Minnesota Board of Veterinary Medicine
2829 University Avenue SE #401, Minneapolis, MN 55414
651-201-2844
651-201-2842 Fax
MN Hearing/Speech Relay: 1-800-627-3529
Email: vet.med@state.mn.us
Website: http://mn.gov/health-licensing-boards/veterinary-medicine/

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

APPLICATION FOR LICENSE TO PRACTICE VETERINARY MEDICINE IN THE STATE OF MINNESOTA PURSUANT TO MINNESOTA STATUTES CHAPTER 156

(FOR SENIOR VETERINARY STUDENTS AND VETERINARIANS NOT PREVIOUSLY LICENSED IN ANY U.S. OR CANADIAN JURISDICTION)

BIOGRAPHICAL DATA

Name:		Address:
Name to appear on license (if different):		City, State (or Province), Zip or Postal Code:
Day phone:	Other phone:	Country:
E-mail:		SSN:
Date of birth:	Place of birth (city/state/country):	
Gender:	AVMA recognized board certification(s):	
Military service (branch):		Date of discharge:

PRIMARY BUSINESS ADDRESS

Facility:	Business or practice type:
Address:	Phone:
City, State, Province, Zip, or Postal Code:	Fax:
Country:	E-mail:

Which address is preferred for Board correspondence? Check one **REQUIRED	Home ☐	Business ☐

EDUCATIONAL HISTORY (after high school;
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. If graduate of a non-accredited college of veterinary medicine, date of ECFVG or PAVE certificate:			
c. If not ECFVG or PAVE certified, anticipated completion date:			

EXAMINATION HISTORY

A) Have you taken and passed the National Board of Veterinary Medicine Examiners (NAVLE)? Yes No
If yes, list location and date taken (month/year).

B) Have you ever applied for permission to take the NAVLE and had permission denied? Explain. Yes No

C) Have you ever taken the NAVLE and failed to attain a passing score? If yes, list location and date taken (month/year). Yes No

BACKGROUND INFORMATION *please read the warning on Page 4 before completing*

a) 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

b) 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

c) 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

d) 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

e) 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

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

g) 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

h) 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:

i) 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:

TEMPORARY PERMIT REQUEST

☐ I request a temporary permit to practice veterinary medicine in Minnesota prior to the Board officially issuing my license. I understand a temporary permit will only be issued after my DVM degree is awarded, complete application and supporting documents are received at the Board Office, and I have taken and passed the NAVLE and the Minnesota Jurisprudence Examination.

FEES

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

☐	$50	Application fee (required)
☐	$50	Minnesota Jurisprudence Exam fee (required)
☐	$200	Initial biennial license fee (required)
☐	$32	Criminal Background Check fee (required)
☐	$50	Temporary permit (This is only for graduate veterinarians who are applying to practice before the next schedule Board meeting. See Item 6 above.)

TOTAL: $332 or $382 with temporary permit fee

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: _____

Subscribed and sworn to before (date): _____

SEAL

_____
Notary Signature

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

- ☐ Notarized signature on application
- ☐ Copy of diploma or letter verifying enrollment and anticipated graduation date
- ☐ If student or graduate of non-accredited college of veterinary medicine – proof of ECFVG or PAVE enrollment and completion of Step 3 examination
- ☐ 5 reference letters from adults not related to you, at least two of whom are practicing veterinarians with active licenses. Each of these letters needs to be notarized by an official notary.
- ☐ Copy of military discharge papers, if applicable
- ☐ Fees
- ☐ Passing NAVLE score officially reported to Minnesota

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.