STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF VETERINARY MEDICAL EXAMINERS

INSTRUCTIONS FOR APPLYING FOR A VETERINARIAN LICENSE

1. Submit:

   a. **A completed application**. Be sure to sign the application and have your signature notarized.
   b. A completed Certification and Authorization form for a criminal history background check. This document is attached to the application packet.
   c. Attach two (2) **passport size photographs** taken in the last six months.
   d. An **official transcript** from the college or university attended which shows a DVM/VMD degree has been earned.
   e. An **official score report** indicating that you have successfully completed a licensing examination (i.e., the NAVLE, NBE, or CCT).
   f. If you have attended a non-accredited veterinary school, you must also provide an **official ECFVG or PAVE certification**. If the school transcript is in a language other than English, you must also submit a verified English translation of the transcript.
   g. A check or money order payable to the State of New Jersey in the amount of $75.

2. **Mail to:** New Jersey State Board of Veterinary Medical Examiners
   PO Box 45020
   Newark, NJ 07101

Following receipt of your application, the Board will begin processing your information and verifying your credentials. You may monitor the progress of your file by registering at: www.njconsumeraffairs.gov/renew.

Instructions for completing the background check will be sent to the mailing address you provide in your application.

The Board will also send confirmation emails to you after you have completed various steps of the process, if you provide an email address in your application.

3. **Submit your fingerprints**. Applicants with addresses in, and near, New Jersey are required to have their fingerprints scanned at a location in New Jersey. Applicants with addresses outside the region will be sent cardboard fingerprint cards that must be completed and submitted to the Board.

4. **Complete the Orientation Program**. All applicants must complete the online orientation program. This web-based program is located on the application page of the Board's website, is free and is available **24/7.**

5. **Submit any additional information** (as required).

6. **Pay the initial license fee**. The veterinarian license is a two-year license that expires on June 30 of odd-numbered years. During the first year of the cycle, applicants must pay $250. During the second year the initial license fee is $125.

NOTE: FAILURE TO SUBMIT ALL OF THE REQUESTED DOCUMENTATION MAY DELAY THE PROCESSING OF YOUR APPLICATION. THE BOARD MAY ALSO REQUEST THAT YOU SUBMIT ADDITIONAL INFORMATION IN ORDER TO PROCESS YOUR APPLICATION.

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.

Photo 1

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

Photo 2

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

1. Name ☐ Dr. ☐ Mr. ☐ 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:

a. The cognitive capacity to exercise the reasonable judgments of a veterinarian, and to learn and keep abreast of professional developments; and

b. 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

c. 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.

a. 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

b. 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

c. 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

d. 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

e. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism?
☐ Yes ☐ No

f. 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.

_____ Applicant's signature

_____ Date

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 proivde 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

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 Examinatinon? ☐ Yes ☐ No

The Clinical Competency Test? ☐ Yes ☐ No

The North American Veterinarian Licensing Examination? ☐ Yes ☐ 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. ☐ Ms. _____ (_____)
   Last First Middle Maiden Name

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 $18.75.** 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