



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

**Credential Update and Transfer
Application**

VIVA # if known

Legal Name: *Print* your full name

Last Name	First Name	Middle Name
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Other Names Used:

Other Last Name	Other First Name	Other Middle Name
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Date of Birth:				SSN/ Canadian SIN #			
	Month	Day	Year				

Place of Birth: _____
State (Province) Country

Contact information:

Check 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).		Best #
Home phone:		
Work phone:		
Cell phone:		
Fax:		
Email address:		

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

Number and Street	Apartment #
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City	State (Province)	ZIP/Postal Code	Country
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Alternate Address

Number and Street	Apartment #
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City	State (Province)	ZIP/Postal Code	Country
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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

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 Has your veterinary license in any jurisdiction ever been revoked, suspended, restricted, terminated, or otherwise been subject to disciplinary action (public or private) by any veterinary board or other state authority?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"/> |

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. **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.

B. SUPPLEMENTAL FORMS

The following pages contain two supplemental forms:

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