State of New Mexico
Board of Veterinary Medicine

SUSANA MARTÍNEZ
Governor

Rebecca J. Washburn, DVM
Chair

Frances R. Sowers
Executive Director

APPLICATION FOR LICENSURE - DVM

PLEASE TYPE OR PRINT LEGIBLY.

You must download and read the entire contents of the file "The Process" which includes the table of Licensure Requirements before you complete and submit this application.

Please read the entire form carefully and fill in as appropriate; incomplete applications will be returned. Make all fees payable to BOARD OF VETERINARY MEDICINE. Fee(s) cannot be refunded, for any reason, once the application process has begun.

Method: ☐ Regular Licensure Process ☐ Licensure by Endorsement* ☐ 60-Day Temporary Permit

PERSONAL INFORMATION:

FULL NAME (Last, First, Middle)	
HOW DO YOU WANT YOUR NAME TO APPEAR ON YOUR LICENSE?	
TYPE [PLEASE SPECIFY] ☐ DVM ☐ VMD ☐ Other:	
DOB	AAVSB VIVA NUMBER [IF AVAILABLE]
EMAIL ADDRESS	

PHOTO
(head and shoulders)

CURRENT MAILING ADDRESS INFORMATION:**

BUSINESS ADDRESS NAME (IF PART OF MAILING ADDRESS ONLY)		
STREET		
CITY	STATE	ZIP/POSTAL CODE
PHONE	FAX	
COUNTRY		
DATE ADDRESS EXPIRES?		

FUTURE MAILING ADDRESS:** ☐ Same as above

BUSINESS ADDRESS NAME (IF PART OF MAILING ADDRESS ONLY)		
STREET		
CITY	STATE	ZIP/POSTAL CODE
PHONE	FAX	
COUNTRY		
EFFECTIVE DATE OF ADDRESS?		

OFFICE USE ONLY.	
License No.	
Date of Issue	/ /
Initials	
Date of Exam	/ /
APPLICATION / EXAM FEE	
Date of ☐ BC ☐ MO	/ /
Doc. No.	
Amount	$

**Minimum five (5) years and 6000 hours of clinical practice experience immediately preceding application to qualify.*
***Please notify NMBVM immediately, in writing, of any changes to your address information. Change of address form available at web site.*

7301 Jefferson St. NE, Ste. H • Albuquerque, NM 87109-4363 • Phone (505) 553-7021 • Fax (505) 553-7024
www.NMBVM.org

Regular Licensure Process or Licensure by Endorsement applicants, complete sections 1 and 2 only. 60-Day Temporary Permit applicants, complete sections 2 and 3 only.

SECTION 1. Regular Licensure Process or Licensure by Endorsement.

1.	Have you successfully passed a national exam for veterinarians? If yes, which one? When did you take it? If no, when do you plan to take the North American Veterinary Licensing Examination (NAVLE)? In which state?	☐ Yes ☐ No ☐ NBE/CCT ☐ NAVLE _____ _____ _____
2.	Have you already applied for sponsorship through another state to take the NAVLE? If no, are you requesting NM sponsorship? (*Fill out NAVLE sponsorship form!*)	☐ Yes ☐ No ☐ Yes ☐ No ☐ n/a
3.	When do you intend to take the New Mexico state examination for veterinarians? ☐ I will contact NMBVM with requested date. ☐ My requested date is: _____	

SECTION 2. Regular Licensure Process, Licensure by Endorsement, or 60-Day Temporary Permit.

1.	Are you using, or have you ever used, any name other than the name which appears on your diploma or transcript? If yes, what other name, and when?	☐ Yes ☐ No _____
2.	Have you ever been licensed in New Mexico? If yes, under which license number?	☐ Yes ☐ No _____
2a.	In what other states, territories, or districts are you, or have you ever been, licensed to practice veterinary medicine? a) _____ b) _____ c) _____ d) _____ e) _____	
3.	Please list the names and locations of all colleges and universities you have attended, at both the undergraduate and post-graduate levels: School / Location / Years Attended / Graduation Date / Degree _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ Are you a graduate of a non-AVMA-accredited veterinary school or university? **If yes, you must complete step 2 of the ECFVG program before applying.**	☐ Yes ☐ No
4.	Have you ever been officially reprimanded, formally disciplined; had your license to practice veterinary medicine suspended or revoked; or been refused an examination for a license to practice veterinary medicine? *If yes, please explain on a separate sheet of paper.*	☐ Yes ☐ No
5.	Have you ever voluntarily surrendered your license to practice veterinary medicine?	☐ Yes ☐ No
6.	Is an investigation or disciplinary action pending related to a complaint made against you in any other state, territory or district? *If yes, please explain on a separate sheet of paper.*	☐ Yes ☐ No
7.	Have you ever failed a licensing examination? *If yes, please explain on a separate sheet of paper.*	☐ Yes ☐ No
8.	Have you ever been convicted of a felony? *If yes, please explain on a separate sheet of paper.*	☐ Yes ☐ No
9.	Have you ever been convicted, entered a plea of guilty or entered a plea of *no contest* in a case involving alleged animal abuse? *If yes, please explain on a separate sheet of paper.*	☐ Yes ☐ No
10.	Have you ever had a U.S. Drug Enforcement Agency (DEA) license, state controlled substances registration or federal accreditation (obtained through USDA/APHIS) restricted or revoked, or have you voluntarily surrendered one or more of these licenses or accreditations? *If yes, please explain on a separate sheet of paper.*	☐ Yes ☐ No

SECTION 3. 60-Day Temporary Permit.

1.	What veterinary school did you attend? Years attended? Graduation date?	_____ _____ _____
2.	I am applying for a 60-Day Temporary Permit to practice veterinary medicine in New Mexico for the following reason: _____ _____ _____ _____	
3.	Have you ever had a 60-Day Temporary Permit to practice veterinary medicine in the state of New Mexico?	☐ Yes ☐ No

By affixing my signature to this document, I am affirming that I agree with the facts that follow, and/or am granting the New Mexico Board of Veterinary Medicine permission to proceed in the following manner:

- I give permission to NMBVM to secure or request additional information which may be required with regard to this application.
- I have read and understand the New Mexico laws that pertain to the practice of veterinary medicine in this state, and the regulations promulgated by NMBVM of Veterinary Medicine, which include the standards for professional conduct. I intend to practice in keeping with these laws and rules and all pertinent laws and rules that may be enacted in the future.
- I agree to be examined and/or submit to questioning by NMBVM to substantiate any and all claims or representations in this application
- All facts, statements, and answers contained in this application are true and correct to the best of my recollection and ability, and any intentional omission, falsification, or withholding of the aforementioned concerning my qualifications as an applicant, shall be sufficient grounds to bar me from obtaining this license and/or any other licenses issued by the NMBVM.
- Any intentional omissions, falsifications, or withholdings discovered during or after the licensing process and/or after license has been issued, shall be grounds for cancellation of application and/or revocation of said license.

I herein affirm that I understand fully all conditions, requirements, and/or statements prescribed in this document. I further attest if I did not understand any parts of this application, I requested and received from NMBVM explanation to my complete understanding.

_____ SIGNATURE

_____ DATE

NOTARY PUBLIC	
STATE OF	*SEAL*
COUNTY OF	
MY COMMISSION EXPIRES	

_____ NOTARY SIGNATURE

_____ DATE

CERTIFICATION OF CLINICAL PRACTICE EXPERIENCE

For veterinarians who are applying and qualify for Licensure by Endorsement or a 60-Day Temporary Permit.

State below, where and when you have practiced clinical veterinary medicine; attach additional sheets of paper as necessary. Experience derived from practicing as a relief veterinarian must be documented as well. A 60-Day Temporary Permit is granted only to veterinarians who have been licensed and have practiced in another state, territory or district of the United States.

EXPERIENCE	
EMPLOYER OR CLINIC	DATES (FROM – TO)
ADDRESS	PHONE
CONTACT NAME	CURRENT PHONE NO. WITH AREA CODE

EMPLOYER OR CLINIC	DATES (FROM – TO)
ADDRESS	PHONE
CONTACT NAME	CURRENT PHONE NO. WITH AREA CODE

EMPLOYER OR CLINIC	DATES (FROM – TO)
ADDRESS	PHONE
CONTACT NAME	CURRENT PHONE NO. WITH AREA CODE

COMMENTS:

I hereby swear or affirm that:

- I have read the Veterinary Practice Act (61-14-1 et. seq. NMSA 1978) and the Rules and Regulations promulgated by the New Mexico Board of Veterinary Medicine (New Mexico Administrative Code Title 16, Chapter 25, Parts 1-12, to include the rules of professional conduct).
- I have been licensed and have actively practiced clinical veterinary medicine in another state, territory or district of the United States, and am in good standing with all the jurisdictions in which I am, or ever have been, licensed.
- I am applying and qualify for examination or a temporary permit under 61-14-10 of the Veterinary Practice Act and part 2 of the Rules and Regulations.

SIGNATURE _____ DATE _____

NOTARY PUBLIC	
STATE OF	*SEAL*
COUNTY OF	
MY COMMISSION EXPIRES	

NOTARY SIGNATURE _____ DATE _____