



**WEST VIRGINIA BOARD OF VETERINARY MEDICINE
REGISTRATION APPLICATION
VETERINARY TELEHEALTH PRACTITIONER**

ATTACH PHOTO HERE

Approximately 2" x 2" color photo such as a passport photo.

No group photos.

No photocopies.

**Application fee - \$300
Copy of the Practice Act - \$35.00**

Do you want to purchase a copy of the veterinary practice act and rules & regulations?

☐

Yes

☐

No

All questions must be answered completely and precisely. Misstatements, fraudulent, or insufficient answers and data required will be reason for rejection of your application.

APPLICANT					
Full Legal Name		First	Middle Initial	Last	Maiden/Former
Social Security XXX-XX-	Mother's Maiden Name		Email Address		Home Phone
					Cell Phone
Home Street Address			City	State or Province	Zip Code
					County

RECORD OF BIRTH – Please submit a certified copy of your birth certificate. If birth name differs from current name, submit appropriate proof of name change such as a certified copy of marriage license (photocopies will not be accepted)			
Birthdate (MM/DD/YR) / /	City of Birth	State of Birth	Country of Birth

CITIZENSHIP			
Are you a citizen of the USA?	☐ Yes ☐ No	Have you applied for US citizenship?	☐ Yes ☐ No
		Do you have a work permit?	☐ Yes ☐ No
		Country of Birth	
IMMIGRATION		NATURALIZATION - Provide proof of Naturalization	
Date of Immigration (MM/DD/YR) / /	Place of Immigration	Date of Naturalization (MM/DD/YR) / /	Place of Naturalization

BUSINESS INFORMATION – If applicable			
Facility Name		Business Email Address	
		Business Phone	
Street Address		City	State or Province
			Zip Code

**PUBLIC RECORD NOTICE
REGARDING YOUR PROVIDED INFORMATION
ON YOUR APPLICATION AND RENEWAL**

The WV Board of Veterinary Medicine is a public government agency and, as such, the records of the board are considered to be public records. Some or all of the information in these applications may be disclosed to any person under the WV Freedom of Information Act (FOIA). The board's records may also be subject to review by other government authorities or subject to disclosure in court or administrative proceedings by subpoena. In addition, the board is required by law to publish an annual roster of all licensees.

For these reasons, the board **cannot and does not** guarantee confidentiality of this information.

- If you do not wish to disclose your home address or phone number, you should choose to enter your business information for "public information preference"
- Any document, correspondence, or records submitted in connection with your application may be open to public inspection.
- Criminal background records are **not** subject to the WV Freedom of Information Act (FOIA).

PUBLIC INFORMATION PREFERENCE			
Facility Name (If applicable)		Street Address	
City	State or Province	County	Zip
Phone	Email		

PREFERRED BOARD OFFICE COMMUNICATION – This information will only be available to the Board office		
Mailing Address ☐ Home ☐ Business ☐ Public	Email ☐ Home ☐ Business ☐ Public	Phone ☐ Home ☐ Business ☐ Public

EDUCATION – Please submit a certified copy of your transcripts of record from the school/college of veterinary medicine attended which shows total number of hours attended, subjects studied, grades given and date of graduation.	
College/University	Were you a beneficiary of the WV student contract seat? ☐ Yes ☐ No
Location	Date of Graduation (MM/YR) /
A veterinarian may represent themselves as a specialist only if they are Board certified in that specialty. If applicable, please list specialties:	

ECFVG/PAVE REQUIREMENTS – If your school is not accredited by the AVMA, or if you are a graduate of a foreign veterinary school, please submit the Educational Commission for Foreign Veterinary Graduates (ECFVG) or Program for the Assessment of Veterinary Education equivalence (PAVE) certificate.

EXAM SCORES – Please have your National Board Exam and Clinical Competency Exam scores or your NAVLE scores submitted directly from VIVA. A passing score is required for WV License. Indicate which tests you have taken:		
☐ NBE	☐ CCT	☐ NAVLE
Was WV the state that determined your eligibility for the NAVLE exam?		☐ Yes ☐ No
If approved for NAVLE through WV, your NAVLE scores are on file with WV and you are not required to have them submitted from the reporting service.		

MILITARY WAIVER -If you wish to submit a waiver request for your licensure fees, please complete and submit to the Board the "Military Family Waiver Application for Initial License" along with the required documents. This waiver application can be found on the Board's website. Please contact the Board with any questions regarding this waiver.	
Are you or your spouse an active member of the Armed Forces of the US, the National Guard, or reserve component?	☐ Yes ☐ No
Are you a surviving spouse, who has not remarried, of a deceased service member who served as a member of the Armed Forces of the US, the National Guard or reserve component/	☐ Yes ☐ No

LICENSURE INFORMATION - Please submit directly to our board under seal a confirmation of your standing while licensed and your current status from all states/jurisdictions where you now hold or have ever held a veterinary license.	
Are you now or have you ever been licensed in any state or jurisdiction?	☐ Yes ☐ No
List all state/jurisdictions	

PERSONAL INFORMATION

Criminal Background Check - Online criminal background check instructions are available. Printable instructions can be found under "Forms & Links" from "Quick Links" on the Home page.

Please provide details and/or provide documentation to explain each question below that you responded to with a "yes" answer. If further information is required, you will be notified.

1. Have you ever been convicted of a criminal offense? Yes ___ No___
2. Has your veterinary license ever been disciplined, surrendered, suspended, dismissed or revoked? Yes ___ No___
3. Have you ever been refused the right to be examined, or refused a license to practice veterinary medicine? Yes ___ No___
4. Have you ever retracted or cancelled your application for veterinary license after it was submitted to a licensing board? Yes ___ No___
5. Has your Federal DEA number ever been surrendered, suspended or revoked? Yes ___ No___

Pursuant to West Virginia Code §48-15-303, each applicant for license must answer the following questions and certify, under penalty of false swearing, that these answers are true and correct.

1. Do you have a child support or medical obligation? Yes ___ No___
2. If the answer to question 1, above, is yes, are you in arrears? Yes ___ No___
3. If the answer to question 2, above, is yes, do your arrears equal or exceed the amount of child or medical support payment for six (6) months? Yes ___ No___
4. Are you the subject of a child support related subpoena or warrant? Yes ___ No___

If you make a false statement concerning any question on this application, you may be subject to disciplinary action including, but not limited to, immediate revocation or suspension of your license.

CERTIFICATION

I, do hereby certify, under penalties of perjury and false swearing, I have personally completed this application and the answers are true and correct to the best of my knowledge. Furthermore, I being of full age and being duly sworn according to law, state that I am the person referred to in the foregoing statement, that I have carefully read the instructions given and questions asked in the application form, and that all statements made therein are true and correct.

I further understand and acknowledge that I have 30 days from being notified by the Board of my eligibility to take the jurisprudence exam or my file will be closed and all fees are non-refundable.

Signature of Applicant

Date

Mail application and fees to:

West Virginia Board of Veterinary Medicine

5509 Big Tyler Road, Suite 3

Cross Lanes, WV 25313

Phone (304) 776-8032

Fax (304) 776-8256

E-mail: brandi.n.legg@wv.gov

Web: www.wvbvm.org