ALABAMA STATE BOARD OF
VETERINARY MEDICAL EXAMINERS
8 COMMERCE STREET – SUITE 910
MONTGOMERY, AL 36130-5330
(334) 262-8068
(334) 262-8716 (fax)
www.asbvme.alabama.gov

APPLICANTS FOR VETERINARY FACULTY LICENSE

(2) **Veterinary Faculty License:** The application for faculty licensure to practice veterinary medicine related to the regular functions within an Alabama college or school of veterinary medicine shall be written and signed by the applicant and shall contain the information set forth below and any other information as deemed necessary by the Board:

(a) Two current photographs of the applicant.

(b) A copy of the applicant's diploma from a veterinary medical college or school.

(c) A letter of proof of faculty appointment from an authorized administrative official of an Alabama school or college of veterinary medicine teaching veterinary students.

(d) Certification by the applicant that he or she understands and agrees that the Veterinary Faculty License is valid only for the practice of veterinary medicine as a faculty member of the college or school where employed.

(e) Demonstrate competency in the English language.

(f) Take and pass the State Board Jurisprudence Examination.

(g) Certification by the applicant that he or she has not been arrested nor indicted for or been convicted, pleaded guilty or pleaded Nolo Contendere to either a felony or misdemeanor (other than minor traffic violations). In the event that the applicant is unable to so certify, the applicant will be required to explain the violations in full or provide further documentation.

(h) Certification by the applicant that he or she has never had any license to practice veterinary medicine revoked, suspended or denied and, in the event that the applicant is unable to so certify, the Board may request or need full explanation and documentation concerning such revocation, suspension or denial.

Author: Alabama State Board of Veterinary Medical Examiners
Statutory Authority: Code of Ala. 1975, §34-29-72.

FOR THE ALABAMA STATE BOARD
OF VETERINARY MEDICAL EXAMINERS

Tammy S. Wallace
Executive Director

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ATTACH

2 PHOTOs

HERE

APPLICATION FOR EXAMINATION

Name:		
Social Security #:	Date of Birth:	
Mailing Address:		
City:	State:	Zip:
Phone:	Fax:	Cell:
Email address:		
Work Address:		
City:	State:	Zip:
Graduate of:	Year:	

I give the following references and their addresses in regard to the above statement:

VETERINARY REFERENCES/ADDRESSES	
1.	
2.	
3.	
I hereby swear that the information given above and following is true and that I desire examination for a Faculty License to practice veterinary medicine and surgery in Alabama; ***I understand and agree that this application is for Faculty License and license is valid only for the practice of veterinary medicine and surgery under the auspices of the college or school of veterinary medicine where I am currently employed.***	
Legal Signature:	**Date:**

IN ACCORDANCE WITH THE AMERICANS WITH DISABILITIES ACT, ANYONE REQUIRING SPECIAL ACCOMMODATIONS DURING THE EXAMINATION SHOULD NOTIFY THE BOARD AT 334/262-8716

APPLICATION & EXAMINATION FEE IS $250.00 (Fees Non-Refundable)

Check or Money Order Payable to:

Alabama State Board of Veterinary Medical Examiners or ASBVME.

THE FOLLOWING QUESTIONS MUST BE ANSWERED BY THE APPLICANT

1. Are you licensed to practice in any other State or County? **Yes** ☐ **No** ☐ If Yes, list them and give date license was granted. _____

_____

(FORWARD LICENSE VERIFICATIONS TO THE ALABAMA BOARD)

2. Has any license or authorization to practice veterinary medicine and surgery, or to perform federal, state, county or municipal regulatory work ever been revoked, suspended or disciplined in any manner?
Yes ☐ **No** ☐ If Yes, give details _____

_____

3. Have you ever been charged with or convicted of a crime or pleaded nolo contendere or non vult to a criminal or civil charge? **Yes** ☐ **No** ☐ If Yes, give details _____

_____

4. Have you ever had to surrender your DEA Registration Number or had any adverse dealings with the Drug Enforcement Agency? **Yes** ☐ **No** ☐ If Yes, give details _____

_____

5. Have you ever been treated for, voluntarily or involuntarily, for alcohol, substance abuse or other wellness issue?
Yes ☐ **No** ☐ If Yes, give details _____

_____

6. Are you presently engaged in any type of veterinary endeavor, either as a principal or as an assistant? **Yes** ☐ **No** ☐ If Yes, give details _____

_____

7. **I am a citizen of the United States.** ☐ **I am not a citizen of the United States.** ☐
If not a U. S. citizen, explain current residential status and provide copy of immigration status card or paperwork.

8. I have received, read and understand the provisions of the Alabama Veterinary Practice Act and its Administrative Code. **Yes** ☐ **No** ☐ _____

_____

(Copy of Act and Rules available at Board Website www.asbvme.alabama.gov)

9. I am eligible and wish to take the State Board Written Examination. **Yes** ☐ **No** ☐

10. I authorize correspondence and examination scores by electronic transmission. **Yes** ☐ **No** ☐

Legal Signature: _____ Date: _____