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|  | Wisconsin Department of Agriculture, Trade and Consumer Protection (DATCP)  Veterinary Examining Board (VEB)  2811 Agriculture Drive, PO Box 8911, Madison, WI 53708-8911  Phone: (608) 224-4353 [DATCPVEB@wisconsin.gov](mailto:DATCPVEB@wisconsin.gov) |

INSTRUCTIONS FOR COMPLETING APPLICATION FOR VETERINARY MEDICINE LICENSE

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| \*\*As of May 1, 2018, a new graduate applicant should not apply for a Wisconsin Veterinary Medicine License until AFTER taking and passing both the NAVLE and Wisconsin state exam. ICVA administers both exams and you may access all information and instructions for them at **ICVA.net**.  Once you pass both exams, you may apply and pay online at MyDATCP.wi.gov  OR print and mail documents as required below. |

THERE ARE THREE CATEGORIES OF APPLICATIONS FOR A VETERINARY LICENSE.  
PLEASE SEE THE REQUIREMENTS BELOW FOR EACH CATEGORY:

**Category 1 - Licensure by Examination**: A new graduate who has not previously held a veterinary license in a U.S. state, U.S. territory or country. \*\*

**Category 2 - Licensure by Endorsement**: Licensed in another U.S. state(s) and meets the following criteria:

* Has never been disciplined by the veterinary licensing authority in any other state, territory or country.
* Is not currently under investigation by another veterinary licensing authority.
* Is not a party in pending litigation in which it is alleged that the applicant is liable for acts committed in the course of practice which evidence a lack of ability or fitness to practice, as determined by the board.
* Has never been found liable for damages for acts committed in the course of practice of veterinary medicine which evidenced a lack of ability or fitness to practice, as determined by the board.
* Has never had United States drug enforcement administration privileges restricted or revoked.
* Has satisfied the qualifications for initial licensure by examination within the last 5 years or has 4,000 hours active practice in the preceding five years.

**Category 3 -** Licensure by Endorsement: Licensed in another state but are NOT eligible for Category 2 Licensure by Endorsement; OR not licensed in another state but have taken and passed the NAVLE/NBE/CCT more than 5 years ago.

An applicant in this category does not meet the requirements for a Category 1 or Category 2 applicant. The application will be actively reviewed by the Veterinary Examining Board (VEB) and the VEB will make the decision on whether a credential will be issued.

An applicant should expect a longer application process and possible requests for additional information, depending on the specific application information given.

The VEB may also ask the applicant take additional action to demonstrate competency, such as continuing education or available testing, if the VEB decides it is appropriate.

CATEGORY 1 Applicants NEW GRADUATES who have not previously held a veterinary license in a U.S. state, U.S. territory or country. \*\*

Requirements for Board Approved Veterinary Schools (Further explanations for each item on the following pages)

1. Fully completed Application (Form # VEB\_4) with all questions answered and applicant’s signature notarized. If applying online, we will need only the original notarized signature page mailed to DATCP VEB at Madison address.
2. Applicant’s Social Security Number (Form # VEB\_25); form is only required if applying by mail.
3. Application fees which you will pay online, when applying, or mail a check to DATCP VEB at Milwaukee address on Page 5.
4. The North American Veterinary Licensure Examination (NAVLE) results for examination taken on or after 11/01/00 OR the National Board Examination (NBE) and Clinical Competency Test (CCT) results for examination taken prior to 11/01/00. ICVA will provide your passing score report to us if apply through Wisconsin;
5. Wisconsin Statutes and Rules examination passing score ICVA will provide to us once completed.
6. Certificate of Professional Education (Form # VEB\_7); Completed, sealed by your college and mailed directly to us at the Madison address. Alternatively, the Certificate of Professional Education may be emailed directly from the college to the VEB at [DATCPVEB@wisconsin.gov](mailto:DATCPVEB@wisconsin.gov). The school seal must be visible upon receipt.
7. Letter of verification of licensure from any and all other states and/or countries, (active or expired) if applicable, request from all to mail directly to us at Madison address.
8. Application for Temporary Permit (Form # VEB\_5), if applicable.
9. Convictions and Pending Charges (Form # VEB\_2), if applicable, and all required documents.
10. Malpractice Suits, Claims and Settlements (Form # VEB\_3), if applicable, and all required documents.
11. If the applicant’s name on all documents are not the same, submit a copy of marriage certificate, divorce decree, etc.
12. All supporting documents must be in English.

Requirements for Non-Board Approved Veterinary Schools: In addition to the above requirements, graduates of non-Board Approved veterinary schools must provide evidence of completion of either: Educational Commission for Foreign Veterinary Graduates (ECFVG) certification program through AVMA.org OR Program for Assessment of Veterinary Education Equivalence (PAVE) through AAVSB.org.

CATEGORY 2 or 3 Applicants:

Apply and pay online at MyDATCP.wi.gov OR print and mail documents required below.

Requirements: (Further explanations for each item on the following pages)

1. Application (Form # VEB\_4) with all questions answered and applicant’s signature notarized. If applying online, we will need the original notarized signature page only mailed to the Madison address.
2. Applicant’s Social Security Number (Form # VEB\_25); form is required if applying by mail.
3. Application fees which you pay online, when applying, or mail to Milwaukee address with ATTN: VEB on check
4. The North American Veterinary Licensure Examination (NAVLE) results for examination taken on or after 11/01/00 OR the National Board Examination (NBE) and Clinical Competency Test (CCT) results for examination taken prior to 11/01/00. Request from AAVSB.org to send directly to DATCP VEB. (**DOES NOT APPLY TO CATEGORY 2 APPLICANTS**).
5. Wisconsin Statutes and Rules examination passing score (See instructions below).
6. Certificate of Professional Education (Form # VEB\_7); Completed, sealed by your college and mailed directly to us at the Madison address. Alternatively, the Certificate of Professional Education may be emailed directly from the college to the VEB at [DATCPVEB@wisconsin.gov](mailto:DATCPVEB@wisconsin.gov). The school seal must be visible upon receipt.
7. Letter of verification of licensure in any and all other states and countries. If applicable, request from all to mail directly to us at Madison address.
8. Application for Temporary Permit (Form # VEB\_5), if applicable.
9. Convictions and Pending Charges (Form # VEB\_2), if applicable, and all required documents.
10. Malpractice Suits, Claims and Settlements (Form # VEB\_3), if applicable, and all required documents.
11. If the applicant’s name on all documents are not the same, submit a copy of marriage certificate, divorce decree, etc.;
12. All supporting documents must be in English.

**Wisconsin Statutes and Rules Exam**

After your application is received, reviewed and approved for testing, you will receive an email from ICVA (f/k/a NBVME) with information to register and pay to take the Wisconsin state exam.  The exam is an online, ‘open book’ exam with questions relating to the veterinary practice and the [Rules](https://docs.legis.wisconsin.gov/code/admin_code/ve) and [Statues](http://docs.legis.wisconsin.gov/statutes/statutes/89.pdf) governing the practice of veterinary medicine in the state of Wisconsin. You have 60 days to complete the examination from the eligibility start date provided to you via email. A passing score is 88% or higher.  ICVA will provide me with your score report or you may email to me to expedite the process.

PLEASE NOTE: Testing windows are twice per month, around the middle and the end of each month. Please allow up to 30 days for the state exam process.

ADDITIONAL INFORMATION ON REQUIRED DOCUMENTATION

* Apply online at MyDATCP.wi.gov. Choose “Veterinary Medicine Licenses.” Choose the license that applies to you and then click “Start New Application” and complete all information.
* Application (Form # VEB\_4): ONLY if applying by mail: Complete this application form with the applicant’s signature notarized, include supporting documents and additional forms, if applicable and mail to the application package to the Department of Agriculture, Trade and Consumer Protection (DATCP), 2811 Agriculture Dr, Madison, WI 53718.
* Application Fee: Pay as part of online application OR if applying by mail –send check to DATCP VEB, Lockbox 93598, Milwaukee WI 53293-0598
* Applicant’s Social Security Number (Form # VEB\_25): Under Wisconsin law, the Department of Agriculture, Trade and Consumer Protection must collect the Social Security Number (SSN) of every individual applying for a license, registration or certificate. The Department must deny your application if you are liable for delinquent State Taxes or Child Support (93.135 Wis. Stats.). Enter in online application or print the form if applying by mail and mail according to instructions on the form.
* Pass Required Examination(s): As part of the licensure requirement, the following exams must be successfully completed:

**Category 1 applicants:**

* **The North American Veterinary Licensure Examination (NAVLE**): Register directly with International Council for Veterinary Assessment (ICVA - formerly known as the NBVME) to take the NAVLE. The NAVLE registration form and fee must be submitted and received by ICVA at<https://www.icva.net>. Please view the NAVLE candidate information booklet for testing window dates.
* State law examination: After applying for the NAVLE through Wisconsin, you will automatically receive an email from ICVA with information and instructions to complete the Wisconsin Statues and Rules examination.ICVA will provide the VEB with your score report or you may email the VEB for an expedited score. This is an online ‘open book’ examination of the Wisconsin Statutes and Rules relating to the practice of veterinary medicine in this state and questions relating to your practice. All applicants must pass this examination with a score of at least 88% correct.

Category 3 applicants:

* **The North American Veterinary Licensure Examination (NAVLE): Category 3 a**pplicants who have passed either the NAVLE or NBE and CCT through another state must request scores be sent to Wisconsin. Register with the American Association of Veterinary State Boards, Veterinary Information Verifying Agency (AAVSB/VIVA) at <http://aavsb.org/VIVA/score-transfers> to have your examination scores transferred to Wisconsin VEB.

**Category 2 and 3 applicants:**

* State law examination: Once you have applied for your Wisconsin Veterinary Medicine license (either online or by mail), you will receive an email from ICVA with information and instructions to take the Wisconsin state exam online through ICVA’s testing vendor. ICVA will provide the VEB with your score report or you may email your score to the VEB to expedite this process.
* Certificate of Professional Education (Form # VEB\_7): This form is required for ALL category applicants who have already completed education in a school of veterinary medicine. This form must come directly from your school to the DATCP VEB
* The National Board Examination (NBE) and the Clinical Competency Test (CCT): If you have not successfully completed both exam components (NBE and CCT) prior to 11/01/00, you will be required to take and pass the NAVLE. Category 3 applicants who have either the NAVLE or NBE and CCT in another state, must request scores to be sent to Wisconsin. Register with the American Association of Veterinary State Boards, Veterinary Information Verifying Agency (AAVSB/VIVA) at <http://aavsb.org/VIVA/score-transfers> to transfer your examination scores to Wisconsin.
* Educational Commission for Foreign Veterinary Graduates (ECFVG) of the American Veterinary Medical Association (AVMA): Submit a letter directly from AVMA to the VEB attesting to the fact that you have completed the ECFVG program. If you are in the final stage of the ECFVG program, a letter attesting to that fact must be received directly from the AVMA to the VEB prior to the NAVLE examination deadline. Please note that you will not be issued a license until you have completed the ECFVG program. Have this AVMA letter sent directly to the Department of Agriculture, Trade and Consumer Protection (DATCP), Veterinary Examining Board, 2811 Agriculture Drive, PO Box 8911, Madison, WI 53708-8911.
* Program for Assessment of Veterinary Education Equivalence (PAVE) of the American Association of Veterinary State Boards (AAVSB): Submit a letter directly from AAVSB to the VEB attesting to the fact that you have completed the PAVE program. If you are in the final stage of the PAVE program, a letter attesting to that fact must be received directly from the AAVSB to the VEB prior to the NAVLE examination deadline. Please note that you will not be issued a license until you have completed the PAVE program. Have the AAVSB letter sent directly to the Department of Agriculture, Trade and Consumer Protection (DATCP), Veterinary Examining Board, 2811 Agriculture Drive, PO Box 8911, Madison, WI 53708-8911.
* Application for Temporary Permit (Form # VEB\_5): This form is only available to applicants who recently took their first NAVLE and are awaiting NAVLE score report OR have their first attempt to test date scheduled. An applicant applying for a Temporary Permit must submit this form together with application Form # VEB\_4, in addition to all required forms and required fees for an application for full licensure. This Temporary Permit is nonrenewable and nonrefundable. A Temporary Permit may only be issued once and will expire upon any of the following: notification of failure of any examination (NAVLE or state law exam), failure to take the next scheduled examination, or issuance of a license.
* Letter of verification for licensure in other state/country (active or expired): Applicants by endorsement may be required to appear before the VEB to determine qualifications. You are required to have each state/country Board(s) in which you have ever been licensed (active or expired) submit a letter of verification directly to the DATCP VEB to address on form. The letter must include your license number, date of issuance, status, and a statement regarding disciplinary actions. This letter will be required in order to complete your application for licensure. Request the Board you have been licensed to send a letter directly to the Department of Agriculture, Trade and Consumer Protection (DATCP), ATTN: Veterinary Examining Board, 2811 Agriculture Drive, Madison, WI 53718.
* **Veteran Fee Waiver:** Please go to the Department of Agriculture, Trade and Consumer Protection (DATCP) website at http://DATCP.wi.gov in “Licenses and Regulations” and select “Veterans License Fee Waiver Program” for eligibility requirements.

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| APPLICATION FOR VETERINARY MEDICINE LICENSE | | | | | |
| Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support per Wis. Stat. § 93.135. Personal information you provide may be used for purposes other than that for which it was originally collected per Wis. Stat. § 15.04(1) (m). | | | | | |
| PLEASE TYPE OR PRINT CLEARLY IN INK | | | | | |
| FULL LEGAL NAME: | | | | | |
| LAST NAME | FIRST NAME | | | | MIDDLE NAME |
| OTHER NAME(S) (list names you may have been credentialed under in Wisconsin - e.g. maiden names) | | | | | |
| STREET ADDRESS | CITY | | | STATE | ZIP |
| MAILING ADDRESS (If different) | CITY | | | STATE | ZIP |
| EMAIL | | DAYTIME PHONE  (   )     - | DATE OF BIRTH     /    / | | |

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| --- | --- |
| SCHOOL NAME | DATE DVM DEGREE GRANTED |
| CITY | STATE |

Please check applicable box – See instructions for details

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| Category 1 - Licensure by Examination (A new graduate who has not previously held a veterinary license in a U.S. state, U.S. territory or country. \*\*) | | |
| $ | 115.00 | Total fee to attach |
| $ | 40.00 | Total fee for military members and veterans with Wisconsin Department of Veterans (DVA) Voucher\* |
| Optional Temporary Permit (see instructions for details) | | |
| To apply for a Temporary Permit, include an additional $10 with your payment, and complete form VEB\_5. | | |
| $ | 10.00 | Temporary Permit Fee |
| $ | 125.00 | Total fee |
| $ | 50.00 | Total fee for military members and veterans with Wisconsin Department of Veterans (DVA) Voucher\* |
| Category 2 - Licensure by Endorsement (Licensed in another U.S. state[s] with no disciplinary actions and 4,000 hours active practice in last five years [see instructions]) | | |
| $ | 185.00 | Total fee attached |
| $ | 110.00 | Total fee for military members and veterans with Wisconsin Department of Veterans (DVA) Voucher\* |
| Category 3 - **Licensure by Endorsement** *(Licensed in another state but are NOT eligible for Category 2 Licensure by Endorsement; OR not licensed in another state but have taken and passed the NAVLE/NBE/CCT more than 5 years ago.)* | | |
| $ | 185.00 | Total fee attached |
| $ | 110.00 | Total fee for military members and veterans with Wisconsin Department of Veterans (DVA) Voucher\* |

MAIL CHECK TO:

Make check payable to DATCP – VEB

DATCP - VEB

LOCKBOX 93598

MILWAUKEE WI 53293-0598

MAIL DOCUMENTS TO:

DATCP - VEB

PO BOX 8911

MADISON WI 53708-8911

\*Several benefits are available to US Military active duty and veterans including a partial fee waiver.

You may contact the Wisconsin DVA at 1-800-WisVets or www.WISVETS.com for information about these benefits.

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| EXAM INFORMATION | | |
| Have you passed the NAVLE and requested scores to be sent to Wisconsin? | Yes  No | Date Taken: |
| Have you passed the NBE and requested scores to be sent to Wisconsin? | Yes  No | Date Taken: |
| Have you passed the CCT and requested scores to be sent to Wisconsin? | Yes  No | Date Taken: |

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| Foreign Applicants | |  |  | |
| ECFVG: and PAVE: | | | | |
| Currently Enrolled in ECFVG Program? | | | Yes  No | Date Taken: |
| AAVSB Letter of Verification has been requested? | | | Yes  No | Date Taken: |
| PAVE Certificate issued? (copy must be attached) | | | Yes  No | Date Taken: |
| If yes, provide Issuance | Date: | | and # | |

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| ANSWER THE FOLLOWING QUESTIONS: (Attach additional sheets if necessary) | | | | YES | | NO | |
| 1. Have you ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency and license number. | | | |  | | |  |
| 1. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action. | | | |  | | |  |
| 1. Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action. | | | |  | | |  |
| 1. Have you ever been convicted of a misdemeanor or a felony, or do you have any felony or misdemeanor charges pending against you? If yes, submit Convictions and Pending Charges (Form # VEB\_2) along with all required documents. | | | |  | | |  |
| 1. Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition and complete Malpractice Suits, Claims and Settlements (Form # VEB\_3). | | | |  | | |  |
| 1. Has the Drug Enforcement Administration ever denied you a DEA number, withdrawn your DEA number, or given you a warning? If yes, give details on an attached sheet. | | | |  | | |  |
| 1. **CATEGORY 2 ONLY**. Have you actively practiced veterinary medicine for 4,000 hours during the preceding five years?   Estimated No. of Hours \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | | |  |
| POST GRADUATE TRAINING, PRACTICE AND ACTIVITES: (not required for new graduates) Outline in chronological order all post-graduate training, practice, and activities from the date of graduation from veterinary school to the present time. Licensure by Endorsement applicants must have at least 4,000 hours active practice in the preceding five years as a licensed veterinarian. (Attach additional sheets, if necessary.) | | | | | | | |
| EMPLOYER / INSTITUTION / ACTIVITY | LOCATION CITY, STATE | LOCATION PHONE NO. | DATES EMPLOYED (FROM-TO) MO/YR | | HOURS PER YEAR | | |
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**LICENSED IN OTHER STATES, COUNTRIES or TERRITORIES**

List below any states, countries, or territories that have ever issued you a veterinary medicine credential (include post-graduate training) (Active or Expired):

You must arrange for these out of state boards to submit a letter of verification directly to the Wisconsin Veterinary Examining Board that includes your date of birth, credential number, date of issuance and statement regarding disciplinary actions.

CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

A citizen or national of the United States, or

A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at http://www.uscis.gov.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Agriculture, Trade and Consumer Protection immediately.

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until a license is granted or denied.

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement, and/or giving any materially false information, in connection with my application for a credential or for renewal or reinstatement of a credential, may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that, if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I’ve provided to the Department of Agriculture, Trade and Consumer Protection change.

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Applicant Signature Print Name Date

A notarial seal or stamp is required (SEAL)

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_was

subscribed and sworn to before me on \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public (print name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ My commission:  expires \_\_\_\_\_\_\_\_\_\_\_\_.

Notary Public (sign name)  is permanent.