MINNESOTA BOARD OF VETERINARY MEDICINE
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BOARD USE ONLY
RECEIVED _____
PAYMENT DATE _____
CHECK NUMBER _____

APPLICATION FOR VMC FACULTY CLINICAN LICENSE IN THE STATE OF MINNESOTA

PURSUANT TO MINNESOTA STATUTES CHAPTER 156

I am submitting this application to the Minnesota Board of Veterinary Medicine for licensure as a (please circle):

A. 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 which will allow the licensee to practice veterinary medicine in the state of Minnesota only in the specialty area and only within the scope of employment at the Veterinary Medical Center.
- A copy of the specialty certificate must accompany this application.

B. Temporary Faculty VMC Clinician – University of Minnesota

- A practitioner who has graduated from a board-approved foreign veterinary school may apply for a Temporary Faculty VMC Clinician license. This license will allow the licensee to practice at the Veterinary Medical Center only in the specialty area of the licensee's training and only within the scope of employment at the Veterinary Medical Center. This license is valid for two years. A Temporary Faculty VMC Clinician who is enrolled in a PhD program may apply for two two-year extensions. Any other Temporary Faculty VMC Clinician may apply for one two-year extension. The board will grant an extension if the licensee demonstrates suitable progress toward completing the requirements of the academic program, specialty board certification, or full licensure in Minnesota.
- A letter from the University of Minnesota VMC Administration verifying employment or enrollment in a post-DVM degree program must accompany this application.

1. BIOGRAPHICAL DATA	
Name (last, first, middle)	Name to appear on license
Street Address	City
State	Zip
Country	E-mail
Day Phone	Other Phone
SSN	Date of Birth
Gender	Birthplace (city/state/country)
Military service (branch)	Date of discharge

2. 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:			

3. LICENSURE HISTORY If you currently or previously have held a veterinary license of any kind in any U.S. or Canadian jurisdiction, please list here: (Use additional sheet if necessary)			
State/Province (List Chronologically)	Year licensed	License current?	Year expired, if not current

4. DISCIPLINARY HISTORY

*Any question answered affirmatively must be fully explained in the space below or on an attached sheet.

a. Have you ever been denied a license to practice veterinary medicine? Yes No

b. Have you ever had a license to practice veterinary medicine revoked or suspended, or have you been reprimanded, censured, restricted, or otherwise disciplined or disqualified as a licensed veterinarian, or has your practice been conditioned, restricted, or remediated in any way (including being a party to a corrective action agreement, a stipulation to an informal disposition, or other administrative action)? Yes No

c. Have you ever surrendered a license to practice veterinary medicine in lieu of disciplinary action by a licensing authority? Yes No

d. Has your federal accreditation (if held) ever been suspended by USDA-APHIS or Canadian accreditation authorities? Yes No

e. Have you ever been denied a DEA Form 224, (federal registration to administer, prescribe, or dispense controlled substances) or have you ever had a DEA Form 224 revoked or suspended? Yes No

f. Has your DEA Form 225 (if held) ever been restricted, limited or conditioned, or have you ever surrendered a DEA Form 224? Yes No

g. Do you have a felony conviction record or a criminal charge pending? Yes No

5. IMPAIRMENT HISTORY

a. Within the past five years, have you been advised by a consulted health care professional that you have a mental, physical, or emotional condition, including alcohol or chemical dependency, which, if untreated, would be likely to impair your ability to practice veterinary medicine with reasonable skill and safety? Yes No

If answer to question 5.a. if yes, please answer the following:

I. With regard to any condition referenced above, are you being treated so that such impairment is avoided? Yes No

II. With regard to any condition reference above, are you in compliance with the recommended treatment? Yes No

III. With regard to any condition references above, has your treating health care professional advised you that you are able to practice veterinary medicine with reasonable skill and safety? Please explain. Yes No

IV. Identify your health care professional:

6. 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.

7. 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):

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

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.

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 me this _____ day of _____ , _____

_____

Notary Signature

SEAL

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 notarized reference letters from adults not related to you, at least two of whom are licensed veterinarians
- ☐ Copy of military discharge papers, if applicable
- ☐ Fees
- ☐ Passing NAVLE score officially reported to Minnesota
- ☐ Letter from department chair verifying employment
- ☐ Criminal Background Check

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.

Until licensure is granted, the information in the application is private data, accessible only to you, the Board of Veterinary Medicine, its agents, and/or agents of the Attorney General's Office representing the Board of Veterinary Medicine. In accordance with statute and rules, application information may in some circumstances be disclosed to certain other persons or entities, including the Office of Administrative Hearings and any reviewing courts. This file becomes public record if licensure is granted, except that your social security number remains private, subject to disclosure requirements discussed immediately below.

* 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.