



State of New Jersey
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF VETERINARY MEDICAL EXAMINERS
124 HALSEY STREET, 6TH FLOOR, P.O. BOX 45020
NEWARK, NEW JERSEY 07101
(973) 504-6500

Licensure Requirements

The Application for the Review of Credentials should be properly executed and returned to the Board office with a certified check or money order payable to the State of New Jersey in the amount of seventy-five dollars (\$75.00). **THIS IS NOT AN APPLICATION FOR THE NEW JERSEY EXAMINATION.** Credential review is the first step in the licensure process. The Application for the Review of Credentials must be completed by all applicants, regardless of education or experience.

Please retain this information for future reference and remember that your Application for the Review of Credentials must be filled out completely and submitted before the Board will contact you. It is your responsibility to insure that all information is forwarded to the Board office in a timely fashion to guarantee that prescribed deadlines are met.

N.J.A.C. 13:44-1.1 Eligibility for admission to New Jersey Licensing Examination

- (a) As a prerequisite to taking the New Jersey Licensing Examination, an applicant shall be required to submit proof of:
1. Successful completion of any of the following educational criteria:
 - i. A doctoral degree in veterinary medicine from a veterinary college or university accredited by the American Veterinary Medical Association (AVMA);
 - ii. All but the last portion of the last semester of a veterinary college or university accredited by the American Veterinary Medical Association and is to be awarded a degree in veterinary medicine at the next graduation; or
 - iii. The training program administered by the Education Commission for Foreign Veterinary Graduates (ECFVG) of the AVMA; and
 2. A passing grade, as determined by the test sponsor, on the National Board Examination and the Clinical Competency Test or the North American Veterinary Licensing Examination within 10 years preceding application.
- (b) An applicant who meets the requirements of (a) above, who has either received a doctoral degree in veterinary medicine from a veterinary college or university accredited by the American Veterinary Medical Association (AVMA), or has completed an ECFVG program, and has completed an application to sit for the next scheduled licensing examination shall be eligible for a temporary permit to be employed as an assistant veterinarian in New Jersey under the responsible supervision of a New Jersey licensed veterinarian at a practice located in the State of New Jersey, pursuant to the provisions of N.J.A.C. 13:44-2.1 and 2.2.

- (c) The board may refuse licensure to any applicant who has violated any provision of N.J.S.A. 45:1-21.

N.J.A.C. 13:44-1.2 Required documentation; admission to New Jersey Licensing Examination

- (a) An applicant for licensure shall submit or arrange to have submitted to the Board, at least two months prior to the New Jersey Licensing Examination the following:
1. A completed application form which requests brief educational and experiential background;
 2. The application fee set forth in N.J.A.C. 13:44-5.1;
 3. Two photographs of passport size and style;
 4. National Board Examination and Clinical Competency Test, or the North American Veterinary Licensing Examination, scores through the Veterinary Information Verification Agency;
 5. If the applicant is a graduate of an AVMA accredited program, an official transcript of veterinary school credits, to be forwarded directly to the Board by the college or university attended.
 - i. The transcript shall contain the signatures of college officials and shall be properly stamped;
 - ii. If the transcript is in a language other than English, the applicant shall submit a verified English translation; and
 6. If the applicant has completed an ECFVG Program, notification that the applicant has satisfactorily completed the program, to be forwarded to the Board by the ECFVG office.

N.J.A.C. 13:44-1.3 New Jersey Licensing Examination; passing score; examination review

- (a) An applicant shall obtain a grade of 70.0 on the New Jersey Licensing Examination.
- (b) Within 14 days of the date of the letter of notification of examination results, an applicant who fails the examination may apply to the Board, in writing, for review of the questions answered incorrectly. The Executive Director will subsequently provide a copy of the questions answered incorrectly, the incorrect answers of the applicant and the correct answers to the applicant at the Board office at a mutually convenient time.
- (c) Within 14 days following review of the questions and answers referred to in (b) above, the applicant may file with the Executive Director a written notice of appeal of his or her examination grade. The notice shall explain the basis of the appeal and be accompanied by any documentation, including reference material, which the applicant claims supports the appeal.
- (d) The Board shall consider the appeal within 30 days of filing and may invite the candidate to appear before the Board.

N.J.A.C. 13:44-1.4 Licensure by waiver of examination

- (a) The Board shall waive the New Jersey Practical Examination for an applicant who:
 - 1. Has held, for a minimum of five years immediately preceding application, a valid unsuspended and unrevoked license to practice veterinary medicine issued after examination by the District of Columbia or another state or territory which has education and examination requirements substantially equivalent to those required for licensure in New Jersey;
 - 2. Has had active clinical experience of a type acceptable to the Board for three of the five years immediately preceding application;
 - 3. Except as set forth in (b) below, has passed the National Board Examination and Clinical Competency Test, or the North American Veterinary Licensing Examination; and
 - 4. Presents no basis for concern as to competency or fitness for licensure and otherwise qualifies for licensure pursuant to N.J.S.A. 45:16-6.
- (b) The National Board Examination requirement shall not apply to anyone who was licensed in another jurisdiction prior to June 1970 (the date the NBE first was administered). The CCT shall not apply to anyone who was licensed in another jurisdiction prior to 1982 (the date the test was first required by the Board).
- (c) An individual who qualifies under this section for licensure by waiver of the New Jersey Practical Examination shall be required to successfully complete the New Jersey Jurisprudence Examination.

N.J.A.C. 13:44-1.5 Required documentation; application for licensure by waiver of examination

- (a) An applicant for licensure by waiver of the New Jersey Practical Examination shall submit or arrange to have submitted all of the following documents:
 - 1. All of the documents required pursuant to N.J.A.C. 13:44-1.2;
 - 2. A certification from every state in which the applicant is or has been licensed verifying that the applicant holds or held a valid, unsuspended and unrevoked license to practice, and other pertinent information the Board may require;
 - 3. A statement of good standing from any other entity that authorized the applicant's practice of veterinary medicine; for example, the Racing Commission. The applicant shall notify the Board in the event that his or her privilege to practice veterinary medicine was ever suspended or revoked by an authority.
 - 4. Three notarized certifications of experience regarding the applicant, submitted directly by veterinarians actively licensed and practicing in the same jurisdiction(s) for which the experience is being certified. Each certification shall:
 - i. Be on professional letterhead stationery;
 - ii. State the exact dates of the period being certified;

- iii. Indicate the type of experience acquired, for example, bovine, exotic, equine or small animal;
- iv. Certify to the applicant's moral character; and
- v. Provide a critical evaluation of the applicant's ability to practice with a professional recommendation for licensure.

N.J.A.C. 13:44-2.1 **Non-licensed veterinarians; permit required**

A licensee shall not engage the services of a non-licensed veterinarian for the purpose of being trained or to practice veterinary medicine, dentistry or surgery unless the non-licensed veterinarian first obtains a temporary permit issued by the Board pursuant to N.J.A.C. 13:44-1.1(c).

N.J.A.C. 13:44-2.2 **Eligibility for temporary permit**

- (a) The Board shall issue a temporary permit to a non-licensed veterinarian provided that:
 - 1. The candidate for licensure has received a passing grade, as determined by the test sponsor, on the National Board Examination and the Clinical Competency Test, or the North American Veterinary Licensing Examination;
 - 2. The candidate will be employed at a practice located in New Jersey as an assistant veterinarian under the responsible supervision of a New Jersey licensed veterinarian; and
 - 3. Neither the licensed veterinarian nor the candidate for licensure presents a basis for concern as to fitness or competency and both otherwise qualify for continuing licensure or initial licensure, respectively, pursuant to N.J.S.A. 45:1-21 and N.J.S.A. 45:16-1.1.
- (b) A person practicing under a temporary permit who fails the New Jersey Licensing Examination shall file an application for a new temporary permit within two weeks of the date the examination results are issued.
- (c) An individual who fails the New Jersey Licensing Examination four times shall not continue to work under a temporary permit. Such individual may, however, retake the licensing examination until he or she passes the examination.
- (d) A temporary permit issued to a non-licensed veterinarian shall not be transferable to any other person.

Finally, the three items below (while not a part of the New Jersey Administrative Code) are important and are offered for your information.

- 1. The Board does not administer the NAVLE, the National Board Examination or the Clinical Competency Test;
- 2. Filing fees are **nonrefundable**; and
- 3. Credentials records with no activity for a period of two years from the last date that the applicant participated in an examination shall be disallowed. The applicant shall be required to submit new records and to pay the required filing fee.

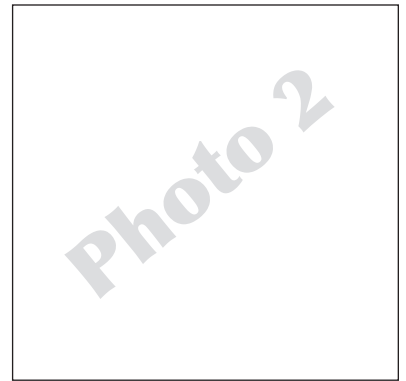
Attach two (2) clear, full-face passport-style photographs (2"x 2") of your head and shoulders, taken within the past six months.

Photographs are required with each application.

Do not use staples to attach the photos.



New Jersey Office of the Attorney General
Division of Consumer Affairs
State Board of Veterinary Medical Examiners
124 Halsey Street, 6th Floor, P.O. Box 45020
Newark, New Jersey 07101
(973) 504-6500



Application for a Review of Credentials for Licensure as a Veterinarian

Date: _____

A nonrefundable application filing fee of \$75, in the form of a check or money order made out to the State of New Jersey, must be submitted with this application. (Applicants should understand that if the application filing fee is paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the licensure or certification process will be delayed until the fee is paid.)

The Board maintains, as part of its responsibilities, a record of your home address, business address and mailing address. You may choose which of these addresses will be considered as your "address of record." If you do not indicate (by putting a check in the appropriate box) which address should be used as your address of record, your mailing address will be considered to be your address of record. A post office box may be used as your address of record, but only if you provide another address which includes a street, city, state and ZIP code.

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Please print clearly. You must answer all of the questions on this application.

Personal Information

Date of birth: _____
Month Day Year

- Dr.
- Mr.

1. Name Mrs. _____ (_____)
 Ms. Last name First name Middle initial Maiden name

2. Address

Home: _____
Street or P.O. Box City State ZIP code County

Telephone number (include area code)

E-mail address

Business/Practice address: _____
Name of company Telephone number (include area code)

Street City State ZIP code County

Mailing: _____
Street or P.O. Box City State ZIP code County

3. Social Security Number

You **must** provide your Social Security number to the Board or Committee. Failure to do so will result in denial/nonrenewal of licensure or certification.

*Social Security Number: _____ - _____ - _____

*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7,60.8 and 60.9, the Committee is required to obtain your Social Security number. Pursuant to these authorities, the Committee is also obligated to provide your Social Security number to:

- a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records;
- b. the Probation Division or any other agency responsible for child support enforcement, upon request; and
- c. the National Practitioner Data Bank and the H.I.P. Data Bank, when reporting adverse actions relating to health care professionals.

4. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

- U.S. citizen
- Alien lawfully admitted for permanent residence in U.S.
- Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the USCIS at: 1-800-375-5283.

5. Student Loan

Are you in default in regard to any student loan obligation(s)? Yes No

If "Yes," you must obtain documentary evidence that you have reached an arrangement with the bank or with the entity that issued your student loan, for the eventual payment of the loan. You will not be able to obtain a license or certificate unless you provide the required documents concerning the plan for payment of your student loan.

6. Child Support

Please certify, under penalty of perjury, the following:

- a. Do you currently have a child-support obligation? Yes No
 - (1) If "Yes," are you in arrears in payment of said obligation? Yes No
 - (2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months? Yes No
- b. Have you failed to provide any court-ordered health insurance coverage during the past six months? Yes No
- c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? Yes No
- d. Are you the subject of a child-support-related arrest warrant? Yes No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions a(1) through d will result in a denial of licensure or certification. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure or certification.

Applicant's name (please print)

Applicant's signature

Date

7. Medical Conditions Questions

Questions a through f pertain to medical conditions and use of chemical substances. Please read the definitions carefully. Your responses will be treated confidentially and retained separately. Please be aware that you have the right to elect not to answer those portions of the following questions which inquire as to the illegal use of controlled dangerous substances or activity if you have reasonable cause to believe that answering may expose you to the possibility of criminal prosecution. In that event, you may assert the Fifth Amendment privilege against self-incrimination. Any claim of Fifth Amendment privilege must be made in good faith. If you choose to assert the Fifth Amendment, you must do so in writing. You must fully respond to all other questions on the application. Your application for licensure or certification will be processed if you claim the Fifth Amendment privilege against self-incrimination. You should be aware, however, that you may later be directed by the Attorney General to answer a question that you have refused to answer on the basis of the Fifth Amendment, provided that the Attorney General first grants you immunity afforded by statutory law. (N.J.S.A. 45:1-20.)

“Ability to practice as a veterinarian” is to be construed to include all of the following:

- The cognitive capacity to exercise the reasonable judgments of a veterinarian, and to learn and keep abreast of professional developments; and
- The ability to communicate those judgments and related information to clients and other interested parties, with or without the use of aids or devices, such as voice amplifiers; and
- The physical capability to perform the duties of a veterinarian, with or without the use of aids or devices, such as corrective lenses or hearing aids.

“Medical Condition” includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, H.I.V. disease, tuberculosis, drug addiction and alcoholism.

“Chemical substance” is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber’s direction, as well as those used illegally.

“Currently” does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one’s functioning as a licensee, or within the previous two years.

“Illegal use of controlled dangerous substance” means the use of a controlled dangerous substance obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

- Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? Yes No
- Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program**? Yes No Not applicable
- Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or manner in which you have chosen to practice? Yes No Not applicable
- Does your use of chemical substance(s) in any way impair or limit your ability to practice your profession with reasonable skill and safety? Yes No Not applicable
- Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? Yes No
- Are you currently engaged in the illegal use of controlled dangerous substances? (Recall that “currently” is defined as “within the last two years.”) Yes No

If you answered “Yes” to question f, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? Yes No

** If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license or certificate should be issued, whether conditions should be imposed or whether you are not eligible for licensure or certification.

8. Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in New Jersey, any other state, the District of Columbia or in any other jurisdiction? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be.) Yes No

9. Have you ever been convicted of any crime or offense under any circumstances? This includes, but is not limited to, a plea of guilty, non vult, nolo contendere, no contest, or a finding of guilt by a judge or jury. Yes No

If "Yes," provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)

10. Have you previously applied for a license or certificate as a veterinarian in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

If "Yes," when and where? _____

11. Do you currently hold, or have you ever held, a professional license or certificate of **any** kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

If "Yes," for each license or certificate held, provide the date(s) held and the number(s). If the license or certificate was issued under a different name, please provide that name. _____

		Last name	First name	Middle initial
_____	_____	_____	_____	_____
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
_____	_____	_____	_____	_____
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
_____	_____	_____	_____	_____
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
_____	_____	_____	_____	_____
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
_____	_____	_____	_____	_____
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired

12. Have you ever been disciplined or denied a license or certificate to practice veterinary medicine or any other professional license in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

13. Have you ever had a professional license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

14. Has any action (including the assessment of fines or other penalties) ever been taken against your professional practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

15. Have you ever been named as a defendant in any litigation related to the practice of veterinary medicine or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

16. Are you aware of any investigation pending against a professional license or certificate issued to you by any professional board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

17. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

18. Have you ever been sanctioned by, or is any action pending before, any employer, association, society, or other professional group related to the practice of veterinary medicine or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

If the answer to any of the above questions, numbers 12 through 18, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

Education

1. List all degrees from recognized colleges or universities. It is your responsibility to have the colleges or universities forward **directly** to the Board the official transcripts of all degrees.

Months and Years	Name and address of institution (if any)
____ / ____ to ____ / ____	_____
____ / ____ to ____ / ____	_____
____ / ____ to ____ / ____	_____
____ / ____ to ____ / ____	_____
____ / ____ to ____ / ____	_____

Have you passed:

The National Board Examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The Clinical Competency Test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The North American Veterinarian Licensing Examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Answer the question below only if you have graduated from a veterinary school that has **not** been accredited by the American Veterinary Medicine Association.

Have you completed the Educational Commission for Foreign Veterinary Graduates program certification requirements? Yes No

Practice Experience

List below the names, addresses, dates of employment and the types of clinical experience, i.e., small animal, exotic, bovine, equine, etc. which you acquired at any location during the seven-year period immediately preceding this application. Explain any gaps in your experience and indicate if such practice was under the authority of licensure.

a. Name of facility: _____
Name of employer: _____
Address: _____
Street address City State ZIP code

Type of practice: _____ License: Yes No
Employed from: _____ to _____
Month/Year Month/Year

Name of supervisor or supervising veterinarian: _____
Reason for leaving: _____

b. Name of facility: _____
Name of employer: _____
Address: _____
Street address City State ZIP code

Type of practice: _____ License: Yes No
Employed from: _____ to _____
Month/Year Month/Year

Name of supervisor or supervising veterinarian: _____
Reason for leaving: _____

c. Name of facility: _____
Name of employer: _____
Address: _____
Street address City State ZIP code

Type of practice: _____ License: Yes No
Employed from: _____ to _____
Month/Year Month/Year

Name of supervisor or supervising veterinarian: _____
Reason for leaving: _____

d. Name of facility: _____
Name of employer: _____
Address: _____
Street address City State ZIP code

Type of practice: _____ License: Yes No
Employed from: _____ to _____
Month/Year Month/Year

Name of supervisor or supervising veterinarian: _____
Reason for leaving: _____

e. Name of facility: _____
Name of employer: _____
Address: _____
Street address City State ZIP code

Type of practice: _____ License: Yes No
Employed from: _____ to _____
Month/Year Month/Year

Name of supervisor or supervising veterinarian: _____
Reason for leaving: _____

f. Name of facility: _____
Name of employer: _____
Address: _____
Street address City State ZIP code

Type of practice: _____ License: Yes No
Employed from: _____ to _____
Month/Year Month/Year

Name of supervisor or supervising veterinarian: _____
Reason for leaving: _____

(Use an additional sheet of paper if necessary.)

AFFIDAVIT

This affidavit is to be executed by the applicant before a notary public:

State of: _____

County of: _____

} ss.

I, _____, in making this application to the State Board of Veterinary Medical Examiners for licensure or certification under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the State Board of Veterinary Medical Examiners, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny licensure or certification or to withhold renewal of or suspend or revoke a license or certificate issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 45:16-1 et seq., together with the Rules and Regulations of the State Board of Veterinary Medical Examiners, N.J.A.C. 13:44-1.1 et seq., and fully understand that in receiving licensure or certification from the Board, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensure or certification. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board.

Applicant's signature

Sworn and subscribed to before me this _____

day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public

Affix seal here

Official Use Only

Dual License

License Type 1

Applicant's Number

License Type 2

Applicant's Number



New Jersey Office of the Attorney General

Division of Consumer Affairs

State Board of Veterinary Medical Examiners

P.O. Box 45020

Newark, New Jersey 07101

(973) 504-6500

Official Use Only

Resubmit

Board or Committee

**CERTIFICATION AND AUTHORIZATION FORM
FOR A CRIMINAL HISTORY BACKGROUND CHECK**

Directions: Answer all of the questions on this form.

1. Name Mr. _____ (_____)
 Mrs. _____ Last First Middle Maiden Name
 Ms.

2. Address _____
Street or P.O. Box City State ZIP code

3. Date of birth ____/____/____ Sex: Male Female
Month Day Year

4. Social Security number _____/_____/_____

5. Have you completed the fingerprinting process for any **Board or Committee of the New Jersey Division of Consumer Affairs** since November 2003? Yes No

If "No," you will receive a separate mailing from the Board or Committee regarding the criminal history record background check process. No payment is necessary as of now.

If "Yes," please provide the following information and follow the instructions outlined below:

Board or committee requiring the fingerprinting

Month and year you were fingerprinted

If you were fingerprinted after November 2003 as part of the criminal history background process for licensure or certification by any other **Board or Committee of the New Jersey Division of Consumer Affairs** (a background check conducted for the Department of Education, another state agency or another state does not apply) you will not be required to be fingerprinted a second time. However, the Division must perform a criminal history background check each time you apply for licensure or certification. **The fee for this service is \$25.30. (Beginning on March 19, 2012, this fee will be reduced to \$22.55.)** Payment should be made in the form of a check or money order payable to the State of New Jersey and should accompany your application packet.

6. Have you ever been arrested and/or convicted of a crime or offense? (Minor traffic offenses such as a parking or speeding violations need not be listed.) Yes No

Every such conviction on record must be disclosed. A true copy of every police report, judgment of conviction, sentencing order and termination of probation order, if applicable, **must** be submitted with this form. Any documents (including employer or supervisor letters of reference, if applicable) which present clear and convincing evidence of rehabilitation **must** be submitted with this form. **Failure to follow these instructions may result in the denial of an initial application.**

Note: Copies of judgments, sentencing and termination of probation orders may be obtained from the clerk of the county where those orders, disposing of the conviction, were issued and filed.

Your continuing responsibility to disclose convictions of crimes or offenses: You **must** notify the Board or Committee within five (5) business days if you are convicted of any crimes or offenses after this form has been completed.

Continuation on the reverse side ➡

CERTIFICATION

I, _____, in making this application to the Board or Committee for certification or licensure, certify that I am the applicant and that all of the information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny certification or licensure or to withhold renewal of or suspend or revoke a certificate or license issued by the Board or Committee.

I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for certification or licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board or Committee.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signature of applicant

Date

APPLICATION FOR REVIEW OF CREDENTIALS CHECKLIST & CRIMINAL HISTORY NOTE

- *Complete and return the Application for Review of Credentials / \$75.00 Check or Money Order*
- *Two (2) passport size photographs taken in the last six months.*
- *Your signature*
- *Notarized*
- *Official school transcript forwarded directly to the Board by the college or university attended*
- *NAVLE or NBE and CCT scores sent to the Board via VIVA ((877) 698-VIVA*

DO NOT SUBMIT THE APPLICATION FOR THE REVIEW OF CREDENTIAL IF YOU HAVE NOT TAKEN AND PASSED NAVLE /NBE /CCT

IF APPLICABLE

- *ECFVG certification sent to the Board*
- *Veterinary School Transcript evaluation sent to the Board Office directly from your school; if the transcript is in a language other than English, the required verified English translation must be submitted also.*

CRIMINAL HISTORY NOTE:

- *Complete and return the Enclosed Certification & Authorization Form for a Criminal History Background Check.*
- *In order to conduct the Criminal History you must complete and return the Authorization Form. Do not submit the criminal history fee of \$ 33.00 unless you have answered yes to question # 5 on the Certification and Authorization Form. Once the form is completed and returned to the Board office, you should expect information to complete the Criminal History Process.*
- *In order to be eligible for a Temporary permit/ License criminal History must be completed as well as 6 months current from the date the results are received in addition to the above-mentioned Review of Credential requirements.*

PLEASE BE ADVISED OF THE FOLLOWING:

YOU ARE NOT ALLOWED TO PRACTICE VETERINARY MEDICINE IN THE STATE OF NJ UNLESS YOU HOLD AN ACTIVE TEMPORARY PERMIT/ LICENSE OR MEET THE TERMS OF THE EXEMPTION CATEGORY

IT IS YOUR RESPONSIBILITY TO CHECK THE STATUS OF YOUR APPLICATION FILE AS WELL AS PROVIDE THE BOARD OFFICE, IN WRITING, OF ANY CHANGE OF ADDRESS OR PHONE NUMBER.