmation by written declaration.
- 3) **Requirements for Licensure** - Qualifications – Will be verified through the American Association of Veterinary State Boards (AAVSB) and states of licensure.
 - a) Must hold a current, active license to practice Veterinary Medicine in another state of the United States.
 - i) The requirements for licensure in the issuing state, district or territory are equivalent to or more stringent than the requirements of Florida.
 - ii) License must have never been revoked, suspended or otherwise acted against by the licensing authority.
 - b) Doctor of Veterinary Medicine degree conferred by an American Veterinary Medical Association (AVMA) accredited school.
 - i) Completion of the Educational Commission for Foreign Veterinarian Graduates (ECFVG) certification program.
 - ii) Passed the North American Veterinary Licensing Exam (NAVLE) - A score of 425 on the North American Veterinary Licensing Exam (NAVLE).