

North Carolina Veterinary Medical Board

World Equestrian Games 2018

60-Day Temporary Permit Certificate **The following is a guide to your application**

North Carolina Veterinary Medical Board
1611 Jones Franklin Rd., Suite 106
Raleigh, NC 27606
Phone: 919-854-5601
Fax: 919-854-5606

Information for your application:

Application Fee \$150.00

Check or Credit Card is to NCVMB in **USA Dollars (USD)**. The application and fee are non-refundable and non-transferable.

The complete application must be submitted at least 30 days before providing supervised veterinary services.

It is the applicant's responsibility to request the additional documentation from other agencies (i.e. license verification, transcript, etc.). The required documents may be e-mailed, faxed, or mailed directly to the Board office. This required documentation needs to be requested as soon as possible as processing may be lengthy.

If the application is not complete, it will cause a delay in processing. Individuals have an obligation to supplement information on application, should it change. A current phone number to contact the applicant is required. The Board staff will issue the permit number by e-mail to the applicant and supervising veterinarian before the preferred work date if all required documents were received in a timely manner.

Individuals cannot legally provide veterinary services in North Carolina until they are issued a 60-day Temporary Permit Certificate number to practice under the direct supervision of a North Carolina licensed veterinarian. Administrative Code .0305 (d) states that in addition to any other restrictions or conditions imposed by the Board it shall be the primary supervising veterinarian's responsibility to ensure that another NC licensed veterinarian is available to supervise the Temporary Permit Certificate holder on those occasions when the primary supervising veterinarian is unavailable, prior written notification must be provided to the Board office.

Temporary Permit Certificate holders are not granted the same privileges as fully licensed veterinarians of North Carolina. Applicants are not eligible to apply for accreditation as North Carolina licensure is a prerequisite before pursuing USDA, APHIS Accredited Veterinarian certification.

As a result, Temporary Permit Certificate holders cannot do activities involving state or federal government regulatory work. Such activities include rabies vaccination, issuing health certificates, drawing or submitting blood for EIA (Coggins) testing or any other activity involving official regulatory program diseases, food animal brucellosis, tuberculosis, pseudorabies in swine, etc. These unauthorized activities would be in violation of state or federal laws and as make supervising veterinarians and the Temporary Permit Certificate holder subject to disciplinary action by the North Carolina Veterinary Medical Board.

60-DAY TEMPORARY PERMIT APPLICATION
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North Carolina Veterinary Medical Board

Important Steps to Receive Your Temporary Permit

1. Submit a completed application for a **60-Day Temporary Permit Certificate**. *(If the name shown on documents is different from that shown on application, submit proof of legal name change by copy of marriage license, divorce decree, affidavit or court order.)*
2. Submit a copy of a degree conferred diploma or transcript from a college/school of veterinary medicine. **Must hold an 'ACTIVE' veterinary license.** Request license verification where currently practicing veterinary medicine. *The license verification can be e-mailed, faxed, or mailed directly from the state or governing country.*
3. Submit copy of Social Security Card. *(This is a requirement and mandated by N.C.G.S. § 93B-14 and N.C.G.S. § 110-14, et. seq.)* If from a foreign country, please submit a copy of your passport.

NOTE: You must notify the North Carolina Veterinary Medical Board office by email, fax, or mail of any changes after filing this application and throughout your work dates.

\$150.00 Fee must be submitted with application & made payable to NCVMB in USA DOLLARS (USD)

Application must be submitted at least 30 days before the preferred work date and prior to providing supervised veterinary services.

Provide preferred work date *(When applicant may start providing veterinary services at designated practice)*

Start Date August 15, 2018 End Date October 15, 2018

LEGAL NAME - First	Middle	Maiden / Other	Last
Social Security or Pass Port Number - Copy required with submission of application _____ - _____ - _____		E-MAIL – Please make numbers / letters obvious	
Home Address			
City, State Zip			
Work Mailing Address			
City, State Zip			
Place of Birth - City, State or Province/Country	Date of Birth / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Daytime Telephone Number		Evening Telephone Number	
Are you a United States Citizen or permanent resident? <input type="checkbox"/> YES <input type="checkbox"/> NO - If no, please tell us your citizenship			

Applicant hereby makes application for a **60-Day Temporary Permit Certificate** and understands the requirements set authorizing them to practice veterinary medicine in the State of North Carolina at the designated practice listed below and under the direct supervision of the following veterinarian(s). _____ **(Applicant please initial)**

Tryon Equine Hospital

Name of Practice Facility

3689 Landrum Road

Street

Columbus

City

NC

State

28722

Zip

Polk

NC County

828-894-6065

Telephone Number

828-894-6302

Fax Number

Supervising Veterinarian

Dr. Bill Hay

Signature of **PRIMARY** Supervising Veterinarian

4242

License number

Date

Dr. Anne Baskett

Signature of Other Supervising Veterinarian

4322

License number

Date

Personal History Information

You are required to answer each of the following questions. Failure to disclose any of the requested information may result in the denial of the application or subject to disciplinary action by the Board.

1.	Other than the NC Veterinary Medical Board, has your veterinary license been the subject of disciplinary action by any licensing agency in the past two (2) years?	[] YES [] NO
2.	Other than for non-renewal, have you had a registration issued by a controlled substance authority revoked, suspended, surrendered, limited or restricted in the past two (2) years?	[] YES [] NO
3.	To avoid discipline by a controlled substance authority, have you voluntarily surrendered a registration issued in the past two (2) years?	[] YES [] NO
4.	Is there pending action against you by any licensing jurisdiction (<i>except NC</i>), such as the USDA, Drug Enforcement Agency or any State Drug Enforcement authority?	[] YES [] NO
5.	Have you been charged with a felony or misdemeanor criminal offense (<i>state or federal</i>) in any jurisdiction within the past two (2) years?	[] YES [] NO
6.	Have you been convicted (<i>including a nolo contendere pleas or guilty plea</i>) of a felony or misdemeanor criminal offense (<i>state or federal</i>) in any jurisdiction within the past two (2) years?	[] YES [] NO
7.	Have you been pardoned from a felony or criminal conviction in the past two (2) years?	[] YES [] NO
8.	Other than the NC Physicians Health Program, are you now in treatment or have you in the past five (5) years been treated for a drug or alcohol addiction or participated in a rehabilitation program?	[] YES [] NO

NOTE: If you answered "YES" to any of the above questions, you are required to submit an explanation of the incident with your application. If a felony or criminal conviction, please be sure to include the charge and court file numbers(s).

Education Information

Applicant is to submit a degree conferred Diploma or transcript from School/College of Veterinary Medicine from the school which they graduated.

1. NAME OF VETERINARY COLLEGE / UNIVERSITY	2. Date of Graduation: ____/____/____ Month Year
3. LOCATION - City, State or Country	

Record of Licensure Information

Applicant is to request license verification from the State/Province or Country where currently living/holding a veterinary license and is providing veterinary services. Please complete the information requested below.

State/Province or Country	Title of Profession	License Number	Expiration Date	Year of Issuance	License Status	

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PAY BY CREDIT CARD



If paying by Credit Card, you will need to fill this form out in its entirety.

60-Day Temporary Permit Fee: \$ 150.00

(1) **Type of Credit Card:** (Please check one)

- Visa
- MasterCard
- American Express
- Discover

(2) **Card Number:** (No spaces or dashes)

(3) **Expiration Date:** (Use numerical system)

Month _____ Year _____

(4) **Security Code:**

(5) **Name as shown on the card:**

First _____ Last _____

(6) **Card Billing Address:**

STREET

CITY

STATE

ZIP

COUNTRY