



m MINNESOTA
BOARD OF VETERINARY MEDICINE
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Website: mn.gov/boards/veterinary-medicine/

For board use only:
Received: _____
Check: _____
Amount: _____

APPLICATION FOR SPECIALTY FACULTY VMC CLINICIAN LICENSE IN THE STATE OF MINNESOTA PURSUANT TO MINNESOTA STATUTES CHAPTER 156

Specialty Faculty VMC Clinician – University of Minnesota

- A practitioner who is specialty board-certified by the AVMA or the European Board of Veterinary Specialization may apply for a Specialty Faculty VMC Clinician license. This will allow the licensee to practice veterinary medicine in Minnesota only in the specialty area and only within the scope of employment at the University of Minnesota Veterinary Medical Center (VMC).
- A letter from the University of Minnesota's VMC Administration, stating that this position has been hard to fill, must accompany the application.
- Proof of applicant's status as a board-certified Specialist must accompany the application.

BIOGRAPHICAL DATA (Applicants must apply using their legal name)

First Name:		Middle Name:	Last Name:	
Date of birth:	SSN:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>		
Public E-mail:		Maiden/Alternative Name: (If applicable)		
Private E-mail:				
Business/ FAX/ Home/ Mobile/ Other phone:		<input type="checkbox"/> Public <input type="checkbox"/> Primary		
Business/ FAX/ Home/ Mobile/ Other phone:		<input type="checkbox"/> Public <input type="checkbox"/> Primary		
Military service (branch): (If applicable)		Date of discharge: (If applicable)		
Home Address: _____		<input type="checkbox"/> Public <input type="checkbox"/> Mailing		
City: _____ State: _____ Zip Code: _____ Country: _____				
Business Address: _____		<input type="checkbox"/> Public <input type="checkbox"/> Mailing		
City: _____ State: _____ Zip Code: _____ Country: _____				

EDUCATIONAL HISTORY (include veterinary degree and post DVM education)

a. Name and Location of Institution	Dates attended or currently enrolled	Degree awarded or to be completed	Date of degree or anticipated degree
I.			
II.			
III.			
IV.			
b. AVMA-recognized board certification(s) or European Board of Veterinary Specialization Certification			Board Certification Date:
I.			
II.			
III.			

LICENSURE HISTORY (Use additional sheet if necessary)

I am or have been licensed to practice veterinary medicine in the following states or Canadian provinces in the previous 10 years:				
State/Province (List Chronologically)	License Number	Year licensed	License current?	Year expired, if not current
1.				
2.				
3.				
4.				

*NOTE: License verifications are needed for any licenses held in the last 10 years.

BACKGROUND INFORMATION *Please read the warning on Page 4 before completing. *

1) Have you ever been denied a license to practice veterinary medicine in any state, territory, or country? You may use the space below for your response or attach additional documents. Yes ☐ No ☐

Details:

2) Have you ever been refused an occupational license in any state, territory, or country? You may use the space below for your response or attach additional documents. Yes ☐ No ☐

Details:

3) If you have held an occupational license in another state, territory, or country, has your occupational license ever been reprimanded, censured, restricted or subject to disciplinary or corrective action? You may use the space below for your response or attach additional documents. Yes ☐ No ☐

Details:

4) Are you currently the subject of any investigation of any occupational license in any state, territory, or country? You may use the space below for your response or attach additional documents. Yes ☐ No ☐

Details:

5) Have you ever been convicted, entered a plea of guilty, *nolo contendere*, or no contest, for any felony, gross misdemeanor, or misdemeanor offense? You may use the space below for your response or attach additional documents. *NOTE: The fact that a conviction has been pardoned, expunged, dismissed, stayed, or deferred, or that your civil rights have been restored, does not mean that you answer "NO"; you should answer "YES."* Yes ☐ No ☐

Details:

6) Do you have any criminal charge pending? You may use the space below for your response or attach additional documents. Yes ☐ No ☐

Details:

7) Do you have a physical or mental disability or illness that may impair your ability to practice veterinary medicine with reasonable skill and safety? Provide a statement explaining management and treatment. You may use the space below for your response or attach additional documents. Yes ☐ No ☐

Details:

8) In the past five years, have you ever misused or abused alcohol, drugs, or other chemicals or been considered chemically dependent? You may use the space below for your response or attach additional documents. Yes ☐ No ☐

Details:

9) Have you ever been adjudicated by a court in any state, territory or country as a person who is incapacitated, mentally incompetent or mentally ill, chemically dependent, mentally ill and dangerous to the public, or a psychopathic personality? You may use the space below for your response or attach additional documents. Yes ☐ No ☐

Details:

10) Have you ever violated a state or federal law or rule relating to narcotics or controlled substances? You may use the space below for your response or attach additional documents. Yes ☐ No ☐

Details:

FEES

I have enclosed a check or money order payable to the **Minnesota Board of Veterinary Medicine** for the following (All should be paid in one check):

- ☐ \$75 Application fee (required)
- ☐ \$75 Minnesota Jurisprudence Exam fee (required)
- ☐ \$300 Initial biennial license fee (required)
- ☐ \$32 Criminal Background Check fee (required)

TOTAL: \$482

AFFIDAVIT

I agree that, should a license to practice veterinary medicine be granted to me by the Minnesota Board of Veterinary Medicine, I will comply with the laws pertaining to the practice of veterinary medicine in the State of Minnesota as set forth in Minnesota Statutes Chapter 156 and Minnesota Rules 9100. I recognize that additional statutes and rules apply to the practice of veterinary medicine.

I hereby certify that the foregoing statements have been made by myself, and I understand their meaning, and they are true, full, and correct to the best of my knowledge. I also certify that I have fully responded to all questions and have not omitted relevant information sought in this application. I understand that providing false information or failing to provide material information may constitute fraud, misrepresentation, or deception in attempting to obtain a license and may result in denial of license or disciplinary action should a license be issued.

Applicant signature: _____ Date: _____

Applicant should keep this page (page 4) as a reference guide during the application process.

Applicant Checklist – the following are required to complete this license application:

- ☐ Fees = \$482
- ☐ Signature on application
- ☐ Copy of diploma or letter verifying enrollment and anticipated graduation date
- ☐ 5 reference letters from adults not related to you, at least two of whom are practicing veterinarians with active licenses.
OR 2 reference letters from practicing veterinarians with active licenses not related to you if you have been previously licensed. Each of these letters needs to be notarized by an official notary or they can conclude with the sentence: *“I declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and correct.”*.
- ☐ Copy of military discharge papers, if applicable
- ☐ License verification (letter of good standing) from all states/provinces you have been licensed in in the last 10 years.
(Must be requested from the state/province licensing agency.)
- ☐ Letter from Department Chair or VMC Administration verifying employment
- ☐ Proof of veterinary specialty board diplomate status
- ☐ Jurisprudence examination (Will be emailed to you once all the above has been received by the Board office)
- ☐ Criminal Background Check (Forms and instructions will be emailed to you)

CONFIDENTIAL/NOT-PUBLIC
Tennessen Warning (Minn. Stat. § 13.04)

The Board of Veterinary Medicine is seeking data from you which may be considered private or confidential under the Minnesota Government Data Practices Act, Minn. Stat. § 13.01 et seq. Minn. Stat. § 13.04, subd. 2 requires the Board to notify you of the following four matters before you are asked to supply such information about yourself: (1) This data is being collected to determine whether you meet the requirements for licensure as well as whether you have violated any statutes or rules the Board is empowered to enforce; (2) You are not legally required to complete and return this application, but failure to do so may result in the denial of this licensure application; (3) If you supply the data requested and it shows a violation of any of the statutes or rules enforced by the Board, you may be subject to disciplinary or other action by the Board. If you refuse to supply the data requested, your licensure application may be denied. In addition, falsification or omission of information may be used by the Board as a basis for disciplinary action; and (4) The data which you supply will be accessible to Board staff. The data you supply may also be released to other persons and/or governmental entities who have statutory authority to review the data, investigate specific conduct, and/or take appropriate legal action. If the Board institutes a formal disciplinary action against you, the information you supply could become public.

RIGHTS OF SUBJECTS TO DATA

This application is authorized by MN Stat. 156.02 and will be used to determine your qualifications for examination and licensure. Although you may refuse to supply the information requested in this application, failure to provide the requested information will result in the denial of licensure.

* Social Security Number Information - Pursuant to MN Statute 270C.72 Tax Clearance: Issuance of Licenses, the licensing authority is required to provide to the Minnesota Commissioner of Revenue your social security number. Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information. This information may be used to deny the issuance, renewal, or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue; however, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.