



## KENTUCKY BOARD OF VETERINARY EXAMINERS

107 Corporate Drive, Second Floor, Frankfort, KY 40601

Office: 502-782-0273 • Fax: 502-695-5887

[kybve.com](http://kybve.com) • [vet@ky.gov](mailto:vet@ky.gov)

### Application for Licensure as a Veterinarian

**Instructions:** This application must be completed by the individual seeking to be licensed as a veterinarian in Kentucky pursuant to KRS Chapter 321. Completion of all fields on this application are mandatory. Insufficient answers or omissions of data requested will be sufficient grounds for rejection of this application. **Review the check list on the last page to ensure your submission is complete. Be sure to print SINGLE SIDED; DO NOT staple.**

<u><b>OFFICIAL USE ONLY</b></u>
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I. Contact Information						
<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>				
<b>Gender</b>	<b>Date of Birth</b> (required) Format: MM/DD/YYYY			<b>Social Security Number</b> (required)		
<b>Other Names Used, if any</b>	<b>Date(s) of Use for Other Names</b>		<b>U.S. Citizen?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<b>Foreign Graduate?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>U.S. Military Service</b> Indicate Branch:	<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Military, indicate time frame served:</b>		MM/YYYY – MM/YYYY	
<b>Personal Email Address</b>						
<b>Cell Phone</b>			<b>Home Phone, if different</b>			
<b>Personal Address Type</b>	<b>Street</b>		<b>City</b>	<b>ST</b>	<b>Zip</b>	<b>Country</b>
<b>Mailing Address</b>						
<b>Permanent Home Address, if different</b>						
<b>Business Name</b>						
<b>Business Address</b>						
<b>Office Manager Name</b>			<b>Business Phone</b>			
<b>Business Email Address</b>						

Submit Complete Application to:  
 Kentucky Board of Veterinary Examiners  
 107 Corporate Dr, Second Floor  
 Frankfort, Kentucky 40601



## II. Background Information

1. In what other jurisdictions do you hold or have ever held a license? For each license listed\*, contact the issuing jurisdiction or the American Association of Veterinary State Boards (AAVSB) to request a Licensure Verification Letter (a.k.a., Letter of Good Standing) be issued directly to the Kentucky Board of Veterinary Examiners (KBVE). If none, check:  N/A

Jurisdiction / State	License Number	Method of Licensure (exam, endorsed, etc.)	Licensure Status (active, lapsed, revoked, etc.)	Discipline? (Y / N)	Dates of Licensure MM/DD/YYYY	
					Issued	Expiration

\*If you have more jurisdictions to list then will fit in the table, attach a separate sheet to the application.

2. Do you hold any other professional (non-veterinarian) licenses or certificates in Kentucky or any other state or jurisdiction?  Yes or  No If yes, complete the table below.

License Type	Jurisdiction / State	License Number	Licensure Status	Discipline? (Y / N)	Date Issued	Expiration

3. If you hold either of the following credentials, provide the information requested in the table.

Credential	License Number	Date Issued	Expiration
DEA Registration			
USDA APHIS Accreditation			

4. Have you ever had your license to practice veterinary medicine revoked, suspended, restricted, or denied in any jurisdiction, been placed on probation, or entered into a voluntary surrender of your license?  Yes  No
5. Has any disciplinary action ever been taken against a veterinary license held by you, in this or any other jurisdiction?  Yes  No
6. Have you ever been denied the right to take a veterinarian licensure examination?  Yes  No
7. Have you ever been refused a veterinarian license or the renewal thereof in any state?  Yes  No

- 8. Are you now or have you ever been a defendant in civil litigation in which the basis of the complaint against you was an alleged negligence, malpractice, or lack of professional competence?  Yes  No
- 9. Is there currently a complaint against your professional conduct or competence as a veterinary pending in any jurisdiction?  Yes  No
- 10. Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation?  Yes  No
- 11. Are you now, or have you ever been, addicted to or undergone treatment for the use of narcotics, drugs, prescription drugs, or the excessive use of intoxicating substances, including alcohol?  Yes  No

12. If you answered “yes” to any question in Section II: Background information, complete the table below and, if applicable, submit formal documentation of final orders/outcomes. Attach additional pages as necessary.

State	Date(s)	Charge and Circumstances	Number of Attachment(s)

### III. Education and Testing Information

13. Complete the table below about your education.

School Type	School Name & Location (City, State)	Dates of Attendance (MM/YYYY)		Graduation Date (MM/YYYY)	Degree Obtained / Pending
		From	To		
Undergraduate					
Graduate					
Other Specialty Training: _____					

- 14. If you are planning to take the NAVLE in an upcoming testing window, please indicate the window:  Yes  No  
 Nov – Dec 20\_\_\_\_\_  Apr 20\_\_\_\_\_  Other: \_\_\_\_\_  N/A
- 15. Do you hereby swear or affirm that you have read and understand the Laws and Regulations relating to the Kentucky Board of Veterinary Examiners in KRS Chapter 16 and all associated promulgated regulations?  Yes  No

NOTE: You may access the statutes and regulations governing the Board at [www.kybve.com](http://www.kybve.com).



**IV. Experience**

16. Detail your veterinary employment experience for the last five (5) years by completing the table below. Attach additional sheets as necessary.

Company Name	City, State	Phone	Supervisor	Dates of Employment

17. Indicate your areas of practice. Select all that apply, and provide percentage of your time. Total percentage for all categories should equal **100%**.

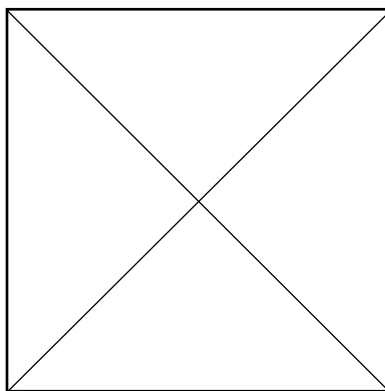
- Companion / Small Animal \_\_\_\_%
- Food Animal \_\_\_\_%
- Equine \_\_\_\_%
- Other, specify type(s): \_\_\_\_\_, \_\_\_\_%; \_\_\_\_\_, \_\_\_\_%; \_\_\_\_\_, \_\_\_\_%

18. Indicate your areas of practice. Select all that apply, and provide percentage of your time. Total percentage for all categories should equal **100%**.

- Private Practice \_\_\_\_%
- Relief \_\_\_\_%
- Academia \_\_\_\_%
- Regulatory / Government (non-military) \_\_\_\_%
- Military \_\_\_\_%

**V. Current Photograph**

19. Attach a **COLOR** photograph of the applicant taken in the last 6-months; or provide a clear **COLOR** copy of applicant’s current driver’s license or passport. Electronically insert or tape the image (on all four sides) in the space provided; DO NOT STAPLE; DO NOT PAPERCLIP. Minimum requirements for the photograph are a 2” x 2” portrait (size of centered square below), or a color copy of a current driver’s license or passport with photo. If the image exceeds the space available on the page below this paragraph, attach the image on a separate sheet of paper, and include applicant’s full name printed below the image.



## VI. Application Check List

- Portrait image.** A current COLOR image of applicant, attached in Section V or on a separate page.
- State Exam Answer Sheet.** A complete answer sheet with applicant's answers to the exam. **DO NOT** attach the entire exam.
- College Program Verification.** If applicant has not yet graduated, a verification letter directly from the applicant's college program to the KBVE on the program or college's letterhead. The letter should state that the applicant is enrolled in a college of veterinary medicine and provide his or her current status, as well as expected graduation date, if available.  N/A
- Transcripts or Diploma.** Official copy of applicant's final transcripts, or a copy of applicant's diploma from a KBVE approved veterinary program. Be advised that, if applicant has not yet graduated, the application will not be considered for licensure by the Board until official transcripts or a copy of the applicant's diploma is received in the Board's office.
- Score Report.** Official copy of NAVLE Score Report (or exam results for the NBE and CCT, if before May, 2000) to be sent directly to the KBVE. If applicant did not designate Kentucky while testing for the NAVLE, visit AAVSB to initiate a score transfer: [www.aavsb.org/licensure-assistance](http://www.aavsb.org/licensure-assistance). Please note, if applicant is using the AAVSB VAULT Premium Service for verification letters, the score report is included with that service.
- Background Check.** Complete and submit the official results of a background check to the KBVE from a Board approved provider. Visit [www.kybve.com](http://www.kybve.com) on the Forms page and look under the Background Checks heading for more information.

Date Requested: \_\_\_\_\_

- Disciplinary records.** If applicable, complete copies of any and all records of actions or circumstances listed in Section II: Background Information. If no disciplinary records to disclose, check the box:  N/A
- Licensure Verification Letters from all jurisdictions, past and current,** if you have ever held or currently hold a license in another jurisdiction. Letters must be sent directly from the licensing jurisdiction to the KBVE's office; or come through AAVSB's VAULT Premium Transfer Service at [www.aavsb.org/licensure-assistance](http://www.aavsb.org/licensure-assistance). If no other veterinary licenses ever held anywhere by applicant, check the box:  N/A
- Foreign graduate.** If a foreign graduate, a Score Report or Letter of Completion showing the successful completion of the American Veterinary Medical Association (AVMA) Educational Commission for Foreign Veterinary Graduates (ECFVG) Program or the AAVSB Program for the Assessment of Veterinary Education Equivalence (PAVE) sent directly to the Board's office.  N/A
- Special Permit Request.** If requesting a special permit, a letter from the Kentucky licensed supervising veterinarian, on letterhead from the employing clinic, and including the following.  N/A
  - (1) The name of the Kentucky licensed supervising veterinarian;
  - (2) License number of the Kentucky licensed supervising veterinarian;
  - (3) A statement of recommendation about the applicant; and
  - (4) A statement indicating that the applicant shall be supervised by the veterinarian.

- Fee payment.** Payments should be made payable to the **Kentucky State Treasurer**. Checks may be personal, business, cashier’s check, money order, bank draft, etc., in U.S. dollars; separate checks are not required.
- Application fee\* - \$100. REQUIRED.**
- State Examination fee\* - \$100. REQUIRED.**
- Special Permit fee - \$50.** Optional. Select this option only if you plan to work under the **direct supervision of a Kentucky licensed veterinarian** prior to taking the NAVLE; permits expire the day after scores are released, pursuant to [KRS 321.201](#).

\* Military personnel are eligible for a discounted rate in accordance with 201 KAR 16:510, Section 8 with the submission of a DD-214.

**BE ADVISED:  
NO ONE IS ALLOWED TO PRACTICE VETERINARY MEDICINE  
IN THE COMMONWEALTH OF KENTUCKY  
WITHOUT HOLDING A LICENSE FROM  
THE KENTUCKY BOARD OF VETERINARY EXAMINERS.**

I hereby swear or affirm, under the penalties of perjury, that the statements made in this application are true, complete, and correct. I hereby give permission for the **Kentucky Board of Veterinary Examiners (“Board”)** to secure additional information concerning me or any of the statements in this application from any source the Board may choose. I further agree to submit to questioning by the Board or any member or designee thereof, and to substantiate my statements if desired by the Board.

I swear or affirm that I am not omitting any information which might be of value to this Board or its determination of my qualifications, whether it is requested or not and I agree that any falsification, omission, or withholding or pertinent information or facts in regard to my qualifications as an applicant shall be sufficient to bar me from this or any future examination given by the Kentucky Board of Veterinary Examiners and any such falsification, omission, or withholding shall serve as sufficient grounds for the denial, revocation, cancellation, or suspension of my Kentucky Veterinary License.

Further, I understand I am required to abide by KRS Chapter 321 and 201 KAR Chapter 16. For direct links to the laws and regulations which shall govern my professional activities, I am aware I can review the materials by visiting the Board’s website at [www.kybve.com](http://www.kybve.com).

I hereby swear or affirm, that I have read the above statements and agree to the same.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

