

INSTRUCTIONS FOR LICENSE APPLICATION ---READ CAREFULLY

1. Fill out exactly as you wish your name to appear on your license. Maiden name is for our records only.
2. Be sure to use a complete and current address for the time of the application process. If more than one address will be used in the next 60 days, include the second address on an enclosure with an explanation.
3. KSA 74-139 says that upon request of the Director of Taxation, the board is required to provide the name, social security number, and address of the license holders in the state. The social security numbers are used by this agency for identification and the Professional Examination Service asks for the social security numbers for their identification. You may legally decline to disclose this number.
4. Be able to verify verbally if asked by the board. Federal law prohibits state licensing agencies from licensing certain aliens. 8 U.S.C. § 1621.
5. Personal data for identification purposes
6. The complete date please. ***Enclose photocopy of diploma.*** Please provide a copy of diploma if already graduated or; if enrolled in AVMA accredited college, a letter from Dean's office verifying enrollment or; if enrolled in non-accredited college, a letter from ECFVG verifying enrollment and completion of steps 1, 2, & 3.
7. List all licenses, whether active or inactive.
- 8., 9., 10. The board requires complete information on all areas of the application. Attach extra sheets as needed. If asked by board, this information must be verifiable.
11. This photo should have your face size a minimum of 1 inch and the overall photo size should not exceed 3 x 4 inches. Poor quality photos, snapshots, group pictures, caps or hats obscuring parts of the face, and colored glasses will cause photos to be rejected.
12. Read the affidavit. It is your oath carrying with it the penalty of law, and must be witnessed.
13. It is your duty to contact the other states in which you are, or ever have been, licensed and have them send their verification directly to our board.
14. Explain any YES answers in detail.
15. Unless taken in Kansas, **the scores from the NAVLE, or NBE (National Board Examination) and the CCT (Clinical Competency Test), must be forwarded to the board by VIVA (Veterinary Information Verification Agency), a service provided by AAVSB (American Association of Veterinary State Boards).** Applicants graduated prior to 1980 are exempt from CCT. Toll-free telephone: 877.698.8482; AAVSB website: <http://www.aavsb.org/>
16. When the Applicant State of Confidentiality is signed and returned, to our office, with a completed application and appropriate fees, you will be sent an open book Kansas jurisprudence examination. You must correctly answer 90% of the questions on this open book exam. If you do not correctly answer 90% of the questions, you must retake the examination. **Please print the following forms, complete as directed, and submit with your application.**

Applicant Statement of Confidentiality and Certificate of Moral Character

17. Attach application fee of \$125.00. No cash accepted. Make your check payable to: Kansas Board of Veterinary Examiners

APPLICATION FEE OF \$125.00 IS NOT REFUNDABLE.

KANSAS BOARD OF VETERINARY EXAMINERS
PHONE: 785-456-8781 FAX: 785-456-8782
1003 LINCOLN STREET
P.O. BOX 242
WAMEGO, KANSAS 66547-0242

v.010709



AMOUNT PAID _____

EFFECTIVE DATE _____

DATE RECEIVED _____

LICENSE # _____

APPLICATION FOR KANSAS VETERINARY LICENSE

(Please Type or Print Legibly)

1. NAME _____
Last First Middle Initial Maiden

2. ADDRESS _____
Street/Box City State Zip

E-mail Address: _____

3. TELEPHONE # _____ SOCIAL SECURITY # _____

4. BIRTH DATE _____ DRIVER'S LICENSE# _____ U.S. CITIZEN ___ Yes ___ No

5. HEIGHT _____ WEIGHT _____ COLOR OF HAIR _____ AND EYES _____

DISTINGUISHING SCARS AND/OR MARKS, give description and location _____

6. VETERINARY COLLEGE & GRADUATION DATE _____

7. OTHER LICENSES HELD _____

8. DEA NUMBERS HELD _____

9. U.S.D.A. ACCREDITATIONS HELD _____

10. LIST PREVIOUS VETERINARY EXPERIENCE OR EMPLOYMENT BELOW: (most recent first)
_____ from _____ to _____ (present)
_____ from _____ to _____
_____ from _____ to _____
_____ from _____ to _____
_____ from _____ to _____

11. ATTACH A PASSPORT PHOTOGRAPH TAKEN WITHIN THE LAST SIX MONTHS TO THE LEFT MARGIN OF THIS FORM AT THIS LEVEL

12. AFFIDAVIT OF APPLICANT:

I solemnly swear that all information on this application is true, correct and complete in every respect and when granted a license to practice veterinary medicine in the State of Kansas, I will abide by the Kansas veterinary law and adhere strictly to the ethics of the profession.

Signature of applicant DATE _____

STATE OF _____ COUNTY OF _____ SS.
SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____.

(Notary Public)

13. From all states in which you are now or ever have been licensed, you must submit LETTERS OF GOOD STANDING. This verification should be sent directly from the state(s) responding to the Kansas board. Our mailing address is:

*Kansas Board of Veterinary Examiners
P.O. Box 242
Wamego, KS 66547-0242*

14. The following information is required by the Kansas Board for licensure and is true and complete under penalty of law. You **must** enclose on a separate sheet a complete explanation for any YES answer below.

CIRCLE ONE

- | | | | |
|-----|----|-----|---|
| YES | NO | 1. | Are you currently enrolled in an ECFVG program or the holder of an ECFVG certificate? |
| YES | NO | 2. | Are you registered or licensed in any other profession? |
| YES | NO | 3. | Have you ever been denied licensure to practice veterinary medicine in any state, US territory, or country for any reason other than examination failure? |
| YES | NO | 4. | Has your license to practice veterinary medicine from any state ever been subject to any disciplinary action or are any such actions now pending? |
| YES | NO | 5. | Have you ever been convicted of any felony or misdemeanor? (exclude minor or juvenile offenses) |
| YES | NO | 6. | Have you ever been convicted of a charge of cruelty to animals? |
| YES | NO | 7. | Have you received treatment for substance abuse in the last five years? |
| YES | NO | 8. | Has the Federal Drug Enforcement Administration ever taken action against, withdrawn or warned you on any thing pertaining to your DEA Number? |
| YES | NO | 9. | Has there ever been any action taken against or warnings issued to any USDA Accreditation held by you? |
| YES | NO | 10. | Have you ever been a defendant or a respondent in any malpractice action? |
| YES | NO | 11. | Have you ever voluntarily relinquished or intentionally allowed to lapse any license, accreditation, DEA number or other certificate necessary for the practice of veterinary medicine in order to avoid action against such certificate? |
| YES | NO | 12. | Have you ever attended any other college of veterinary medicine than the school from which you are a graduate? |
| YES | NO | 13. | Are you now or have you been registered or licensed with any state racing commission? |
| YES | NO | 14. | Are you a diplomate of any speciality in veterinary medicine? |
| YES | NO | 15. | Are you now using a different name than the name used on any educational and/or professional documents in your past? |

THIS APPLICATION SHALL EXPIRE ONE YEAR AFTER IT IS RECEIVED IN THE OFFICE OF THE BOARD OF EXAMINERS.

APPLICATION FEE OF \$125 IS NOT REFUNDABLE

Make check payable to: KANSAS BOARD OF VETERINARY EXAMINERS
PHONE: 785-456-8781 FAX: 785-456-8782
1003 LINCOLN STREET
P.O. BOX 242
WAMEGO, KS 66547-0242

STATE OF KANSAS

APPLICATION FOR EXAMINATION

CERTIFICATE OF MORAL CHARACTER

- 1. To be signed by a licensed veterinarian.
- 2. To be signed by a reputable business or professional person.

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1. I hereby certify that I am a licensed veterinarian in the State of \_\_\_\_\_,  
 my certificate number being \_\_\_\_\_ and that I have been acquainted with  
 \_\_\_\_\_ for \_\_\_\_\_ months/years and to the  
 (Applicant's name)  
 best of my knowledge and belief, he/she is of good moral character and I hereby recommend  
 him/her as worthy to take the examination for which he/she is applying.

Name: \_\_\_\_\_  
 (Printed) (Signature)

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

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

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2. I hereby certify that I have been acquainted with _____
 (Applicant's name)
 for _____ months/years and that to the best of my knowledge and belief, he/she is
 of good moral character and (I) hereby recommend him/her as worthy to take the
 examination for which he/she is applying.

Name: _____
 (Printed) (Signature)

Address: _____

City, State, Zip: _____

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Return this completed form, the application with fee, and other required information to:

**Kansas Board of Veterinary Examiners**  
**Phone: 785-456-8781 Fax: 785-456-8782**  
**P.O. Box 242**  
**Wamego, KS 66547-0242**

**This form is not applicable to students OR staff of Kansas State University**

Dear Applicant,

Once we receive your license/registration application and application fee we will send you, via U.S. Mail, an open-book jurisprudence examination for you to take and return to our office. The jurisprudence examination is a requirement for a Kansas veterinary license or veterinary technician registration. **Please sign and date this form which must accompany your application for licensure/registration.**

If you do not return this form with your application, you will be expected to schedule an appointment, to visit our Wamego Kansas office, to take the open-book jurisprudence examination.

**APPLICANT STATEMENT OF CONFIDENTIALITY  
TO THE KANSAS BOARD OF VETERINARY EXAMINERS**

I hereby attest that I will not divulge the nature or content of any question on the Kansas Veterinary Jurisprudence examination to any individual or entity.

I understand that the Kansas Veterinary Practice Act statutes and regulations governing applications and professional conduct establish that my divulging the nature or content of any question on the examination could constitute the basis for denial of my application.

I understand that failure to sign and return this statement with my application will result in me not receiving the examination through the U.S. Mail and I will be required to schedule an appointment to appear, in person, at the Kansas Board of Veterinary Examiners Wamego Kansas office to sit for the jurisprudence examination.

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**Applicant's Printed Name**

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**Applicant's Signature**

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**Date**