



State of New Mexico

# Board of Veterinary Medicine



**MICHELLE LUJÁN GRISHAM**  
Governor



Rebecca J. Washburn, DVM  
Chair

Frances R. Sowers  
Executive Director and CFO

## APPLICATION FOR LICENSURE - VETERINARIAN

PLEASE TYPE OR PRINT LEGIBLY.

*Download and read the entire contents of the document "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. This application, all supporting documentation and materials submitted herewith become the property of the State of New Mexico and will not be returned. Applicable fee must accompany application. Payment is accepted via personal check, money order or cashier's check payable to **BOARD OF VETERINARY MEDICINE**. Fee will not be refunded, for any reason, once the application process has begun.

Method:  Regular Licensure Process  Licensure by Endorsement  60-Day Temporary Permit  
*Minimum five (5) years and 6000 hours of clinical practice experience immediately preceding application to qualify for Licensure by Endorsement.*

### PERSONAL INFORMATION:

FULL NAME (Last, First, Middle)	
TYPE (PLEASE SPECIFY)	
<input type="checkbox"/> DVM <input type="checkbox"/> VMD <input type="checkbox"/> Other:	
DOB	SEXUAL ORIENTATION - GENDER IDENTITY VOLUNTARY

**Attach 2" x 2" color head and shoulders photograph. Do not tape, glue or staple.**

### CURRENT MAILING ADDRESS INFORMATION:\*\*

BUSINESS ADDRESS NAME (IF PART OF MAILING ADDRESS ONLY)		
STREET OR POST OFFICE BOX		
CITY	STATE	ZIP/POSTAL CODE
PHONE	EMAIL ADDRESS	
COUNTRY		
DATE ADDRESS EXPIRES?		

### FUTURE MAILING ADDRESS:\*\* Same as above

BUSINESS ADDRESS NAME (IF PART OF MAILING ADDRESS ONLY)		
STREET OR POST OFFICE BOX		
CITY	STATE	ZIP/POSTAL CODE
COUNTRY		
EFFECTIVE DATE OF ADDRESS?		

OFFICE USE ONLY	
Date of Application Fee	
Doc. No.	
Amount	
License No.	
Date of Issue	
Initials	
Date of License Fee	
Doc No.	
Amount	

*\*\*Please notify NMBVM immediately, in writing, of any changes to your address information. Change of address form available at web site.*

**New Mexico Board of Veterinary Medicine  
7301 Jefferson Street, N.E., Suite H  
Albuquerque, New Mexico 87109-4363**

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NBE/CCT <input type="checkbox"/> NAVLE _____ _____ _____
2.	Have you already applied for sponsorship through another state to take the NAVLE? If no, are you requesting NM sponsorship? ( <i>Fill out NAVLE sponsorship form!</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
3.	When do you intend to take the New Mexico state examination for veterinarians? <input type="checkbox"/> I will contact NMBVM with requested date. <input type="checkbox"/> My requested date is: _____	
<p><b>Examinations at the \$500 rate are given in the Board office on a date of your choosing, Monday thru Thursday, 9:00 a.m. Please notify the Board's Executive Director at least twenty-four (24) hours prior to scheduling the desired date for the examination. Check Board website for annual Board-set, reduced examination fee (\$300) date.</b></p>		

**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?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____																				
2.	Have you ever been licensed in New Mexico? If yes, under which license number?	<input type="checkbox"/> Yes <input type="checkbox"/> 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:																					
	<table border="1"> <thead> <tr> <th>School</th> <th>Location</th> <th>Years Attended</th> <th>Graduation Date</th> <th>Degree</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	School	Location	Years Attended	Graduation Date	Degree	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
School	Location	Years Attended	Graduation Date	Degree																		
_____	_____	_____	_____	_____																		
_____	_____	_____	_____	_____																		
_____	_____	_____	_____	_____																		
	Are you a graduate of a non-AVMA-accredited veterinary school or university? <b>If yes, you must complete step 2 of the ECFVG program before applying.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> 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? <i>If yes, please explain on a separate sheet of paper.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No																				
5.	Have you ever voluntarily surrendered your license to practice veterinary medicine?	<input type="checkbox"/> Yes <input type="checkbox"/> No																				
6.	Is an investigation or disciplinary action pending related to a complaint made against you in any other state, territory or district? <i>If yes, please explain on a separate sheet of paper.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No																				
7.	Have you ever failed a licensing examination? <i>If yes, please explain on a separate sheet of paper.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No																				
8.	Have you ever been convicted of a felony? <i>If yes, please explain on a separate sheet of paper.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No																				
9.	Have you ever been convicted, entered a plea of guilty or entered a plea of <i>no contest</i> in a case involving alleged animal abuse? <i>If yes, please explain on a separate sheet of paper.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> 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. (\$250 permit fee.)**

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 I grant 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 rules promulgated by NMBVM, 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 affirm that I understand fully all conditions, requirements, and/or statements set forth in this document. I further affirm if I did not understand any parts of this application, I requested and received from NMBVM explanation(s) to my complete understanding.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

NOTARY PUBLIC	
STATE OF _____	<i>SEAL</i>
COUNTY OF _____	

\_\_\_\_\_  
NOTARY SIGNATURE

\_\_\_\_\_  
DATE

# CERTIFICATION OF CLINICAL PRACTICE EXPERIENCE

## For veterinarians who qualify and are applying 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. **DO NOT COMPLETE THIS PAGE IF YOU ARE SEEKING REGULAR LICENSURE.**

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

I hereby affirm that:

- ❖ I have read the Veterinary Practice Act (61-14-1 et. seq. NMSA 1978) and the rules 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 New Mexico Board of Veterinary Medicine’s rules.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

NOTARY PUBLIC	
STATE OF	<i>SEAL</i>
COUNTY OF	

\_\_\_\_\_  
NOTARY SIGNATURE

\_\_\_\_\_  
DATE