

**IDAHO STATE  
BOARD OF VETERINARY MEDICINE  
APPLICATION FOR LICENSE  
TO PRACTICE VETERINARY MEDICINE**

Check each applicable item:  
 STATE BOARD EXAM \$275  
 TEMPORARY PERMIT \$150  
 REQUIRED CRIMINAL  
 BACKGROUND CHECK \$29.25

Return completed application form with appropriate fee(s) to:  
 Idaho State Board of Veterinary Medicine  
 PO Box 7249, Boise, ID 83707  
 For Information Call: (208) 332-8588 or Idaho Relay Service:  
 1-800-377-3529, for Services for Hearing Impaired Individuals

**I. APPLICANT IDENTIFYING INFORMATION:**

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Social Security No.: (Required I. C., §73-122) \_\_\_\_\_

The Idaho State Board of Veterinary Medicine is authorized to use your social security number as its primary means of identification for record-keeping purposes only. Your social security number and other personal information pertaining to your ability to hold a veterinary license in the state of Idaho will be provided to the American Association of Veterinary State Boards for the same purpose. Your social security number will be provided to the state of Idaho Department of Health and Welfare, Bureau of Child Support Services, to assist in the identification of persons who are more than 90 days or \$2,000 delinquent in complying with a child support order. This information shall not be disseminated further except as required under federal or state statutes.

Email Address: \_\_\_\_\_

Home/Permanent Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Maiden, Given Surname, or Any Name(s) under which supporting documents will be submitted: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Place of birth (City, State/Country): \_\_\_\_\_

**Testing Accommodations:**

1. Are you requesting special accommodations for a disability? Yes  No   
 If you answered "Yes" to the question above, you will be contacted by an Idaho Board of Veterinary Medicine representative who will help you work out the details of your accommodation.

**Veterinary Education:**

1. Was your veterinary education obtained at a veterinary college or division of a university or college that offers the degree of "doctor of veterinary medicine," "veterinary medicine doctor," or its equivalent and is accredited or approved by the American Veterinary Medical Association (AVMA)? Yes  No
2. If you answered NO to question number one above have you: (Please check one of the following)
- \_\_\_\_\_ Completed the Educational Commission for Foreign Veterinary Graduates (ECFVG) program.
  - \_\_\_\_\_ Enrolled in the Educational Commission for Foreign Veterinary Graduates (ECFVG) program.
  - \_\_\_\_\_ Completed the Program for Assessment of Veterinary Education Equivalence (PAVE) program.
  - \_\_\_\_\_ Enrolled in the Program for Assessment of Veterinary Education Equivalence (PAVE) program.

**II. PROFESSIONAL EDUCATION INFORMATION:**

1. College/University \_\_\_\_\_ Dates attended \_\_\_\_\_ to \_\_\_\_\_ Date of Graduation \_\_\_\_\_  
 Location (City, State/Country) \_\_\_\_\_ Degree Received \_\_\_\_\_
2. College/University \_\_\_\_\_ Dates attended \_\_\_\_\_ to \_\_\_\_\_ Date of Graduation \_\_\_\_\_  
 Location (City, State/Country) \_\_\_\_\_ Degree Received \_\_\_\_\_
3. College/University \_\_\_\_\_ Dates attended \_\_\_\_\_ to \_\_\_\_\_ Date of Graduation \_\_\_\_\_  
 Location (City, State/Country) \_\_\_\_\_ Degree Received \_\_\_\_\_
- For Foreign Graduates:
4. ECFVG or PAVE Certificate Date Received: \_\_\_\_\_

**III. RECORD OF LICENSURE INFORMATION:**

Directions: If you have ever been licensed to practice in the profession for which you are now making application, or held a related license, request the licensing board in **each state** or the Veterinary Information Verifying Agency (VIVA) of the American Association of Veterinary State Boards (AAVSB) to send a letter of verification containing the information listed below directly to this office. Attach additional sheets if necessary, **all states** must be listed. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must be listed here, also. It is the duty of each applicant to make inquiry of the individual licensing boards regarding the status of his or her license in that state and to notify the Board of any pending disciplinary action prior to the issuance of his/her Idaho veterinary license and to supplement the information in Section III and IV, should pertinent facts or circumstances change. Ignorance of a license status will not constitute an excuse for incorrect information. In addition, failure to disclose all licenses held may result in denial of your application or other appropriate action.

State of Original Licensure: \_\_\_\_\_ License No. \_\_\_\_\_ Date Issued: \_\_\_\_\_  
License Status: (Active, Lapsed, Surrendered, Unrestricted, In Good Standing, etc. If license is not active, unrestricted and in good standing, please provide explanation. \_\_\_\_\_  
License obtained through state examination(s), please list name and score for each examination: Exam Score: \_\_\_\_\_

State of Current Licensure: \_\_\_\_\_ License No. \_\_\_\_\_ Date Issued: \_\_\_\_\_  
License Status: (Active, Lapsed, Surrendered, Unrestricted, In Good Standing, etc. If license is not active, unrestricted and in good standing, please provide explanation. \_\_\_\_\_  
License obtained through state examination(s) or reciprocity, please list name and score for examination:  
Exam Score: \_\_\_\_\_ Reciprocity with state of \_\_\_\_\_

Other State of Licensure: \_\_\_\_\_ License No. \_\_\_\_\_ Date Issued: \_\_\_\_\_  
License Status: (Active, Lapsed, Surrendered, Unrestricted, In Good Standing, etc. If license is not active, unrestricted and in good standing, please provide explanation. \_\_\_\_\_  
License obtained through state examination(s) or reciprocity, please list name and score for examination:  
Exam Score: \_\_\_\_\_ Reciprocity with state of \_\_\_\_\_

Other State of Licensure: \_\_\_\_\_ License No. \_\_\_\_\_ Date Issued: \_\_\_\_\_  
License Status: (Active, Lapsed, Surrendered, Unrestricted, In Good Standing, etc. If license is not active, unrestricted and in good standing, please provide explanation. \_\_\_\_\_  
License obtained through state examination(s) or reciprocity, please list name and score for examination:  
Exam Score: \_\_\_\_\_ Reciprocity with state of \_\_\_\_\_

Other State of Licensure: \_\_\_\_\_ License No. \_\_\_\_\_ Date Issued: \_\_\_\_\_  
License Status: (Active, Lapsed, Surrendered, Unrestricted, In Good Standing, etc. If license is not active, unrestricted and in good standing, please provide explanation. \_\_\_\_\_  
License obtained through state examination(s) or reciprocity, please list name and score for examination:  
Exam Score: \_\_\_\_\_ Reciprocity with state of \_\_\_\_\_

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**IV. PERSONAL HISTORY INFORMATION/CHARACTER:**

Directions: Please answer each of the following questions by putting a check (✓) in the appropriate box on the right. **“YES” ANSWERS MUST BE FULLY EXPLAINED IN A SEPARATE SIGNED AND NOTARIZED AFFIDAVIT.** Ignorance of a license status or disciplinary action will not constitute an excuse for incorrect information. In addition, failure to disclose any of the requested information may result in the denial of your application or other appropriate action.

1. Has any licensing authority ever denied your application for a veterinary license? Yes  No
2. Has any licensing authority ever denied your application for any professional license? Yes  No
3. Have you ever been denied the privilege of taking an examination required for any professional licensure? Yes  No
4. Have you ever voluntarily surrendered your veterinary license, allowed it to lapse, or had a limited or probationary license issued by any veterinary licensing authority? Yes  No

5. Has your veterinary license ever been revoked, voluntarily surrendered, or have you ever been the subject of disciplinary action by any veterinary licensing agency, veterinary association, licensed veterinary hospital/clinic, or veterinary staff of such hospital or clinic? Yes  No
6. Have you ever voluntarily surrendered any other professional license, allowed it to lapse, or had a limited or probationary license issued by any licensing authority? Yes  No
7. Has any other professional license ever been revoked or have you ever been the subject of disciplinary action by any licensing agency? Yes  No
8. Have you ever had a registration issued by a controlled substance authority revoked, suspended surrendered, limited, placed on probation or restricted? Yes  No
9. Have you ever voluntarily surrendered a registration issued by a controlled substance authority? Yes  No
10. Has your application for accreditation by the U. S. Department of Agriculture ever been denied? Yes  No
11. Has USDA ever disciplined your certification of accreditation or have you ever voluntarily surrendered it, allowed it to lapse, or had a limited or probationary certificate of accreditation issued by the USDA? Yes  No
12. Have disciplinary proceedings been initiated against you or are you under investigation by any licensing jurisdiction, the USDA, Drug Enforcement Agency, or any state drug enforcement authority, which could result in disciplinary action being taken against you? If "yes," where and when? Yes  No
13. Have you ever been charged with or convicted of a felony or any other criminal act, including a nolo contendere plea or guilty plea that is in any way related to the practice of veterinary medicine in any state or in federal court other than misdemeanor violations whether or not sentence was imposed or suspended? Yes  No
14. Have you ever been pardoned from a felony or any other criminal conviction that is in any way related to the practice of veterinary medicine? Yes  No
15. Have you ever had a record expunged from a felony or any other criminal conviction that is in any way related to the practice of veterinary medicine? Yes  No
16. Have you ever been charged with or convicted of animal abuse, including a nolo contendere plea or guilty plea, whether or not sentence was imposed or suspended? Yes  No
17. Have you ever been charged with or convicted of a violation of any federal or state drug law(s), rule(s), or regulation(s), including a nolo contendere plea or guilty plea, whether or not sentence was imposed or suspended? Yes  No
18. Are you now or have you in the last five (5) years been addicted to or used in excess, any drug or chemical substance including alcohol? Yes  No
19. Are you now being treated or have you in the last five (5) years been treated in a drug or alcohol rehabilitation program? Yes  No
20. Have you had or do you now have any disease or condition that interferes with your ability to competently and safely perform essential functions related to the practice of veterinary medicine, including any disease or condition generally regarded as chronic by the medical community, i.e. (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition, that presently interferes with your ability to competently and safely practice veterinary medicine? If yes, attach a detailed explanation. Yes  No
21. Have you ever been named as a defendant to a civil suit relating to the practice of veterinary medicine? Yes  No
22. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? Yes  No

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**V. WORK HISTORY/PRACTICAL EXPERIENCE:**

Directions: Record work history chronologically in the space provided. Provide your complete work history beginning with present employment and concluding with graduation from your undergraduate institution. Additional sheets may be added if necessary to account for the entire time period since graduation, including periods of unemployment and volunteer work, etc. If you have never been employed, insert "N/A" in the first form.

Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_ Full-time or Part-time employment \_\_\_\_\_ No. Part-time hours per week \_\_\_\_\_

Name and address business/institution: \_\_\_\_\_  
\_\_\_\_\_

Supervisor's name and phone number at institution: \_\_\_\_\_

Job title and description of duties performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_ Full-time or Part-time employment \_\_\_\_\_ No. Part-time hours per week \_\_\_\_\_

Name and address business/institution: \_\_\_\_\_  
\_\_\_\_\_

Supervisor's name and phone number at institution: \_\_\_\_\_

Job title and description of duties performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_ Full-time or Part-time employment \_\_\_\_\_ No. Part-time hours per week \_\_\_\_\_

Name and address business/institution: \_\_\_\_\_  
\_\_\_\_\_

Supervisor's name and phone number at institution: \_\_\_\_\_

Job title and description of duties performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_ Full-time or Part-time employment \_\_\_\_\_ No. Part-time hours per week \_\_\_\_\_

Name and address business/institution: \_\_\_\_\_  
\_\_\_\_\_

Supervisor's name and phone number at institution: \_\_\_\_\_

Job title and description of duties performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**VI. REFERENCES:**

Please list the names and addresses of two (2) veterinarians currently licensed, in good standing in any state, who have known you for at least the past year and who can attest to your character.

**1. Name:** \_\_\_\_\_

**2. Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Send each of the above individuals a copy of the Affidavit of Moral Character form contained in this application and ask each of them to return the completed form to the Idaho Board of Veterinary Medicine, P. O. Box 7249, Boise, Idaho 83707.

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**VII. CHILD SUPPORT INFORMATION:**

In accordance with Title 73, Chapter 1 and Title 7, Chapter 14, Idaho Code, applications for renewal of a license or a new license shall include the applicant’s social security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than ninety (90) days or two thousand dollars (\$2,000) delinquent in complying with a child support order. Failure to certify may result in disciplinary action, and making a false statement may subject the licensee to contempt of court.

One of the following must be checked:

- \_\_\_\_\_ I am not more than 90 days or \$2,000 delinquent in complying with a child support order.
- \_\_\_\_\_ I am more than 90 days or \$2,000 delinquent in complying with a child support order.
- \_\_\_\_\_ I am not currently under any child support order.

**VIII. AFFIDAVIT**

“I, \_\_\_\_\_, being first duly sworn, depose and state: That by virtue of filing this application, I do solemnly swear or affirm that I am of good moral character, and that I understand the instructions and terms as set forth in this application form, that I have personally completed this form, and that the information given in this application is true, correct, and complete to the best of my knowledge. I hereby authorize the Idaho State Board of Veterinary Medicine to verify any and all information contained in this application, including information maintained in applicable data banks, and to transmit this information to the licensing authority of the state to which this application is made. I authorize the licensing authority of the state where application is submitted to review state files pertaining to my licensure and practice, and law enforcement and court documents to confirm the accuracy and completeness of the information provided herein. I understand that my fingerprint submission will be used to check the criminal history databases of the state and the FBI. This application and signature shall act as authorization for entities in possession of applicable information to release such information to the licensing authority.”

“Under penalty of perjury, I do hereby attest that the preceding information on this form is true and correct. A false statement on any part of this form may be grounds for disciplinary action as set forth by Chapter 21, Title 54 Idaho Code and may be punished by fine or imprisonment (Idaho Code, Title 18, Section 5413).”

“In addition, I hereby verify that I have read the Idaho Veterinary Practice Act (Idaho Code Title 54, Chapter 21), Idaho Administrative Rules (IDAPA 46, Title 01, Chapter 01), and the AVMA Principles of Veterinary Medical Ethics (April 2008 Revision), and accept the professional responsibility thereof.”

(Date) \_\_\_\_\_

Signature of applicant \_\_\_\_\_

Attach COLOR passport-type photograph here. Notary seal MUST be stamped partially on the picture

Signature \_\_\_\_\_

Notary Public for the State of \_\_\_\_\_ County of \_\_\_\_\_

Residing At \_\_\_\_\_

My Commission Expires \_\_\_\_\_

**CERTIFICATE OF EXPECTED GRADUATION**

(If you have not yet graduated from a school of veterinary medicine, this form (or a similar letter) must be completed by the President or Dean of the school.)

I hereby certify that \_\_\_\_\_ is expected to graduate  
from \_\_\_\_\_  
in \_\_\_\_\_, 20\_\_\_\_\_.

Signature of President or Dean:

(SCHOOL SEAL)

\_\_\_\_\_

Printed name:

\_\_\_\_\_

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Date

Phone number

#1

**AFFIDAVIT OF MORAL CHARACTER**

To be signed by a currently licensed veterinarian in good standing in any state

This certifies that I am and have been acquainted with \_\_\_\_\_ for at least one (1) year, that I believe him/her to be of good moral character and I hereby recommend him/her as entirely worthy to receive the license for which he/she has applied.

Signature and Title \_\_\_\_\_

Printed name and Title \_\_\_\_\_

Veterinary License: No. \_\_\_\_\_ State: \_\_\_\_\_

Business or Clinic Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date \_\_\_\_\_ Phone number \_\_\_\_\_

(NOTARY)

(SEAL)

Name: \_\_\_\_\_

Notary Public for the State of \_\_\_\_\_

Residing at \_\_\_\_\_

My Commission expires \_\_\_\_\_

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Idaho Board of Veterinary Medicine  
PO Box 7249  
Boise, ID 83707  
[www.bovm.idaho.gov](http://www.bovm.idaho.gov)

#2

**AFFIDAVIT OF MORAL CHARACTER**

To be signed by a currently licensed veterinarian in good standing in any state

This certifies that I am and have been acquainted with \_\_\_\_\_ for at least one (1) year, that I believe him/her to be of good moral character and I hereby recommend him/her as entirely worthy to receive the license for which he/she has applied.

Signature and Title \_\_\_\_\_

Printed name and Title \_\_\_\_\_

Veterinary License: No. \_\_\_\_\_ State \_\_\_\_\_

Business or Clinic Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date \_\_\_\_\_ Phone number \_\_\_\_\_

(NOTARY)

(SEAL)

Name: \_\_\_\_\_

Notary Public for the State of \_\_\_\_\_

Residing at \_\_\_\_\_

My Commission expires \_\_\_\_\_

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Idaho Board of Veterinary Medicine  
PO Box 7249  
Boise, ID 83707  
[www.bovm.idaho.gov](http://www.bovm.idaho.gov)

**Twelve (12) Month Verification of Active Practice**  
**For Idaho Veterinary License Applicants**  
**Seeking a Temporary Permit**

1) **Date:** \_\_\_\_\_

2) **Applicant Name:** \_\_\_\_\_

Applicants for an Idaho veterinary **temporary** permit may count experience gained in another state or through graduate residency at an accredited veterinary college toward the twelve (12) month active practice experience requirement. Experience must be verified by an employer or colleague with direct knowledge of the applicant's experience, and the employer or colleague's signature must be notarized.

A signed notarized letter with similar statements may be accepted in lieu of this form. Return form with original signature to above address. Form may be faxed if original is mailed.

**3) Experience:**

\_\_\_\_\_ months of experience as a practicing veterinarian in the State of \_\_\_\_\_.

**4) Applicant received this experience by practicing in (check all that apply):**

Private Practice

Residency in a graduate veterinary program of the following accredited veterinary school:

\_\_\_\_\_  
Other. Please describe: \_\_\_\_\_  
\_\_\_\_\_

**5) Verification:**

I, \_\_\_\_\_ (print name), hereby certify that I have direct knowledge that the applicant for an Idaho veterinary temporary permit named in Item 2 above has the experience checked above, and that the statements herein are true and correct.

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

**6) Notary Public:**

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

Notary Public for the State of \_\_\_\_\_

Residing at \_\_\_\_\_

My Commission Expires \_\_\_\_\_

(NOTARY SEAL)

**VERIFICATION OF SUPERVISION**  
**FOR APPLICANT REQUESTING A TEMPORARY PERMIT**  
**TO PRACTICE VETERINARY MEDICINE**

The Idaho Veterinary Law and Administrative Rules state that an applicant for a temporary permit shall either provide verification of one year of veterinary practice in another state or shall work under the professional supervision of a veterinarian holding an active license in the state of Idaho. Professional supervision is defined as meaning the supervisor is in daily contact by telephone, radio or other means with the temporary licensee and is individually responsible and liable for the acts and omissions performed by the temporary licensee. (Idaho Code Sections 54-2103(34) and (38), Idaho Code Section 54-2111 and Administrative Rule, IDAPA 46.01.01.013)

Please familiarize yourself with these sections of the Law and Rules, fill in the verification form below, sign before a notary public whose notary seal appears on this page, and return the form to the Idaho Board of Veterinary Medicine office.

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

State of Idaho  
Board of Veterinary Medicine  
P. O. Box 7249  
Boise, Idaho 83707

Ladies and Gentlemen:

I, \_\_\_\_\_, DVM, Idaho Veterinary License No. \_\_\_\_\_,  
*(Name of Veterinarian)*

hereby certify that \_\_\_\_\_ will be employed by me and  
*(Name of Applicant)*  
working under my professional supervision while such temporary permit is in effect.

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

Printed name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone No.: (\_\_\_\_\_) \_\_\_\_\_

(SEAL)

Signature: \_\_\_\_\_  
Notary Public for the State of \_\_\_\_\_  
Residing at \_\_\_\_\_  
My Commission Expires \_\_\_\_\_