

## INSTRUCTIONS FOR LICENSE APPLICATION ---READ CAREFULLY

1. Fill out exactly as you wish your name to appear on your license. Maiden name is for our records only.
2. Be sure to use a complete and current address for the time of the application process. If more than one address will be used in the next 60 days, include the second address on an enclosure with an explanation.
3. KSA 74-139 says that upon request of the Director of Taxation, the board is required to provide the name, social security number, and address of the license holders in the state. The social security numbers are used by this agency for identification and the Professional Examination Service asks for the social security numbers for their identification. You may legally decline to disclose this number.
4. Be able to verify verbally if asked by the board. Federal law prohibits state licensing agencies from licensing certain aliens. 8 U.S.C. § 1621.
5. Personal data for identification purposes
6. The complete date please. **Enclose photocopy of diploma.** Please provide a copy of diploma if already graduated or; if enrolled in AVMA accredited college, a letter from Dean's office verifying enrollment or; if enrolled in non-accredited college, a letter from ECFVG verifying enrollment and completion of steps 1, 2, & 3.
7. List all licenses, whether active or inactive.
- 8., 9., 10. The board requires complete information on all areas of the application. Attach extra sheets as needed. If asked by board, this information must be verifiable.
11. This photo should have your face size a minimum of 1 inch and the overall photo size should not exceed 3 x 4 inches. Poor quality photos, snapshots, group pictures, caps or hats obscuring parts of the face, and colored glasses will cause photos to be rejected.
12. Read the affidavit. It is your oath carrying with it the penalty of law, and must be witnessed.
13. It is your duty to contact the other states in which you are, or ever have been, licensed and have them send their verification directly to our board.
14. Explain any YES answers in detail.
15. Unless reported to Kansas, **the scores from the NAVLE, or NBE (National Board Examination) and the CCT (Clinical Competency Test), must be forwarded to the board by VIVA (Veterinary Information Verification Agency), a service provided by AAVSB (American Association of Veterinary State Boards).** Applicants graduated prior to 1980 are exempt from CCT. E-mail: [viva@aavsb.org](mailto:viva@aavsb.org); AAVSB website: <http://www.aavsb.org/VIVA>
16. When the Applicant State of Confidentiality is signed and returned, to our office, with a completed application and appropriate fees, you will be sent an open book Kansas jurisprudence examination. You must correctly answer 90% of the questions on this open book exam. If you do not correctly answer 90% of the questions, you must retake the examination. **Please print the following forms, complete as directed, and submit with your application.**

Applicant Statement of Confidentiality and Certificate of Moral Character

17. Attach application fee of \$125.00. No cash accepted. Make your check payable to: Kansas Board of Veterinary Examiners

**APPLICATION FEE OF \$125.00 IS NOT REFUNDABLE.**

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**KANSAS BOARD OF VETERINARY EXAMINERS**

**PO Box 379  
Wamego, Kansas 66547  
PHONE: 785-456.8781**

AMOUNT PAID \_\_\_\_\_

EFFECTIVE DATE \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_

LICENSE # \_\_\_\_\_



# APPLICATION FOR KANSAS VETERINARY LICENSE

(Please Type or Print Legibly)

1. NAME \_\_\_\_\_  
Last First Middle Initial Maiden

2. ADDRESS \_\_\_\_\_  
Street/Box City State Zip

E-mail Address: \_\_\_\_\_  
Are you active military or Veteran? Yes NO  
Is your spouse active military or Veteran? yes no

3. TELEPHONE # \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

4. BIRTH DATE \_\_\_\_\_ DRIVER'S LICENSE# \_\_\_\_\_ U.S. CITIZEN \_\_\_Yes \_\_\_No

5. HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ COLOR OF HAIR \_\_\_\_\_ AND EYES \_\_\_\_\_

DISTINGUISHING SCARS AND/OR MARKS, give description and location \_\_\_\_\_

6. VETERINARY COLLEGE & GRADUATION DATE \_\_\_\_\_

7. OTHER LICENSES HELD \_\_\_\_\_

8. DEA NUMBERS HELD \_\_\_\_\_

9. U.S.D.A. ACCREDITATIONS HELD \_\_\_\_\_

10. LIST PREVIOUS VETERINARY EXPERIENCE OR EMPLOYMENT BELOW: (most recent first)  
\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ (present)  
\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

11. ATTACH A PASSPORT PHOTOGRAPH TAKEN WITHIN THE LAST SIX MONTHS TO THE LEFT MARGIN OF THIS FORM AT THIS LEVEL

12. AFFIDAVIT OF APPLICANT:

I solemnly swear that all information on this application is true, correct and complete in every respect and when granted a license to practice veterinary medicine in the State of Kansas, I will abide by the Kansas veterinary law and adhere strictly to the ethics of the profession.

\_\_\_\_\_  
Signature of applicant DATE \_\_\_\_\_

~~~~~  
STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_ SS.  
SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_.

13. From all states in which you are now or ever have been licensed, you must submit **LETTERS OF GOOD STANDING**. This verification should be sent directly from the state(s) responding to the Kansas board. Our mailing address is:

***Kansas Board of Veterinary Examiners  
PO Box 379  
Wamego, Kansas 66547-0379***

14. The following information is required by the Kansas Board for licensure and is true and complete under penalty of law. You **must** enclose on a separate sheet a complete explanation for any YES answer below.

**CIRCLE ONE**

- |     |    |     |                                                                                                                                                                                                                                           |
|-----|----|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| YES | NO | 1.  | Are you currently enrolled in an ECFVG program or the holder of an ECFVG certificate?                                                                                                                                                     |
| YES | NO | 2.  | Are you registered or licensed in any other profession?                                                                                                                                                                                   |
| YES | NO | 3.  | Have you ever been denied licensure to practice veterinary medicine in any state, US territory, or country for any reason other than examination failure?                                                                                 |
| YES | NO | 4.  | Has your license to practice veterinary medicine from any state ever been subject to any disciplinary action or are any such actions now pending?                                                                                         |
| YES | NO | 5.  | Have you ever been convicted of any felony or misdemeanor? (exclude minor or juvenile offenses)                                                                                                                                           |
| YES | NO | 6.  | Have you ever been convicted of a charge of cruelty to animals?                                                                                                                                                                           |
| YES | NO | 7.  | Have you received treatment for substance abuse in the last five years?                                                                                                                                                                   |
| YES | NO | 8.  | Has the Federal Drug Enforcement Administration ever taken action against, withdrawn or warned you on anything pertaining to your DEA Number?                                                                                             |
| YES | NO | 9.  | Has there ever been any action taken against or warnings issued to any USDA Accreditation held by you?                                                                                                                                    |
| YES | NO | 10. | Have you ever been a defendant or a respondent in any malpractice action?                                                                                                                                                                 |
| YES | NO | 11. | Have you ever voluntarily relinquished or intentionally allowed to lapse any license, accreditation, DEA number or other certificate necessary for the practice of veterinary medicine in order to avoid action against such certificate? |
| YES | NO | 12. | Have you ever attended any other college of veterinary medicine than the school from which you are a graduate?                                                                                                                            |
| YES | NO | 13. | Are you now or have you been registered or licensed with any state racing commission?                                                                                                                                                     |
| YES | NO | 14. | Are you a diplomat of any specialty in veterinary medicine?                                                                                                                                                                               |
| YES | NO | 15. | Are you now using a different name than the name used on any educational and/or professional documents in your past?                                                                                                                      |

**THIS APPLICATION SHALL EXPIRE ONE YEAR AFTER IT IS RECEIVED IN THE OFFICE OF THE BOARD OF EXAMINERS.**

**APPLICATION FEE OF \$125 IS NOT REFUNDABLE**

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Make check payable to: **KANSAS BOARD OF VETERINARY EXAMINERS**  
**PO Box 379**  
**Wamego, Kansas 66547**  
**Phone: 785-456-8781**

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STATE OF KANSAS

APPLICATION FOR EXAMINATION

CERTIFICATE OF MORAL CHARACTER

- 1. To be signed by a licensed veterinarian.
- 2. To be signed by a reputable business or professional person.

~~~~~  
1. I hereby certify that I am a licensed veterinarian in the State of \_\_\_\_\_,

my certificate number being \_\_\_\_\_ and that I have been acquainted with

\_\_\_\_\_ for \_\_\_\_\_ months/years and to the  
(Applicant's name)

best of my knowledge and belief, he/she is of good moral character and I hereby recommend  
him/her as worthy to take the examination for which he/she is applying.

Name: \_\_\_\_\_  
(Printed) (Signature)

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_  
~~~~~

2. I hereby certify that I have been acquainted with \_\_\_\_\_

(Applicant's name)

for \_\_\_\_\_ months/years and that to the best of my knowledge and belief, he/she is

of good moral character and (I) hereby recommend him/her as worthy to take the

examination for which he/she is applying.

Name: \_\_\_\_\_  
(Printed) (Signature)

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_  
~~~~~

Return this completed form, the application with fee, and other required information to:

**Kansas Board of Veterinary Examiners**

**PO Box 379**

**Wamego, Kansas 66547**

**Phone: 785-456-8781**

**This form is not applicable to students OR staff of Kansas State University**

Dear Applicant,

Once we receive your license/registration application and application fee we will send you, via U.S. Mail, an open-book jurisprudence examination for you to take and return to our office. The jurisprudence examination is a requirement for a Kansas veterinary license or veterinary technician registration. **Please sign and date this form which must accompany your application for licensure/registration.**

If you do not return this form with your application, you will be expected to schedule an appointment, to visit our Wamego Kansas office, to take the open-book jurisprudence examination.

**APPLICANT STATEMENT OF CONFIDENTIALITY  
TO THE KANSAS BOARD OF VETERINARY EXAMINERS**

I hereby attest that I will not copy or divulge the nature or content of any question on the Kansas Veterinary Jurisprudence examination to any individual or entity.

I understand that the Kansas Veterinary Practice Act statutes and regulations governing applications and professional conduct establish that my divulging the nature or content of any question on the examination could constitute the basis for denial of my application.

I understand that failure to sign and return this statement with my application will result in me not receiving the examination through the U.S. Mail and I will be required to schedule an appointment to appear, in person, at the Kansas Board of Veterinary Examiners Wamego Kansas office to sit for the jurisprudence examination.

\_\_\_\_\_  
**Applicant's Printed Name**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

**KANSAS BOARD OF VETERINARY EXAMINERS**

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**STATEMENT OF CITIZENSHIP  
OR ALIEN STATUS FOR STATE PUBLIC BENEFITS**

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive state, or local public benefits. With certain exceptions, a professional license issued by a State agency is a State public benefit.

**Directions: All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III.**

**Submit this completed form and a copy of one or more document(s) from the attached "Evidence of U.S. Citizenship, U.S. National Status, or Alien Status" with your application for license or renewal. If the document you submit does not contain a photograph, you must also provide a government issued document that contains your photograph. You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.**

**SECTION I – APPLICANT INFORMATION**

APPLICANT'S NAME (Print or type)\_\_\_\_\_

TYPE OF APPLICATION (Check one):

- Initial Application
- Renewal

TYPE OF LICENSE/CERTIFICATION (Check one)

- Veterinarian
- Veterinary Technician

## **SECTION II – CITIZENSHIP OR NATIONAL STATUS DECLARATION**

Are you a citizen or national of the United States?

Yes  No

If Yes, indicate place of birth:

City \_\_\_\_\_

State (or equivalent) \_\_\_\_\_

Country or Territory \_\_\_\_\_

If you are a citizen or nation of the United States, go to Section IV. If you are not a citizen or national of the United States, you must complete Section III and IV.

## **SECTION III – ALIEN STATUS DECLARATION**

To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box.

Qualified Alien Status (8 U.S.C. §§ 1621(a)(1), -1641(b) and (c))

- 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA).
- 2. An alien who is granted asylum under Section 208 of the INA.
- 3. A refugee admitted to the United States under Section 207 of the INA.
- 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- 5. An alien whose deportation is being withheld under Section 243(h) of the INA.
- 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
- 7. An alien who is a Cuban/Haitian entrant.
- 8. An alien who has, or whose child or child's parent is a "battered alien" or an alien subject to extreme cruelty in the United States.

Nonimmigrant Status (8 U.S.C. § 1621(a)(2))

- 9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C § 1101 et seq.] Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C § 1101(a)(15).

Alien Paroled into the United States For Less Than One Year (8 U.S.C. § 1621(a)(3))

10. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA.

Other Persons (8 U.S.C § 1621(c)(2)(A) and (C))

11. A nonimmigrant whose visa for entry is related to employment in the United States, or
12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 et seq.];
13. A foreign national not physically present in the United States.

Otherwise Lawfully Present

14. A person not described in categories 1-13 who is otherwise lawfully present in the United States. **PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See 8 U.S.C. § 1621(a).**

#### **SECTION IV - DECLARATION**

**All applicants must complete this section.**

I declare under penalty of perjury under the laws of the state of Kansas that the answers and evidence I have given are true and correct to the best of my knowledge. (K.S.A. 53-601).

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
TODAY'S DATE



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**EVIDENCE OF U.S. CITIZENSHIP, U.S. NATIONAL STATUS, OR ALIEN STATUS**  
**List A: U.S. CITIZEN OR U.S. NATIONAL**

You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.

Evidence showing U.S. citizen or U.S. national status includes the following:

- (1) A Kansas driver license issued after 1996 or a Kansas identification card;
- (2) A birth certificate or delayed birth certificate issued in any State, Territory, or Possession of the United States, including the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);
- (3) A United States Certificate of Birth Abroad: Consular Report of Birth Abroad of a Citizen of the United States (FS-240) (issued by the Department of State to U.S. citizens); Certificate of Birth (FS-545) (issued by a foreign service post); or Certification of Report of Birth (DS-1350) (copies of which are available from the Department of State);
- (4) A United States passport;
- (5) A foreign passport with a United States visa;
- (6) \* An I-94 Form with a photograph and appropriate stamp as described below;
- (7) A United States Citizenship and Immigration Services Employment Authorization Document (\* Form I-766 annotated A3, A5, or A10; or \* Form I-551: Permanent Resident Card or Alien Registration Receipt Card) or Refugee Travel Document (Form I-571);
- (8) A United States Certificate of Naturalization (N-550 or N-570);
- (9) A United States Certificate of Citizenship (N-560 or N-561);
- (10) A Tribal Certificate of Indian Blood; or
- (11) A Tribal or Bureau of Indian Affairs Affidavit of Birth.

An applicant for a license may alternatively submit the following:

- (12) A driver license issued by a State that verifies lawful presence in the United States, which does not include Alaska, Hawaii, Iowa, Illinois, Michigan, Montana, North Carolina, Nebraska, New Mexico, Nevada, Oklahoma, Oregon, Rhode Island, Texas, Utah, Vermont, Washington, or Wisconsin.

Acceptable stamps and annotations:

a. "Qualified Aliens"

Alien Lawfully Admitted for Permanent Residence

- \* Form I-94 with stamp showing admission for at least one year under section 212(d)(5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)

Asylee

- \* Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA.
- \* Form I-766 (Employment Authorization Document) annotated "A5."

Refugee

- \* Form I-94 annotated with stamp showing admission under § 207 of the INA.
- \* Form I-766 (Employment Authorization Document) annotated "A3."

Alien Paroled Into the U.S. for a Least One Year

- \* Form I-94 with stamp showing admission for at least one year under section 212(d)(5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)

Alien Whose Deportation or Removal Was Withheld

- \* Form I-766 (Employment Authorization Document) annotated "A10."

Alien Granted Conditional Entry

- \* Form I-94 with stamp showing admission under §203(a)(7) of the INA.
- \* Form I-766 (Employment Authorization Document) annotated "A3."

Cuban/Haitian Entrant

- Unexpired temporary I-551 stamp in foreign passport or on \* Form I-94 with the code CU6 or CU7; or
- Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under Section 212(d)(5) of the INA.

b. Nonimmigrant

- \* Form I-94 with stamp showing authorized admission as nonimmigrant.

c. Alien Paroled into U.S. for Less than One Year

- \* Form I-94 with stamp showing admission for less than one year under section 212(d)(5) of the INA.

\* Indicates a registration document.