

North Carolina Veterinary Medical Board

VETERINARY STATE EXAM APPLICATION

1611 Jones Franklin Rd., Suite 106, Raleigh NC 27606
Phone: (919) 854-5601

EXAM DATE	APPLICATION DEADLINE
January 12, 2018	November 13, 2017
February 16, 2018	December 15, 2017
March 16, 2018	January 16, 2018
April 20 2018	February 20, 2018
May 18, 2018	March 19, 2018

EXAM DATE	APPLICATION DEADLINE
June 15, 2018	April 16, 2018
July 13, 2018	May 14, 2018
August 10, 2018	June 11, 2018
September 7, 2018	July 9, 2018
October 12, 2018	August 13, 2018

Application must be in the Board office by the day of the deadline, which includes: notarized application, a copy of your Social Security card and the application fee. Upon the receipt of an application at the Board office, an e-mail will be sent to you.

NAVLE scores, transcripts, license/registration verifications, etc. must be received at least one (1) week before the exam date. Status letters will continue to be sent out as documents are received by the Board office. Please read them carefully. When the file is complete, a final status letter will be sent.

EXAM FEE - \$250.00

Check or money order must be made payable to the North Carolina Veterinary Medical Board (NCVMB) **in American funds**. The application and fee are non-refundable and non-transferable to another examination date.

EXAM & SEATING PASS: An e-mail with an attached 'Seating Pass' will be sent to all applicants approximately 30 days prior to the exam date; however, the applicant's file must be complete no later than one (1) week prior to the examination date to be eligible to sit. **Seating Pass:** Will include a link to the study material (*the Practice Act*), time and location in Raleigh and hotel accommodations.

1. The applicant must be present before the check-in time noted on the seating pass.
2. Once the examination begins, applicants will be given one (1) hour to complete the 100 question examination covering the General Statutes of NC. **A passing score is 70.**
3. If an applicant arrives late; they may be admitted but will only be given the time remaining and not a full hour to complete the exam. An applicant will be denied entry into the examination once the first person has completed the exam and exited the examination area.

Please read all application instructions carefully, in addition to the following reminders:

1. Applicants must have graduated from an American Veterinary Medical Association (AVMA) accredited veterinary college/school. This means that all course work is complete and the degree has been awarded/conferred. It is the applicant's responsibility to request an official degree awarded/conferred transcript. **This must be mailed directly from the college/school to the Board office and should be on file with the Board office no less than one (1) week prior to the examination date.**
2. Applicants must have passed the NBE, NBE & CCT or NAVLE. It is the applicant's responsibility to request scores from AAVSB (www.aavsb.org). This must be mailed directly to the Board from AAVSB.
3. It is the applicant's responsibility to request a license verification from any/all state(s) which the applicant holds or has held any license, registration or certification (including non-veterinary medicine licenses). All verifications must be no older than six (6) months from exam date. They must be mailed directly from the state(s) to the Board office.
 - a. **NOTE:** If an individual is not fully licensed within five (5) years of graduation from a veterinary college, they will be required to retake the NAVLE prior to application for a North Carolina veterinary license.

4. Applicants applying as Foreign Graduates must have received a letter of completion from either the AVMA **ECFVG** or the AAVSB **PAVE** program. (*Contact AVMA at www.avma.org or AAVSB at www.aavsb.org for more information.*) It is the applicant's responsibility to request an ECFVG letter from the AVMA and a PAVE letter from AAVSB. This must be mailed directly from their agency to the Board office.
5. Applicants who have not graduated in the past five (5) years must have an active license in another state, be in good standing and have practiced three (3) of the last five (5) years. If an individual has not practiced three (3) of the last five (5) years, they will be required to retake the NAVLE prior to application for a North Carolina veterinary license.
6. A copy of your Social Security card must be submitted with application. Disclosure is mandatory by N.C.G.S. § 93B-14 and N.C.G.S. § 110-142.1, *et. seq.*
7. If the name on any of the required application documents display a name other than that on your application, you must submit a copy of the legal document which allowed that change (*e.g. marriage license, divorce decree, affidavit or court order*).

Applicants with Disabilities

Those who need to request special accommodations for an exam must contact the Board office in writing at the time of application by the examination deadline. All information about the disability must be provided as well as what special accommodations are being requested.

Additional information regarding ADA accommodations required, but not limited to:

1. When your disability was professionally diagnosed.
2. Did you receive any special accommodations not relating to testing in high school? In college? If yes, please describe.
3. Did you receive any special accommodations for the college admission test? If yes, please describe.
4. What accommodations are you requesting at this time which relates to your disability, given the test is a true/false and multiple choice test?

License Renewal and Continuing Education

Veterinary licenses are renewed on-line on an annual basis. **Any license obtained in 2018 will expire at the end of the year, regardless of the exam date.** At this time, the renewal fee is \$170.00. Twenty (20) hours of continuing education credit are required each renewal cycle and must be acquired during the calendar year. **Exception:** No additional education is required if licensed in the same year of graduation. Please retain all original copies of proof of attendance for you future reference or if audited by the Board.

North Carolina Veterinary Medical Board

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 Phone: (919) 854-5601

EXAM DATE – Select only one

Jan. 12, 2018 Mar. 16, 2018 May 18, 2018 July 13, 2018 Sept. 7, 2018
 Feb. 16, 2018 April 20, 2018 June 15, 2018 Aug. 10, 2018 Oct. 12, 2018

NO EXAMS ARE GIVEN IN NOV/DEC; FUTURE DATES ANNOUNCED SEPT. 1 OF EACH YEAR

Only the following needs to be received by the Board office by the application deadline:

1. Complete this application in its entirety and have it notarized
2. Application fee of **\$250.00** (Check or money order made payable to NCVMB in American funds)
3. Copy of Social Security card (Needs to reflect current legal name being used on application)


Please note: It is the applicant's responsibility to request transcripts, scores, license verifications, etc. They must be sent directly from the agency to the Board office and **received a week BEFORE the exam date.**

Have you previously applied for the NC State examination? Yes No

Applicant's emergency contact name & phone number: _____

APPLICANT INFORMATION

Provide copy of legal documentation under which any name could be submitted

First Name	Middle Name	Previous / Maiden Name(s)  <small>READ</small>	Last Name
Social Security Number - -	Date of Birth / /	Place of Birth – City, State, Country	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Mailing Address – Street, City, State, Zip			NC County
Primary Phone () -		Secondary Phone () -	
E-mail Address – Make letters & numbers obvious	Work Name		NC County
Work Phone () -	Work Address – Street, City, State, Zip		

EDUCATION INFORMATION

Applicant is to request official degree awarded / conferred transcript; this document must be sent directly from the school/college.

Name of Veterinary College / University	Date of Graduation - Month / Year
Location – City, State, Country	


SPECIALIZED TRAINING

Post doctorate training only -- Residency, Professional Training, Vocational Training, Practice / Clinical Training, etc.

Name of Institution		
Location – City, State, Country	Dates of Attendance From Month/Year To Month/Year –	Completed? Yes No [] []
Name of Institution		
Location – City, State, Country	Dates of Attendance From Month/Year To Month/Year –	Completed? Yes No [] []
Name of Institution		
Location – City, State, Country	Dates of Attendance From Month/Year To Month/Year –	Completed? Yes No [] []

RECORD OF EXAMINATION

Please complete the information below; each exam attempt must be shown. Applicant is to request NBE, NBE & CCT or NAVLE score; this document must be sent directly from AAVSB. Exam required by NC is determined by date of original licensure.

<table border="1"> <tr> <td><u>Date Of Original Licensure</u></td> <td><u>Exam Required</u></td> </tr> <tr> <td>1969 – June 2, 1980</td> <td>NBE</td> </tr> <tr> <td>June 3, 1980 – November 19, 2000</td> <td>NBE & CCT</td> </tr> <tr> <td>November 20, 2000 – Ongoing</td> <td>NAVLE</td> </tr> </table>	<u>Date Of Original Licensure</u>	<u>Exam Required</u>	1969 – June 2, 1980	NBE	June 3, 1980 – November 19, 2000	NBE & CCT	November 20, 2000 – Ongoing	NAVLE	 <p>New graduates that applied for the NAVLE thru NC will have a copy sent to the Board office automatically.</p>										
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GRADUATES FROM NON-ACCREDITED AVMA FOREIGN VETERINARY SCHOOLS/COLLEGES

ECFVG / PAVE Programs – Letter of completion must be requested from agency and mailed directly to Board office.

A graduate of a non-accredited AVMA foreign college/school must have completed either; please select one:

AVMA ECFVG Program

Date of completion: _____

AAVSB PAVE Program

Date of completion: _____

RECORD OF VETERINARY LICENSURE INFORMATION

If you have been previously licensed to practice in the veterinary profession, complete the information requested below. Applicant to request license verification(s) from state(s) you have had or currently hold a veterinary license, registration or certificate; it must be mailed directly from each state. **All verifications must be no older than six (6) months from exam date.**

You must identify the method by which you obtained your professional license(s) in the appropriate column (*i.e. licensure by examination, score transfer, endorsement, grandfather/waiver provision, or reciprocity*). If you have ever held a temporary, certificate, trainee/apprenticeship license or a permit, it must be listed here also. Failure to disclose all profession licenses or registrations held may result in denial of your application or other appropriate action.

State / Province	Title of Profession	License Number	Obtained by	Year of Issuance	License Status	Year Revoked
EXAMPLE New York	Veterinarian	VT005896	Exam	1992	Not Active	2001

EMPLOYMENT HISTORY

Employment history relevant to the veterinary profession for the last five (5) years **beginning with the most recent.** Explain any breaks in employment history of greater than six (6) months. **You may photocopy this page for additional entries.**

Name of Business Institution:	
Address & Phone Number of Business/Institution:	
Job Title:	
Date of Employment: FROM ___/___/___ TO ___/___/___	
Hours Worked per Week:	
Type of Employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Name of Business Institution:	
Address & Phone Number of Business/Institution:	
Job Title:	
Date of Employment: FROM ___/___/___ TO ___/___/___	
Hours Worked per Week:	
Type of Employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Name of Business Institution:	
Address & Phone Number of Business/Institution:	
Job Title:	
Date of Employment: FROM ___/___/___ TO ___/___/___	
Hours Worked per Week:	
Type of Employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Name of Business Institution:	
Address & Phone Number of Business/Institution:	
Job Title:	
Date of Employment: FROM ___/___/___ TO ___/___/___	
Hours Worked per Week:	
Type of Employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	

PERSONAL HISTORY INFORMATION

Please answer each of the following questions by putting a check in the appropriate box on the right. . All **“YES”** answers must be explained in detail on a separate **signed and notarized affidavit**. Failure to disclose any of the requested information may result in the denial of application or other appropriate action.

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 three (3) 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 three (3) years?	[] YES [] NO
3. 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
4. Have you been charged and/or convicted (<i>including a nolo contendere plea or guilty plea</i>) of a felony or misdemeanor (<i>other than minor traffic violations</i>) criminal offense (<i>state, federal, or another country</i>) in any jurisdiction within the past three (3) years?	[] YES [] NO
5. Have you been pardoned from a felony or criminal conviction in the past three (3) years?	[] YES [] NO
6. Other than the North Carolina Veterinary Health Program (NCVHP), are you now in treatment or have you, in the past three (3) years, been treated for a drug or alcohol addiction or participated in a rehabilitation program?	[] YES [] NO
7. Have you ever been court martialled or discharged other than honorably from the armed service?	[] YES [] NO
8. Do you currently have any disease or condition that interferes with your ability to competently and safely perform the essential functions of your veterinary employment? This would include any disease or condition generally regarded as chronic by the medical community, i.e. (a) mental or emotional disease or condition; (b) alcohol or other substance abuse; and/or (c) physical disease or condition that may presently interfere with your ability to competently and safely perform the essential functions involved with your employment?	[] YES [] NO
Please note before initialing, we do background checks on each applicant.	INITIAL HERE

REQUESTING SPECIAL ACCOMMODATIONS

Are you requesting special accommodations for a disability under the Americans with Disabilities Act?
 [] YES [] NO

If answered **"YES,"** submit what type(s) of accommodation(s) are being requested. Submit documentation on the nature of the disability, as well as physician(s) who made the diagnosis and what accommodations have been given in the past. **All documents are required by application deadline.**

CHILD SUPPORT INFORMATION – All applicants are required to answer this section

In accordance with N.C.G.S. § 93B-14 and N.C.G.S. § 110-142, *et. seq.* Applications for renewal of a license or a new license shall include the applicant's Social Security number. The licensee shall certify, under penalty of perjury, that he or she is not more than 90 days delinquent in complying with a child support order. Failure to certify may result in disciplinary action and making a false statement may subject the licensee to contempt of court.

You must check one of the following:

- I have no children (*biological, adopted or in custody of*).
- I am not currently under any child support order.
- I am not more than 90 days delinquent in complying with a child support order.
- I am more than 90 days delinquent in complying with a child support order.

CITIZENSHIP

Are you a United States Citizen? YES NO

If you answered "NO" are you:

- A qualified alien (as defined in 8 U.S.C.A. § 1641)
- A nonimmigrant under the Immigration and Nationality Act (8 U.S.C.A. § 1 101 et seq.)
- An alien who is paroled into the United States under 8 U.S.C.A. § 1182(d)(5) for less than year
- A foreign national not physically present in the United States
- Other (*Please provide detailed explanation*)

REFERENCES

Please list the names and addresses of three individuals not related to you, who you have known for at least five (5) years and that can attest to your character. (*Required*)

Name Phone () -	Address
Name Phone () -	Address
Name Phone () -	Address

Public Notice Statement

Required by N.C. Gen. Stat. § 143-764(a)(5), effective December 31,2017

Any worker who is defined as an employee by N.C. Gen. Stat. §§ 95-25.2(4)(NC Department Of Labor), 143-762(a)(3)(Employee Fair Classification Act), 96-1(b)(10)(Employment Security Act), 97-2(2)(Workers' Compensation Act), or 105-163.1(4)(Withholding; Estimated Income Tax for Individuals) shall be treated as an employee unless the individual is an independent contractor. Any employee who believes that the employee has been misclassified as an independent contractor by the employee's employer may report the suspected misclassification to the Employee Classification Section within the North Carolina Industrial Commission.

An occupational licensing board or commission shall deny the license, permit, or certification application of any applicant who fails to comply with the certification and disclosure requirements of this section.

Employee Classification Section
 North Carolina Industrial Commission
 1233 Mail Service Center
 Raleigh, NC 27699-1233
 Telephone: (919) 807-2582
 Fax: (919) 715-0282
 Email: emp.classification@ic.nc.gov

I certify that I have read the Public Notice Statement above and that I understand it.

I have been investigated for employee misclassification. Yes No

If Yes, please attach the results of the investigation to this application.

CERTIFYING STATEMENT

By virtue of filing this application, I do solemnly swear or affirm that I am of good moral character. I understand the instructions and terms as set forth in this application form, that I have personally completed this form, and that the information given is true, correct, and complete to the best of my knowledge. I hereby authorize the North Carolina Veterinary Medical Board (NCVMB) to verify any and all information contained in this application, including information maintained in veterinary licensing board data banks, and to transmit this information to the NCVMB. I authorize NCVMB to review state files pertaining to my licensure and practice, and all law enforcement records, administrative records, and court documents to confirm the accuracy and completeness of the information provided herein. This application and signature shall act as authorization of entities in possession of applicable information to release such information to the NCVMB. I also understand that I cannot by law, practice Veterinary Medicine in North Carolina (NC) until such time that I am granted a full NC veterinary license or a temporary permit certificate. The Board office provides status letters by mail until applicant's file is complete. Each letter should be read carefully. The status letter is sent to keep applicants updated on which documents have arrived in the Board office. File must be completed seven days before the examination date or the applicant will not be eligible for examination. Once check in for an exam has been completed, the examination area is closed and no one will be able to enter.

Signature of Applicant _____ Date _____

Subscribed & Sworn to before me this ____ day of _____, 20 ____ Notary Public Commission Expires: _____
