



State of New Hampshire Board of Veterinary Medicine

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Instructions/Checklist for Applicants

Following are instructions and information required to apply for veterinary licensure in New Hampshire. Should there be any questions regarding the licensure process, please contact this office at (603) 271-3706 or patricia.duncklee@agr.nh.gov.

All applicable items on the following checklist must be submitted prior to becoming licensed in New Hampshire. The licensing process must be completed within six months of the Board's receipt of any required information.

If licensed in another state/jurisdiction for the last five years but not practicing veterinary medicine for at least 1,000 hours per year for three of those years, it is required that the national board examination (NAVLE) be taken and passed prior to licensure.

The State Board Jurisprudence Examination and study material will be mailed to the applicant after the application is complete. A Temporary Permit may then be requested (in writing) by the licensed New Hampshire veterinarian who will be responsible for supervising the applicant. The jurisprudence exam must be returned within 60 days at which time the Temporary Permit expires.

Contact information for NBE/CCT or NAVLE score transfer:

American Association of Veterinary State Boards (AAVSB)
Veterinary Information Verifying Agency (VIVA)
Website: www.aavsb.org

Contact information for graduates of non-AVMA accredited schools:

Educational Commission for Foreign Veterinary Graduates (ECFVG)
American Veterinary Medical Association (AVMA)
Website: www.avma.org

Program for the Assessment of Veterinary Education Equivalence (PAVE)
American Association of Veterinary State Boards (AAVSB)
Website: www.aavsb.org

Checklist/requirements for veterinary licensure:

The following must be submitted to the New Hampshire Board of Veterinary Medicine:

___ Completed New Hampshire Application for Licensure with recent passport size photo attached

___ Fee: \$175 personal check or money order payable to NH Board of Veterinary Medicine

___ Curriculum vitae/resume; include names/telephone numbers of whom to contact at each practice address unless a new graduate

___ Official transcripts sent directly to this office from veterinary college(s); officially transcribed if not in English

___ NBE/CCT or NAVLE scores **sent directly to the Board from Veterinary Information Verifying Agency (VIVA)**; a transfer form is available at www.aavsb.org; be aware that a passing score on the NBE and/or CCT in another state may not be passing in this state as the scores were determined at a different standard of deviation

___ Verification of Licensure **sent directly to the Board from each state, province or country** where the applicant has **ever** been licensed

___ Two letters of recommendation **sent directly to the Board from practicing veterinarians** who have detailed knowledge of the applicant's practice in the last five years (new graduates are exempt from this requirement)

___ A graduate of a foreign veterinary school which is not accredited by the AVMA must have successfully completed the ECFVG program or the PAVE; or have received a Certificate of Qualification issued by the Canadian Veterinary Medical Association. Confirmation must be **sent directly to this office from the AVMA, AAVSB or Canadian VMA**

___ A veterinarian who has obtained a specialty diplomate status must submit a copy of the certificate, or a letter certifying his/her diplomate status must be received from the specialty organization



State of New Hampshire
Board of Veterinary Medicine

Application for Veterinary Licensure

Please Type or Print

Examination Fee: \$175.00 (non-refundable)

Applicant Status:

____ New Graduate (this calendar year) ____ Licensed, practicing less than five years
____ Graduate of a non-AVMA accredited ____ Licensed, practicing five or more years
Foreign Veterinary School

Full Legal Name: _____
(no initials) Last First Middle Maiden

Home Mailing Address: _____

Home or Cell phone #: _____ E-Mail: _____

Date of Birth: _____ Place of Birth: _____

Citizen of (Country): _____ U.S. Social Security #: _____

Preliminary Education (pre-vet number of years and degree): _____

Veterinary School Attended: _____

Degree Received: _____ Date of Graduation: _____

NBE (date taken): _____ CCT (date taken): _____ NAVLE (date taken): _____

ECFVG Certificate: _____ (date obtained) PAVE Certificate: _____ (date obtained)

Certificate of Qualification (Canadian VMA): _____ (date obtained)

Specialty Diplomate: _____ (submit copy of certificate)

List all states/jurisdictions in which you HOLD or have ever HELD a license: _____

What is the focus (i.e., small animal, large animal, equine etc.) of your current and future veterinary practice? _____

If the answer to any of the following is YES, submit a detailed explanation on a separate sheet.

Have you ever been convicted of a crime or a felony? YES NO

Are there any pending complaints or investigations against you by veterinary medical boards?
 YES NO

Have you ever been investigated or disciplined by veterinary medical boards or any licensing authority where you hold or have held a professional license? YES NO

Have you ever been diagnosed with any mental or physical condition which has affected or may affect your ability to practice veterinary medicine? YES NO

Have you ever been found guilty or entered a plea of no contest to any felony, misdemeanor or alcohol or drug related offense that has not been annulled by a court? YES NO

Have you ever been subject to any investigation or to a denial, restriction, suspension, loss or revocation of your DEA license? YES NO

Current practice name/address: _____

Telephone: (_____) _____

Future practice name/address: _____

Telephone: (_____) _____ Fax: (_____) _____

Do you intend to practice veterinary medicine in the State of New Hampshire? _____

I hereby swear under penalty of perjury that all of these statements are true and complete and do promise to abide by and comply with the laws governing the practice of Veterinary Medicine, Surgery and Dentistry in the State of New Hampshire.

(Signature)

(Date)

PHOTO
(attach passport size)
Required