

## VETERINARY GRADUATE AWAITING LICENSURE (VGAL) APPLICATION INSTRUCTIONS AND REQUIREMENTS

1. A completed VGAL application with payment of application fee:
  - a. This application fee covers the expense of application, tracking, processing, and verification of your VGAL registration.
  - b. The registration for a VGAL is valid for 1 year from the date that the registration is issued.
    1. *If you require an extension, you must submit a new application for Board review.*
    2. *If your registration expires prior to approval by the Board, you cannot practice until it is approved.*
  - c. Please make check or money order payable to the Nevada State Veterinary Board.
  - d. WE DO NOT ACCEPT CASH.
  - e. You MUST complete the child support information portion of the application even if you are not under a court order for child support.
  - f. Your supervisor must sign the acknowledgement regarding oversight of your practice during your registration as a VGAL.
2. A 2-inch by 2-inch photograph (Facing forwards, no sunglasses, no hats, or other items covering the face)
3. If you are working on completion of the ECFVG program, you must request that the AVMA submit verification of your enrollment and status in the ECFVG program. If you have completed the NAVLE prior to your registration, you must request a score transfer as well.
4. Confirmation that you are signed up to sit for the NAVLE or CPE examination.
5. Nevada does not accept the PAVE program currently.

### Checklist for your Nevada VGAL Application:

Application	
Photo	
Payment	
Verification of Enrollment and Status in the ECFVG Program	
Confirmation of Testing for NAVLE and/or CPE Examination	



## State of Nevada Board of Veterinary Medical Examiners

4600 Kietzke Lane, Bldg. O, #265, Reno, NV 89502

(775) 688-1788 phone / (775) 688-1808 fax

Email: [mail@vetboard.nv.gov](mailto:mail@vetboard.nv.gov)

Website: [nvvetboard.nv.gov](http://nvvetboard.nv.gov)

### Application for Registration as a Veterinary Graduate Awaiting Licensure (VGAL) Fee - \$250.00

(Cash is not accepted and all fees are non-refundable)

Name: _____ FIRST MIDDLE LAST	Social Security Number/TIN: _____
Address: _____	Date of Birth: _____
City: _____ State: _____ Zip: _____	Place of Birth: _____
Telephone: _____	E-Mail: _____
Cell Phone: _____	Other Name(s) used: _____

Are you a citizen of the U.S. ☐ Yes ☐ No

*If no, you must provide proof that you are lawfully entitled to remain and work in the U.S.*

Have you ever served in the military? ☐ Yes ☐ No

Branch(es) of Service: \_\_\_\_\_ Dates of Service: From: \_\_\_\_\_ To: \_\_\_\_\_

Are you a spouse of an active-duty military member and are relocating to Nevada due to a permanent change of station (PCS)? ☐ Yes ☐ No

*If yes, please attach a copy of your spouse's PCS as you may qualify for expedited processing of your application and waiver of a portion of your application fees.*

School Name: _____	Date Graduated (s): _____
Address: _____	City: _____ State: _____ Zip: _____

#### IF YOU ARE COMPLETING THE ECFVG PROGRAM, YOU MUST SUBMIT AN OFFICIAL COPY OF YOUR ECFVG STATUS CERTIFICATE FROM THE AVMA PRIOR TO YOUR REGISTRATION

Are you a graduate of a non AVMA accredited veterinary school? ☐ Yes ☐ No

Date entered the ECFVG program: \_\_\_\_\_

Have you ATTEMPTED to take the NAVLE?

☐ Yes ☐ No If so, when: \_\_\_\_\_ State: \_\_\_\_\_ Score: \_\_\_\_\_

Have you ATTEMPTED to take the CPE? ☐ Yes ☐ No If so, when: \_\_\_\_\_ State: \_\_\_\_\_

Did you complete all parts of the CPE? ☐ Yes ☐ No If not, which parts are incomplete: \_\_\_\_\_

#### SUPERVISOR AND VETERINARY FACILITY

Employer Name: _____	Starting Date: _____
Address: _____	City: _____ State: _____ Zip: _____
Phone: ( ) _____	Fax: ( ) _____ Email: _____

**Signature of Supervisor Acknowledging That:**

- A VGAL must identify themselves as a graduate awaiting licensure to clients.
- Clients must be informed if their pets will have a procedure performed by a VGAL
- A VGAL cannot prescribe or dispense prescriptions
- Supervisors are subject to disciplinary action that may be taken due to the actions of VGAL under their supervision.

Printed Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IF YOU ANSWER IS 'YES' TO ANY OF THE FOLLOWING QUESTIONS, YOU MUST INCLUDE A SIGNED STATEMENT OF EXPLANATION. ADDITIONALLY, COPIES OF ANY DOCUMENTS THAT IDENTIFY THE CIRCUMSTANCES OR CONTAIN A COURT ORDER, AGREEMENT, OR OTHER DISPOSITION ARE REQUIRED.**

1. Have you previously filed an application with the Nevada State Board of Veterinary Medical Examiners?  
..... Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If yes, when? \_\_\_\_\_
2. Have you ever been charged, arrested, or convicted of a felony or misdemeanor? \*  
..... Yes: \_\_\_\_\_ No: \_\_\_\_\_
3. Have you ever been found guilty, pleaded guilty, or entered a plea of nolo contendere to any administrative or legal offense in connection with the practice of veterinary medicine? \*  
..... Yes: \_\_\_\_\_ No: \_\_\_\_\_
4. Have you ever surrendered a professional license? \* ..... Yes: \_\_\_\_\_ No: \_\_\_\_\_
5. Do you have a medical condition which in any way impairs or limits your ability to practice with reasonable skill and safety? ..... Yes: \_\_\_\_\_ No: \_\_\_\_\_
6. Do you take a chemical substance(s) which in any way impairs or limits your ability to practice with reasonable skill and safety? ..... Yes: \_\_\_\_\_ No: \_\_\_\_\_
  - a. If yes, 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: \_\_\_\_\_
  - b. And are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting, or the manner in which you have chosen to practice?  
..... Yes: \_\_\_\_\_ No: \_\_\_\_\_

Please include a passport sized photo of yourself. It must have been taken within 60 days preceding the date of this application.

Please Attach  
Photo Here

## **NEVADA BUSINESS LICENSE**

NRS 353C requires all licensing boards to provide the following information to the State controller's office.

- ☐ I have a Nevada business license number assigned by the Nevada Secretary of State upon compliance with the Provisions of Chapter NRS 76.    **My Nevada business license number is:** \_\_\_\_\_
- ☐ I do NOT have a Nevada business license number.
- ☐ I have applied for a Nevada business license with the Nevada Secretary of State upon compliance with the provisions of NRS chapter 76 and my application is pending

## **CHILD SUPPORT STATEMENT**

**PER NRS 638.103, YOU ARE REQUIRED TO SELECT ONE OF THE FOLLOWING STATEMENTS:**

- \_\_\_\_\_ I am not subject to a court order for the support of a child.
- \_\_\_\_\_ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- \_\_\_\_\_ I am subject to a court order for the support of one or more children and am not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

## **AFFIRMATION:**

I, \_\_\_\_\_ (Printed Name), do state, affirm, and depose that all representations I have made in this application are true and complete in every respect. I hereby authorize the State of Nevada Board of Veterinary Medical Examiners to make inquiries as it deems necessary to verify the accuracy and completeness of all representations I make as part of my application. In consideration for the services rendered by the State of Nevada Board of Veterinary Medical Examiners, I hereby release, discharge, and exonerate the State of Nevada Board of Veterinary Medical Examiners, its officers, directors, agents, and employees from any and all liability of every nature and kind arising out of the verification of information I have provided, or the State of Nevada Board of Veterinary Medical Examiners has obtained.

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Signature

Date

**A VGAL REGISTRATION IS VALID FOR ONE YEAR FROM THE DATE OF ISSUE.**

**AN EXTENSION MAY BE REQUESTED. THE VGAL MUST RESUBMIT AN APPLICATION NO FEWER THAN 30 DAYS PRIOR TO THE NEXT UPCOMING BOARD MEETING.**

**THE BOARD HAS SOLE DISCRETION ON GRANTING VGAL EXTENSIONS.**

**ALL FEES ARE NON-REFUNDABLE.**