



# 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 Temporary Veterinary Licensure

Fee - \$100<sup>00</sup>

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

PERSONAL INFORMATION	
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.*

VETERINARY SCHOOL ATTENDED	
School Name: _____	Date Graduated (s): _____
Address: _____	City: _____ State: ____ Zip: _____

**YOU MUST SUBMIT AN OFFICIAL COPY OF YOUR DIPLOMA OR TRANSCRIPTS FROM THE SCHOOL YOU GRADUATED FROM, SHOWING YOUR DEGREE CONFERRED.**

Are you a graduate of a accredited school?  Yes  No

Name of School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

If your school is non-accredited, what year did you complete the ECFVG program: \_\_\_\_\_

**YOU MUST SUBMIT AN OFFICIAL COPY OF YOUR ECFVG CERTIFICATE FROM THE AVMA BEFORE YOU CAN BE ISSUED ANY LICENSE IN NEVADA.**

If you are licensed as a veterinarian or ever have been licensed as a veterinarian in another state, you must submit a letter of good standing directly from the licensing Board or Agency.

State \_\_\_\_\_ License Number \_\_\_\_\_ Date Issued \_\_\_\_\_

State \_\_\_\_\_ License Number \_\_\_\_\_ Date Issued \_\_\_\_\_

Have you taken the NBE & CCT or the NAVLE?  Yes  No

Date: \_\_\_\_\_ State Taken: \_\_\_\_\_

Are you a Board Certified Diplomate?  Yes  No If so, what is your specialty? \_\_\_\_\_

Would you like to be issued a temporary license solely in your specialty?  Yes  No

**Location of Facility or Venue in which the Temporary Licensee will be Utilized:**

Employer Name/Location Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Dates of Practice in Nevada (Not to Exceed 10 Calendar Days) From: \_\_\_\_\_ To: \_\_\_\_\_

**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 animal chiropractic 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: \_\_\_\_\_

*If yes to Question 6, please answer the following questions.*

7. 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: \_\_\_\_\_
8. 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date