



American Association of Veterinary State Boards  
Veterinary Information Verifying Agency (VIVA®)

# Credential Registration Application

VIVA # if known

**Legal Name:** *Print* your name completely

\_\_\_\_\_  
Last Name First Name Middle Name

**Other Names Used:**

\_\_\_\_\_  
Other Last Name Other First Name Other Middle Name

**Date of Birth:**

Month	Day	Year

**SSN Security/CanadianSIN**

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**Place of Birth:** \_\_\_\_\_  
State (Province) Country

**Contact information:**

<b>Check</b> the one at which you are most likely to be reached during AAVSB's working hours (9:00 am – 4:30 pm Central Time, Monday through Friday).		<b>Best #</b>
<b>Home phone:</b>		
<b>Work phone:</b>		
<b>Cell phone:</b>		
<b>Fax:</b>		
<b>Email address:</b>		

**Address: (USA, please--all correspondence will be forwarded to this address)**

\_\_\_\_\_  
Number and Street Apartment #

\_\_\_\_\_  
City State (Province) ZIP/Postal Code Country

**Alternate Address:**

\_\_\_\_\_  
Number and Street Apartment #

\_\_\_\_\_  
City State (Province) ZIP/Postal Code Country

**Credentials Service(s) Requested to the following:** (If you need more lines, copy this page and attach the copies):

\_\_\_\_\_  
Name of state or province

\_\_\_\_\_  
Name of state or province

\_\_\_\_\_  
Name of state or province

\_\_\_\_\_  
Name of state or province

**Credentials Service(s) Fees**

**Amount(s)**

**\_\_\_ Initial Credentials Registration**

(includes Score & Credentials Transfer to 1 jurisdiction)

- 1. Basic Fee (Circle one) \$150 x 1= \_\_\_\_\_
- or
- 2. Student fee (within 1 year of graduation) \$125 x 1= \_\_\_\_\_

**\_\_\_ Credentials Update & Transfer after initial registration with AAVSB, including exam scores**

\$100 x \_\_\_\_\_ jurisdictions = \_\_\_\_\_

**Total amount due: \_\_\_\_\_**

**Payment *must* accompany this application.** Make out your check or money order to AAVSB and staple it **to the front page**. Authorize credit card charges by providing the following information and signing below:

**Method of payment:** Master Card \_\_\_ VISA \_\_\_ Certified Check \_\_\_ Money Order \_\_\_ Personal check \_\_\_

Card #: \_\_\_\_\_ Expiration date: \_\_\_\_\_ 3 digit security code\*: \_\_\_\_\_

Card Billing Address & Postal (Zip) Code: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

*\*The security code is a three-digit code located on the back of your credit card, usually after the last four digits of your account number. This security feature helps validate your credit card number and ensures your account is protected.*

Veterinary School Education: List **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 the school is not in the US, please print name in both the international language and in English.

**Name and Address of Veterinary School**

1. Name of School:		
Address:	Year Began Mo / Year  /	Year Ended Mo / Year  /
Did you graduate? Yes ___ No ___ If "Yes," date of graduation: ___/___/___		
2. Name of School:		
Address:	Mo / Year  /	Mo / Year  /
Did you graduate? Yes ___ No ___ If "Yes," date of graduation ___/___/___		

**Explain any gaps in your veterinary education:**

Dates	Explanation

**Examination History**

Provide the following information regarding every national veterinary licensure examination you have taken, regardless of the score received. If you need additional space, copy this page and attach the copies.

Examinations	Dates Taken (month/day/year)	State/Province (where you took the exam or were authorized to take it)	Candidate ID#
NBE: (2000 & prior):	/ /		
	/ /		
CCT (2000 & prior):	/ /		
	/ /		
NAVLE 2000 or later	/ /		
	/ /		
	/ /		

Licensing History: List all the jurisdictions in which you **hold** or have **ever held** a license to practice veterinary medicine whether or not you have actually practiced there.

State	License #	Date of Issuance Month/year	Current Status	Date of Removal Month/year	Reason for Removal

Attach a sheet for additional explanation, if needed. Copy this sheet for additional states of license.

**Employment History** (for **Update** application, enter only what is new since your last transfer)

1. **Military Service:** Have you ever served in the armed forces? Yes: \_\_\_\_ No: \_\_\_\_

Branch of service: \_\_\_\_\_ Country: \_\_\_\_\_

Service #: \_\_\_\_\_ Dates : \_\_\_\_/\_\_\_\_/\_\_\_\_ to: \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of Discharge: \_\_\_\_\_ (If from the US Armed Services, submit a copy of your discharge DD214 or equivalent).

2. **USDA Accreditation:** Have you ever received USDA Accreditation? Yes: \_\_\_\_ No: \_\_\_\_

If "yes," please list the states in which you are/have been certified:

\_\_\_\_\_

\_\_\_\_\_

3. **Veterinary Employment:** Provide the following information about all the veterinary related positions you have held (full or part-time) over the past ten years. If you were the owner of a practice, list yourself as the employer. If you need additional space, copy this page and attach the copies.

Employer name	
Employer address	
Employer phone	
Position held	
Dates of employment	From (mo/year) / to /
Reason for leaving	or, circle: Current employment

Employer name	
Employer address	
Employer phone	
Position held	
Dates of employment	From (mo/year) / to /
Reason for leaving	or, circle: Current employment

**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 dated page including explanation of the eventual disposition of such matter.**

- | Questions:   | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. Have you ever voluntarily surrendered your veterinary license or any veterinary registration issued by a federal or state controlled substance authority?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has your veterinary license in any jurisdiction ever been revoked, suspended, restricted, terminated, or otherwise been subject to disciplinary action (public or private) by any veterinary board or other state authority?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you presently under investigation or is there any disciplinary action pending against you by any licensing jurisdiction, the federal Food and Drug Administration, the federal Drug Enforcement Administration, or any state drug enforcement authority for violation of any state or federal pharmacy, liquor, or drug laws? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever been charged or convicted (including a nolo contendere plea or guilty plea) or a felony or misdemeanor (other than minor traffic offences) whether or not sentence was imposed, suspended, expunged, or whether you were pardoned from any such offense?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you presently or have you within the past five years participated in a chemical substance rehabilitation program?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever had any application for initial licensure, renewal licensure, or licensure by transfer denied by any licensing authority whether in veterinary or any other profession?   | <input type="checkbox"/> | <input type="checkbox"/> |

**References** (not needed for *Update* application)

Please list the names, addresses and telephone numbers of three individuals, not related to you, whom you have known for at least five years and who can attest to your character. **Please Note:** Because the requirements vary from jurisdiction to jurisdiction, there may be additional limitations regarding these recommendations, i.e., veterinarians only, notarized forms, etc. Please contact the AAVSB office to get specific requirements for the jurisdiction(s) where you want your credentials sent, if the references are not all veterinarians.

1.	Name	[   ]	-	Telephone #
	Address			
2.	Name	[   ]	-	Telephone #
	Address			
3.	Name	[   ]	-	Telephone #
	Address			

Please send each of the above individuals a **copy** of the Recommendation Form contained in this application and ask each of them to return the completed form to AAVSB's VIVA® offices.

**Documents to be submitted to AAVSB with the Credentials application:**

**Note:** Any document not in English must be accompanied by an official word-for-word English translation, prepared and certified as correct by an official translator.

**A. IDENTITY DOCUMENTS:** (only changes since last transfer are needed for **Update** applications)

1. Legal Name & Date and Place of Birth verification, please *submit the following*:
  - a. an original or certified copy of your birth certificate **or**
  - b. a certified copy of your passport
2. Other names used verification: If you use or have used a legal name or names other than your current legal name, *submit the document that applies to your situation*:
  - a. a certified copy(s) of your marriage license(s)
  - b. a certified copy(s) of your divorce decree(s)
  - c. a certified copy(s) of your name-change document
3. Foreign born applicants: If you are or once were a citizen of a foreign country, verify your current residency status in the United States by *submitting one of the following*:
  - a. a certified copy of your naturalization papers
  - b. certified copy of your VISA permit
  - c. resident-alien card number

**B. EDUCATION DOCUMENTS** (not needed for **Update** application):

1. All new applicants *submit the following*:
 

A legible certified copy of **Veterinary Degree Diploma** that includes full name, the school's name, the date of graduation, and the degree received.
2. If you graduated from a **non-AVMA/COE accredited college** of veterinary medicine, *submit the following*:
 

A legible copy of your **ECFVG or PAVE** certificate that includes full name, certificate number, and date issued.

**C. PERSONAL HISTORY:** If you answered yes to any of the questions in the Personal History Section, *submit the following*:

A signed and dated explanation of each "yes" answer, including final disposition.

**D. SUPPLEMENTAL FORMS**

The following pages contain two supplemental forms:

Return the ***Affidavit and Release of Information Form*** with the application.

The ***Recommendation Form*** is available for you to copy and send to the references you provided in this application.

**AFFIDAVIT AND RELEASE OF INFORMATION FROM APPLICANT**

I, \_\_\_\_\_  
(Applicant: print your complete 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 VIVA® documents to other agencies, may be sufficient cause for AAVSB, to terminate my participation in the VIVA® *Credentials Verification Program*, to notify the regulatory boards of veterinary medicine, or to take other appropriate action.

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 international), 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, educational institution, or to any other organization or individual who, in the judgment of AAVSB, has a legitimate interest in such information, including but not limited AAVSB's Disciplinary Database.

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 AAVSB VIVA® *Credentials packet* and whether I meet the 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 AAVSB VIVA® Application and Instructions and have followed all procedures for the VIVA® application to the best of my abilities, and that the information provided in the application is true.

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

**ATTACH PHOTOGRAPH HERE**  
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.

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

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

Applicants printed name: \_\_\_\_\_

Applicant's Social Security Number: \_\_\_\_\_ Applicant's Date of Birth: \_\_\_\_\_

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.

**American Association of Veterinary State Boards (AAVSB)  
Veterinary Information Verifying Agency (VIVA®)**

**RECOMMENDATION FORM**

**PART I. TO BE COMPLETED BY THE APPLICANT:** Complete the applicant portion and send one of these forms to each of the persons you have listed as a reference of your application. You may photocopy the form or request additional copies from AAVSB. For the convenience of the persons making the recommendations, include a stamped envelope addressed to AAVSB (the address is listed at the end of the form).

Applicant's Name \_\_\_\_\_ SSN \_\_\_\_\_

Date \_\_\_\_\_ Applicant's signature \_\_\_\_\_

**PART II. TO BE COMPLETED BY THE PERSON WRITING THE RECOMMENDATION:**

Name of reference (print) \_\_\_\_\_

Institution/Organization \_\_\_\_\_ Title/Position \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone \_\_\_\_\_

1. I have known the applicant for \_\_\_\_\_ years and \_\_\_\_\_ months.
2. I know the applicant \_\_\_\_\_ slightly \_\_\_\_\_ fairly well \_\_\_\_\_ very well.
3. I have known the applicant in the following capacity:  
\_\_\_\_ Veterinary Student \_\_\_\_ Veterinary Intern or Resident \_\_\_\_ Advisee \_\_\_\_ Employee  
\_\_\_\_ Other (specify) \_\_\_\_\_
4. Please provide, in detail, your assessment of this applicant's character and the basis for your judgement. Use reverse side, if necessary.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Respondent should mail this form directly to: AAVSB, 380 W. 22<sup>nd</sup> Street, Suite 101, Kansas City, MO 64108, USA**