



# APPLICATION FOR LICENSURE TO PRACTICE VETERINARY MEDICINE

North Dakota Board of Veterinary Medical Examiners

SFN 17755 (7-19)

P.O. Box 328

Lisbon, ND 58054

701-683-4705, [ndbvme@nd.gov](mailto:ndbvme@nd.gov), [www.ndbvme.org](http://www.ndbvme.org)

Applications must be received by this office 30 days prior to the state examination.

Please indicate if you qualify as either of the following: <input type="checkbox"/> Military <input type="checkbox"/> Military spouse		Social Security Number	Email Address	
Last Name	First Name	Middle	Place of Birth	Date of Birth
Previous Name (if applicable; last, first, middle)		Telephone-home	Telephone-office	Telephone-cell
Home Address		Home City	Home State	Home Postal Code
Employer's/Company Name		Address of Employer		
Veterinary School of Graduation		Years (xxxx-xxxx)	Degree	Graduation Date
Experience in Your Profession (Be specific. If more space is needed, type on separate sheet and attach.)				
Name/Location		Beginning Date	Ending Date	
Name/Location		Beginning Date	Ending Date	
I have passed the NAVLE <input type="checkbox"/> No <input type="checkbox"/> Yes	I have passed the NBE <input type="checkbox"/> No <input type="checkbox"/> Yes	I have passed the CCT <input type="checkbox"/> No <input type="checkbox"/> Yes	I have a location in mind in ND <input type="checkbox"/> No <input type="checkbox"/> Yes	Location
Should a license to practice veterinary medicine be granted to me by the North Dakota Board of Veterinary Medical Examiners, I will comply with the laws pertaining to the practice of veterinary medicine in North Dakota. <input type="checkbox"/> Yes <input type="checkbox"/> No				
I have been licensed in the following states: <input type="checkbox"/> None <input type="checkbox"/> List here (continue on back if necessary)	State	Date Licensed	License No.	
	State	Date Licensed	License No.	
	State	Date Licensed	License No.	
Is there any action pending against your license at the present time? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain fully - type on separate sheet and attach.)				
Have you ever had your license to practice veterinary medicine revoked, suspended or denied, or been placed on probation or entered a voluntary submission of your license? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain fully - type on separate sheet and attach.)				
Have you ever pled nolo contendere or been convicted of either a felony or misdemeanor other than a minor traffic violation? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain fully - type on separate sheet and attach.)				

*I hereby certify that the above statements have been made by me, and I understand their meaning, that they are true, full and correct to the best of my knowledge.*

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

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
(Signature of Notary)

\_\_\_\_\_  
(Signature of Applicant, signed in front of Notary)

My Commission expires \_\_\_\_\_

(Notary Seal)

Attach  
2"x3" Recent Photo

The following documents must be presented before taking the state examination:				
<input type="checkbox"/> This completed application, notarized, with a 2"x3" photo attached				
<input type="checkbox"/> The ND Application Fee of \$50.00				
<input type="checkbox"/> The initial license fee (renewable annually on June 30) of \$75.00 - Checks made payable to NDBVME				
<input type="checkbox"/> A copy of your diploma or transcripts. (If you are a senior student, a letter from the dean or a copy of your transcript is needed to prove upcoming graduation).				
<input type="checkbox"/> Unless you applied for the NAVLE through North Dakota, your scores must be sent directly to the ND Board by the American Association of Veterinary State Boards, <a href="http://www.aavsb.org">www.aavsb.org</a> or (877) 698-8482				
<input type="checkbox"/> Graduates of non-accredited schools, a certificate showing completion of ECFVG or PAVE				
<b>For Board Use Only</b>	Date Received	Check #	Amount	Permit #
Exam date	Exam score	License-Date Issued	License #	