

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: (608) 266-2112

Ship To: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

VETERINARY EXAMINING BOARD

INFORMATION FOR COMPLETING LICENSURE TO PRACTICE VETERINARY MEDICINE BY EXAMINATION/ENDORSEMENT APPLICATION FORM

INSTRUCTIONS FOR COMPLETING THE APPLICATION:

Mail all below forms to the following address:

DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES (DSPS)
P.O. BOX 8935
MADISON, WI 53708-8935

1. **Application (Form #655):** Complete the application, attach the appropriate fee, and submit the required documentation.
 2. **Certificate of Professional Education (Form #1420):** For applicants who have already completed education in a college of veterinary medicine. This form must come directly from your college. If your college is Non-Board approved, please view the "Non-Board Approved Requirement Section" below.
 3. **Pass Required Examination(s):** As part of the licensure requirement, all applicants are required to successfully complete the following exams:
 - **An online open book examination of the Wisconsin Statutes and Rules** relating to the practice of veterinary medicine in this state. All applicants must pass this examination with a score of 88% correct. Instructions will be provided after DSPS application (Form #655) for licensure has been received.
 - **The North American Veterinary Licensure Examination (NAVLE):** Applicants must apply directly to the DSPS to gain eligibility and apply directly with the National Board of Veterinary Medical Examiners (NBVME) to take this examination. Before DSPS can approve you to take this exam with NBVME, we must receive the following at DSPS 140 days prior to the beginning of the NAVLE testing window per WI Admin. Code VE 3.03:
 1. **A completed DSPS application (Form #655) and DSPS fee.**
 2. **Your NAVLE registration form and fee must be submitted and received by NBVME at www.nbvme.org.** Please view the NAVLE candidate information booklet for testing window dates. You must submit one of the following:
 - a. **Letter of Good Standing from Dean of School - If an applicant has not yet graduated from a Board Approved veterinary college.** A letter signed by the Dean of the school must be submitted directly to DSPS by the school providing evidence that the applicant has an expected graduation date no later than eight months after the last date of the applicable testing period.
 - b. **Certificate of Professional Education (DSPS Form #1420), if an applicant already completed education in a college of veterinary medicine.** This form must come directly from your college. If your college is Non-Board approved, please view the "Non-Board Approved Requirements Section" below.
- OR**
- **The National Board of Veterinary Medical Examiners (NBVME) and the Clinical Competency Test (CCT):** If you have not successfully completed both components, you will be required to take and pass the NAVLE. Applicants who have written either the NAVLE or NBVME and CCT in another state, must request scores to be sent to Wisconsin. Contact the Veterinary Verifying Agency of the American Association of Veterinary State Boards at www.aavsb.org/viva.html or toll free 877-698-8482.
4. **Non-Board Approved Requirements:**
 - **Educational Commission for Foreign Veterinary Graduates (ECFVG) of the American Veterinary Medical Association (AVMA)**
Submit a letter directly from AVMA to DSPS attesting to the fact that you have completed the ECFVG program. If you are in the final stage of the ECFVG program, a letter attesting to that fact must be received directly from the AVMA to DSPS prior to the NAVLE examination deadline. Please note: you will not be issued a license until you have completed the ECFVG program.
 - **Program for Assessment of Veterinary Education Equivalence (PAVE) of the American Association of Veterinary State Boards (AAVSB)**
Submit a letter directly from AAVSB to DSPS attesting to the fact that you have completed the PAVE program. If you are in the final stage of the PAVE program, a letter attesting to that fact must be received directly from the AAVSB to DSPS prior to the NAVLE examination deadline. Please note: you will not be issued a license until you have completed the PAVE program

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5. **Application for Temporary Permit (DSPS Form # 2818)** (only available to applicants who recently took NAVLE and are awaiting NAVLE score report)

An applicant applying for a Temporary Permit must submit a completed DSPS application (**Form #655**) for full licensure, together with submission of all required forms and required fees. This permit is non-renewable and non-refundable. A Temporary Permit may only be issued once and shall expire upon any of the following: notification of failure of any examination, failure to take the next scheduled examination, or issuance of a license.

6. **Verification of Licensure in Other State** Applicants for licensure by endorsement must hold a current license to practice veterinary medicine in another state, U.S. territory, country, or province of Canada and have actively practiced for 4,000 hours during the five years preceding application as a licensed Veterinarian. The Veterinary Examining Board may require an applicant to appear before the Board to determine qualifications.

You are required to have each state/country Board(s) in which you have ever been licensed submit a letter(s) of verification to the DSPS. The letter(s) must include your license number, date of issuance, status, and a statement regarding disciplinary actions. These letters will be required in order to complete your application for licensure. Applicants must also submit documents requested on page two of the application (**Form #655**).

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VETERINARY EXAMINING BOARD

APPLICATION FOR LICENSURE TO PRACTICE VETERINARY MEDICINE

Under Wisconsin law, the Department must deny your application if you are liable for delinquent State Taxes or Child Support (Wis. Stats. § 440.12).

PLEASE TYPE OR PRINT IN INK <input type="checkbox"/> Your name and address are available to the public. Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14)			
Last Name <input style="width: 95%;" type="text"/>	First Name <input style="width: 95%;" type="text"/>	MI <input style="width: 95%;" type="text"/>	Former / Maiden Name(s) <input style="width: 95%;" type="text"/>
Address (street, city, state, zip) <input style="width: 95%;" type="text"/>		Daytime Telephone Number <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> - <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> - <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/>	
Mailing Address (if different) <input style="width: 95%;" type="text"/>		Date of Birth <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> / <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> / <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/>	
Social Security # <input style="width: 95%;" type="text"/>	Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.		
Ethnicity/gender status information is optional. Ethnicity: <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other Sex: <input type="checkbox"/> M <input type="checkbox"/> F			
Email Address <input style="width: 95%;" type="text"/>			
Have you ever been licensed in Wisconsin as a Veterinarian? If yes, do not complete this application. If your Veterinarian license has been expired for five or more years you will need to submit a Re-Registration application (Form #2460).			
School Name <input style="width: 95%;" type="text"/>	School Address (street, city, state,) <input style="width: 95%;" type="text"/>		
Date Diploma Granted <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> / <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/> / <input style="width: 25px;" type="text"/> <input style="width: 25px;" type="text"/>	Degree <input style="width: 95%;" type="text"/>	Specialty <input style="width: 95%;" type="text"/>	

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

- I am seeking a Veteran Fee Waiver** (for Initial Credential Fee only, see page 2. for further information)
- Licensure by Examination NAVLE and State Law** (new graduate who has not taken and passed the NAVLE exam)
 \$ 75.00 **Initial Credential Fee**
 \$ 75.00 **State Law Exam Fee**
 \$ 15.00 **Contract Exam Fee**
\$165.00 Total Fee
- Temporary Permit**
 \$ 10.00 **In addition to the above Fee** (non-renewable and non-refundable, only available to applicants who recently took NAVLE and are awaiting NAVLE score report)
NAVLE Exam and Fee (you must register for the NAVLE and pay NAVLE fee directly to the NBVME at www.nbvme.org)
- Endorsement of NAVLE/NBE/CCT scores** (licensed in another state and do not meet licensure by endorsement qualifications **or** are not licensed in another state and have taken and passed the NAVLE/NBE/CCT)
 \$160.00 **Initial Credential Fee**
 \$ 75.00 **State Law Exam Fee**
\$235.00 Total Fee
- Licensure by Endorsement** (licensed in another state and 4000 hours of active practice as a licensed Veterinarian in the preceding five years of the date your application has been filed with DSPS)
 \$160.00 **Initial Credential Fee**
 \$ 75.00 **State Law Exam Fee**
\$235.00 Total Fee

For Receiving Use Only (50)

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APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

- Application (**Form #655**) and appropriate fee
- Certificate of Professional Education (**Form #1420**), graduates of either a Board approved or Non-Board approved veterinary college
- Taken and passed Wisconsin Statutes and Rules Examination
- Letters from all State/Country Boards where licensed, active and inactive
- Letter of Good Standing from Dean of School (If an applicant has not yet graduated from a Board approved veterinary school, a letter signed by the Dean of the school must be submitted directly to DSPS by the school providing evidence that the applicant has an expected graduation date no later than eight months after the last date of the applicable testing period.)
- NAVLE/NBE/CCT scores
- ECFVG Certificate or PAVE Certificate (graduates of Non-Board approved veterinary college attach copy)
- AVMA Letter of Verification (for ECFVG graduates registered for NAVLE)
- Copy of Professional Diploma and translation if necessary (non-Board approved graduates only.)
- Convictions and Pending Charges (**Form #2252**), if applicable
- Malpractice Suits or Claims (**Form #2829**) and copies of malpractice suit, court documents with allegations and settlement, if applicable
- Is name on all credentials the same? If not, submit certified copy of marriage certificate, divorce decree, etc.

ARE YOU A VETERAN? If yes, please view the Department website at <http://dsps.wi.gov> under "License, Permits, and Registrations and select Military Benefits Related to Licensure for Eligible Veterans Services Members and Spouses" for eligibility requirements.

If you qualify, are you requesting a waiver of your initial credentialing fee? Yes No

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number:

If you qualify, are you requesting equivalency of your Military Training and experience? Yes No

If Yes, complete and return the Veteran Request Application Addendum (**Form #2996**). This form must be included with this application.

If you qualify, are you requesting Temporary Spousal Reciprocal License? Yes No

If Yes, do not complete this form. You must complete and return the Application for Temporary Spousal Reciprocal License (**Form #2982**).

You may contact the DVA at 1-800-WisVets or www.WISVET.com for assistance in obtaining your DVA Voucher Code and/or documents related to your training.

CONTINUING EDUCATION AND RENEWAL REQUIREMENTS:

Please view the Department website at <http://dsps.wi.gov> and select the "Professional Credential Renewal Information."

EXAM INFORMATION:

Have you taken the NAVLE and requested scores to be sent to Wisconsin? Yes No

Date Taken: /

Have you taken the NBE and requested scores to be sent to Wisconsin? Yes No

Date Taken: /

Have you taken the CCT and requested scores to be sent to Wisconsin? Yes No

Date Taken: /

FOREIGN GRADUATES:

ECFVG:

Currently Enrolled in ECFVG Program? Yes No

AVMA Letter of Verification has been requested? Yes No

ECFVG Certificate issued? (copy must be attached) Yes No

If yes, provide Issuance Date and #.

Date: /

#:

PAVE:

Currently Enrolled in ECFVG Program? Yes No

AVVSB Letter of Verification has been requested? Yes No

PAVE Certificate issued? (copy must be attached) Yes No

If yes, provide Issuance Date and #.

Date: /

#:

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ANSWER THE FOLLOWING QUESTIONS (attach additional sheet(s) if necessary)

1.	Have you ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you ever failed to pass any state board examination, national board examination, or NAVLE/NBE/CCT examination? If yes, provide details below: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have you ever been convicted of a misdemeanor or a felony, or do you have any felony or misdemeanor charges pending against you? If yes, submit Convictions and Pending Charges (Form #2252).	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are you incarcerated, on probation, or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition and complete Malpractice Suits or Claims (Form #2829).	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what state(s): <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Has the Drug Enforcement Administration ever withdrawn your DEA number or warned you, or have you been denied a DEA number? If yes, give details on an attached sheet.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

- A citizen or national of the United States, or
- A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature: Date: / /