



# American Association of Veterinary State Boards Program for the Assessment of Veterinary Education Equivalence (PAVE)



## APPLICATION

Please read the Program Standards and Policies before completing this application.

VIVA # (office use only)

**LEGAL NAME** Please print your name completely (no initials) and underline your last name.

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Last Name	First Name	Middle Name
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**OTHER NAMES USED** (if you do not use and have never used another name, write N/A) If the name shown on your supporting documents is different from that shown on your application, you must submit proof of legal name change.

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Other Last Name	Other First Name	Other Middle Name
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**SOCIAL SECURITY/SOCIAL INSURANCE #**

MM	DD	YEAR

**DATE OF BIRTH**

**PLACE OF BIRTH** \_\_\_\_\_

**State (Province**

**Country**

**CITIZENSHIP** (if other than U.S.)

At Birth \_\_\_\_\_

Current \_\_\_\_\_

**NATIVE LANGUAGE** \_\_\_\_\_

**CONTACT INFORMATION** Please check how you are most likely to be reached from 8am–5pm (Central) Monday thru Friday.

Home Phone		
Work Phone		
Cell Phone		
Fax		
Email		

**MAILING INFORMATION** (*all correspondence will be forwarded to this address – please use a US address as your mailing address if you have one*) You must notify AAVSB in writing of any address changes after you submit this application in order to receive any further information.

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Number and Street	Apartment #
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City	State (Province)	Zip/Postal Code	Country
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**HOME ADDRESS (if different)**

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Number and Street	Apartment #
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City	State (Province)	Zip/Postal Code	Country
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Current as of 4/07

**PAYMENT** Fees must be paid in US Dollars.

**ALL FEES ARE NON-REFUNDABLE.**

- Initial Enrollment (includes one administration of the Qualifying Examination) \$1100 (paper)
- Re-examination \$800

**Total Amount Due:** \_\_\_\_\_

**METHOD OF PAYMENT**    \_\_\_\_ VISA                      \_\_\_\_ MASTERCARD                      \_\_\_\_ CHECK                      \_\_\_\_ MONEY ORDER

Applicable fees must accompany this application. Make checks and money orders out to AAVSB. If you are paying by credit card, you must authorize the charge by providing the following information and signing below.

**EXPIRATION DATE** \_\_\_\_\_ **CARD #** \_\_\_\_\_

**BILLING ADDRESS** \_\_\_\_\_  
Address City State Zip Code

**CARDHOLDER'S SIGNATURE** \_\_\_\_\_

**EDUCATION INFORMATION**

**VETERINARY SCHOOL EDUCATION** Print *all* the veterinary schools you have attended, beginning with the most recent. If you need additional space, copy this page and attach the copies. If you have not yet graduated, put the date when you anticipate graduating.

INSTITUTION	LOCATION	DATES ATTENDED (MO/YEAR)	RECEIVED OR ANTICIPATED DIPLOMA DATE

**QUALIFYING EXAMINATION PREFERENCE**

**SELECT EXAMINATION DATE:**

September 2007

January 2008

**Candidate's preferred location for the QE:** (See pg. 2 of Instructions) The NBVME will use this information to assign you to a test site. The NBVME will notify you of your test site via email approximately 5 weeks prior to the test date.

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NBVME will mail you an authorization letter and assign you a testing location. Refer to the Qualifying Exam section on our website for details or see our Standards and Policies. Information is also available at [www.nbvme.org](http://www.nbvme.org).

**To REQUEST SPECIAL ACCOMMODATIONS** Complete the form which is posted on our website. The forms and documentation must be submitted with this application for consideration to be given to your request.

**PLEASE SIGN BELOW INDICATING YOU HAVE READ AND AGREE TO THE TERMS OF THE FOLLOWING STATEMENT**

I understand that in order for the Qualifying Examination to apply toward my PAVE Certification, I must successfully complete the English requirement prior to taking the Qualifying Examination. **[Note the English requirements are detailed in the PAVE Standards and Policies].**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**EXAMINATION INFORMATION**

Provide the following information regarding **every** US or Canadian veterinary examination you have taken, **regardless** of the score received. Each attempt must be shown. Failure to disclose information may result in a denial or other processing delays. If you need additional space, copy this page and attach the copies.

<b>EXAMINATION</b>	<b>DATE TAKEN (MO/YEAR)</b>	<b>LOCATION (WHERE YOU TOOK THE EXAMINATION)</b>
Qualifying Examination		
VCSA		
NBE (April 2000 and prior)		
CCT (April 2000 and prior)		
NAVLE (November 2000 to present)		

**LICENSING AND CREDENTIAL INFORMATION**

List all the jurisdictions in which you hold or have ever held a credential, license, or permit (including temporary, provisional, or trainee/apprentice) to practice veterinary medicine whether or not you have actually practiced. Attach a sheet for additional explanation, if needed. Copy this sheet for additional licenses.

<b>STATE/COUNTRY</b>	<b>LICENSE DATE</b>	<b>ISSUE DATE</b>	<b>CURRENT STATUS</b>	<b>DATE OF REMOVAL</b>	<b>REASON FOR REMOVAL</b>

**EMPLOYMENT HISTORY**

**VETERINARY EMPLOYMENT** Provide the following information about all the veterinary positions, including technician or other assistant, you have held (full or part-time) over the past ten years. If you were in private practice, list yourself as the employer.

Name of employer: \_\_\_\_\_

Full Address of employer: \_\_\_\_\_

Phone # of employer: \_\_\_\_\_

Dates of employment: (month/year): from: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Position held: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

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Name of employer: \_\_\_\_\_

Full address of employer: \_\_\_\_\_

Phone # of employer: \_\_\_\_\_

Dates of employment: (month/year): from: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Position held: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

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Name of employer: \_\_\_\_\_

Full address of employer: \_\_\_\_\_

Phone # of employer: \_\_\_\_\_

Dates of employment: (month/year): from: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Position held: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

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Name of employer: \_\_\_\_\_

Full address of employer: \_\_\_\_\_

Phone # of employer: \_\_\_\_\_

Dates of employment: (month/year): from: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Position held: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

**PERSONAL HISTORY**

Please answer each of the following questions by putting a check on the appropriate box on the right. **"Yes" answers must be fully explained in a separate signed and notarized or certified affidavit including the eventual disposition of such matter.**

QUESTIONS	YES must explain	No
1. Has any licensing authority ever denied your application for a license as a veterinarian?		
2. Have you ever voluntarily surrendered your veterinary license, allowed it to lapse, or had a limited license issued by any veterinary licensing authority?		
3. Has your veterinary license ever been revoked or have you ever been the subject of any disciplinary action by any veterinary licensing agency or veterinary association?		
4. Has any licensing authority ever denied your application for any professional license?		
5. Have you ever voluntarily surrendered any other professional license, allowed it to lapse, or had a limited license issued by any licensing authority?		
6. Have you ever had any other professional licensed revoked or have you ever been the subject of any disciplinary action by any other professional licensing agency or professional association?		
7. Have you ever had a registration issued by a controlled substance authority revoked, suspended, surrendered, limited, or restricted?		
8. Have you ever voluntarily surrendered a registration issued by a controlled substance authority?		
9. Has your application for accreditation by the U.S. Dept. of Agriculture (USDA) ever been denied?		
10. Has the USDA ever disciplined your accreditation certificate or have you ever voluntarily surrendered it, allowed it to lapse, or had a limited accreditation certificate issued by the USDA?		
11. Is there any discipline action pending against you by any licensing authority, the USDA, the Drug Enforcement Agency (DEA) or any state drug enforcement agency?		
12. Have you ever been charged with or convicted, including a nolo contendere (no contest) plea or guilty plea, of a felony whether or not sentence was imposed or suspended? <i>If yes, in addition to the affidavit, attach a certified copy of the court records regarding your conviction, the nature of the offense, date of discharge (if applicable) as well as a statement from the probation or parole officer.</i>		
13. Have you ever been pardoned from a felony conviction?		
14. Have you ever had a record expunged from a felony conviction?		
15. Have you ever been charged with or convicted, including a nolo contendere (no contest) plea or guilty plea, of animal abuse whether or not sentence was imposed or suspended?		
16. Have you ever been charged with or convicted, including a nolo contendere (no contest) plea or guilty plea, of a violation of any federal or state drug laws or rules whether or not sentenced was imposed or suspended?		
17. Are you now or have you in the last 5 years been addicted to or used in excess any drug or chemical substance including alcohol?		
18. Are you now being treated or have you in the last 5 years been treated in a drug or alcohol rehabilitation program?		
19. Have you ever been named as a defendant to a civil suit related to the practice of veterinary medicine?		

Current as of 4/07

20. Do you operate or have you operated your veterinary practice under a general or limited partnership? If yes, how long has the partnership been in existence? LIST ALL PARTNERS ON AN ATTACHED SHEET.		
21. Do you or have you worked for a corporate practice as a veterinarian? If yes, LIST ALL SHAREHOLDERS ON AN ATTACHED SHEET. Identify the name of the corporate entity: _____		
22. Have you ever been discharged other than honorably from the armed services or from a city, county, state, or federal position?		
23. Do you currently have any disease or condition that interferes with your ability to competently and safely perform the essential functions of your profession, 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 may presently interfere with your ability to competently and safely perform the essentials functions involved in practice as a veterinarian?		

**PLEASE SIGN BELOW INDICATING YOU HAVE READ AND AGREE TO THE TERMS OF THE FOLLOWING STATEMENT:**

I, \_\_\_\_\_, attest that I have answered the questions above truthfully and to the best of my knowledge. I have enclosed appropriate written explanation and documentation where it was required. I understand that if I did not fully disclose any information requested in the above questionnaire that it may adversely impact this application or my PAVE certification.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**DOCUMENTS**

With your application, enclose the documents that apply to your personal, professional and education background. Any document not in English will be translated by AAVSB's translation service at the expense of the applicant (Section F of application instructions and Section 8 of Standards and Policies). Certified and notarized copies must comply with the instructions in Section E on pg. 4 of the application instructions.

**SUPPLEMENTAL FORMS**

Please complete the following release form as instructed. All applicants must return the form with the application.

If requesting special accommodations, the appropriate forms and documentation must be submitted with this application in order for your request to be considered. Specific instructions for those forms are posted on our website.

**American Association of Veterinary State Boards  
Program for the Assessment of  
Veterinary Education Equivalence (PAVE)**

**AFFIDAVIT AND AUTHORIZATION FOR RELEASE OF INFORMATION FROM APPLICANT**

I, \_\_\_\_\_ (Applicant's Full Name) hereby certify under oath that I am the person named in this application; that all information given in this application is true and accurate to the best of my knowledge, and that the photographs enclosed are recent photographs of me.

I understand that (1) falsification of this application, or (2) the submission of any falsified education documents to AAVSB, or (3) the submission of any falsified AAVSB PAVE documents to other agencies, or (4) the giving or receiving of aid in the examination, may be sufficient cause for AAVSB to bar me from the PAVE Program, to terminate my participation in the PAVE Program, to invalidate the results of my examination, to withhold a PAVE certificate, to revoke a PAVE certificate, or to take other appropriate action.

I understand that the AAVSB PAVE Certificate and any and all copies thereof remain the property of AAVSB and must be returned to AAVSB, if AAVSB determines that the holder of the certificate was not eligible to receive it, or that it was otherwise issued in error.

I designate the American Association of Veterinary State Boards' Veterinary Information Verifying Agency to collect, verify and maintain information, and copies of documents and records that can subsequently be provided to professional licensing boards and other entities when I apply for licensure, employment or other privileges.

I request and authorize every person, educational institution, hospital, clinic, government agency (local, state, federal or foreign), court association, institution, or law enforcement agency having control of any documents, records, and other information pertaining to me to furnish to AAVSB any such information.

I authorize the AAVSB to release information, material, documents, orders or the like relating to me or this application to any federal, state or local governmental department or agency, to any animal health care entity, or to any other organization or individual who, in the judgment of AAVSB, has a legitimate interest in such information, including but not limited to AAVSB's License Information Database.

I understand that if I receive AAVSB's PAVE certification, I will be eligible to take the veterinary licensing examination only in those states and jurisdictions that recognize PAVE certification, provided that I am otherwise eligible for licensure in any such state or jurisdiction. I further understand that not all states accept PAVE certification. I understand and agree that it is incumbent upon me to contact the veterinary board in the state or jurisdiction where I seek to be licensed to determine whether such state or jurisdiction accepts PAVE certification and whether I meet the other requirements for licensure in that state or jurisdiction. I further understand that AAVSB makes no representations as to my eligibility for licensure as a veterinarian in any state or jurisdiction.

I hereby certify that I have read the PAVE Application and Instructions and the program Standards and Policies and have followed all procedures for the PAVE application to the best of my abilities.

I hereby extend absolute immunity to, and release, discharge, and hold harmless the American Association of Veterinary State Boards and its Program for the Assessment of Veterinary Education Equivalence and *Veterinary Information Verifying Agency*, its agents or representatives and any person furnishing information, from any and all liability.

*A photocopy or facsimile of this authorization shall be as valid as the original and shall be valid from the date signed.*

**Applicant must sign his/her full name as it appears in English on the first line below, but only in the presence of one of the following officials who must complete the last two lines of the application: a Consular Official, First-Class Magistrate, or Notary Public. The seal, stamp or signature of the official must overlap a portion of both the attached photograph and form.**

\_\_\_\_\_  
Applicant's Signature (as it appears in English)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

X \_\_\_\_\_

Official Title \_\_\_\_\_

Signature of a Consular Official, a First-Class Magistrate, or a Notary Public (see box above). If official title and/or seal are not in English, AAVSB requires a translation. Alterations or erasures of any kind on this form will void this application.

**ATTACH  
ONE  
PHOTOGRAPH  
HERE**

One additional identical photograph must accompany this application.

Seal, stamp, or signature of official must be legible and overlap a portion of both the attached photograph and application form.

Do not cover the face in the photograph.