



**ALABAMA STATE BOARD OF
VETERINARY MEDICAL EXAMINERS
8 COMMERCE STREET – SUITE 910
MONTGOMERY AL 36104
334/262-8068
334/262-8716 (fax)**



APPLICANTS FOR VETERINARY MEDICAL LICENSE

All applicants for license to practice veterinary medicine and surgery in Alabama must be graduates of an AVMA approved school or college of veterinary medicine.

Applicants must take and pass the National Board Examination and the Clinical Competency Test or the North American Veterinary Licensing Examination (NAVLE). Passing raw score for the examination is Alabama is **425**. Alabama uses a Converted Score of **70**.*

*If the NBE and CCT or the NAVLE were taken in another state, applicant's scores must be reported to the Alabama State Board Office through the Veterinary Information Verifying Agency (VIVA), 380 W. 22nd Street, Suite 101, Kansas City, MO 64108 or call Toll Free (877) 698-8482 for more information regarding score transfer. AAVSB Website is www.aavsb.org and email is aavsb@aavsb.org.

APPLICATIONS FOR STATE BOARD EXAMINATION WILL ONLY BE PROCESSED AFTER RECEIPT OF PASSING SCORE REPORTS FROM VIVA

The Alabama State Board Written Jurisprudence Examination will be provided as an open book exam and sent to you by email in Adobe Format to be completed electronically once your application file is complete. If you do not have online access for electronic completion of the exam, please contact the Board Office at (256) 353-3544 for an alternate format.

Applicants must have verification of current status and letters of good standing of all licenses held in other states forwarded to the Board. If verification can be obtained by electronic means, please indicate this on application and we will pull from the online source. Letters must be received prior to taking the State Board Examination(s). Reference letters may be required by request of the Board.

ALABAMA LAW DOES NOT RECIPROCATATE WITH ANY STATE.

Effective August 1, 1997, applicants may apply for a temporary license to work under supervision of a licensed veterinarian. Applicants should contact the Board office for more details regarding the issue of temporary licenses. Applicants interested in Alabama license should correspond in writing to the Board office.

FOR THE ALABAMA STATE BOARD
OF VETERINARY MEDICAL EXAMINERS

Tammy S. Wallace

Tammy S. Wallace
Interim Director



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ATTACH
PHOTO
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 hereby swear that the information given above and following is true and that I desire examination for a license to practice veterinary medicine and surgery in Alabama;			
I give the following references and their addresses in regard to the above statement:			
VETERINARY REFERENCES/ADDRESSES			
1.			
2.			
3.			
Legal Signature:			Date:

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 ARE TO 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 residential status & provide copy of immigration 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: _____

CERTIFICATE OF VETERINARY MEDICAL EDUCATION

This certificate must be properly filled out and signed by the Dean or Dean of Academic Affairs of the veterinary school from which the applicant was or is expected to be graduated.

(A certified copy of your Diploma is acceptable in lieu of this form.)

Graduates from foreign schools must present an original diploma and an AVMA ECFVG certificate at the time of application with certified translations if necessary.

Applicants who have attended more than one veterinary college must furnish a transcript of their work from each college with seal affixed.

It is hereby certified that _____ (Name) of
_____ (Address) matriculated in veterinary
medicine at _____ (College) in _____ (Year). He or she
received from this institution a diploma conferring on him or her, the Degree of Doctor of
Veterinary medicine on _____ (Month/Day), _____ (Year).

DEAN OR DEAN OF ACADEMIC AFFAIRS SIGNATURE

DATE COMPLETED

SCHOOL/COLLEGE OF VETERINARY MEDICINE

SEAL

SCHOOL/COLLEGE MAILING ADDRESS

Please complete and return to:

**ALABAMA STATE BOARD OF
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VETERINARY LICENSE VERIFICATION REQUEST AND AUTHORIZATION:

Name: _____ License #: _____

Address: _____

I authorize the release of information to the Alabama State Board of Veterinary Medical Examiners in regards to the status and standing of my license to practice veterinary medicine and/or surgery in the State of _____.

Applicant
Signature: _____ Date: _____

STATE VETERINARY BOARD VERIFICATION:

Applicant License Number: _____ Date Issued: _____

Qualifications for license in year of issue (i.e., exams, experience, etc.):

Current License Status (i.e., active, inactive, lapsed, etc.):

- | | | |
|------------------------------|-----------------------------|------------------------------|
| Disciplinary Action? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Current Disciplinary Action? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Pending Disciplinary Action? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

If yes to any disciplinary action, you will find attached a certified copy of the Findings of Fact, Conclusions of Law, and/or Final Order, or the charges of a pending case.

Board Signature: _____ **Date:** _____
Executive Officer

Board Seal

MAKE COPIES AS NEEDED AND MAIL DIRECT TO STATE BOARD WHERE LICENSE IS OR WAS HELD!