

### 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. List a current email address. Answer military questions.
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. List a phone number where you can be reached.
4. List birth date and driver's license number. 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. List the complete graduation date or anticipated graduation date. Enclose photocopy of diploma if already graduated. If enrolled in an AVMA accredited college, a letter from Dean's office verifying enrollment is required. If enrolled in a non- accredited college, a letter from ECFVG verifying enrollment and completion of steps 1, 2, & 3 is required.
7. List all licenses, whether active or inactive. List all DEA numbers held. List all U.S.D.A accreditations held.
8. Complete the clinical practice questions.
9. Attach a photograph taken within the last six months with a paperclip. 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.
10. Read the affidavit. It is your oath carrying with it the penalty of law and must be witnessed and notarized by someone who has a notary. Applications not notarized will be returned.
11. It is your duty to contact the other states in which you are, or ever have been, licensed and have them send your verification directly to our board. These can be emailed to [vetboard@ks.gov](mailto:vetboard@ks.gov).
12. Explain any YES answers in detail. Include a separate sheet to explain any YES answers.
13. 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. AAVSB website: <http://www.aavsb.org/VIVA>
14. When the Statement of Confidentiality is signed and returned by the applicant, to our office, with a completed application and appropriate fees, you will be sent an open book Kansas Jurisprudence exam. 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 exam.
15. 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.



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

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

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

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

# KANSAS VETERINARY LICENSE APPLICATION

(Please Type or Print Legibly)

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

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

E-MAIL \_\_\_\_\_  
Are you active military? Yes No  
Is your spouse active military? Yes No

3. CELL # \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

4. BIRTH DATE \_\_\_\_\_ DRIVER'S LICENSE # \_\_\_\_\_ US CITIZEN: YES NO

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

DISTINGUISHING SCARS AND/OR MARKS, GIVE DESCRIPTION AND LOCATION \_\_\_\_\_

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

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

DEA NUMBERS HELD \_\_\_\_\_

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

8. HAVE YOU BEEN IN CLINICAL PRACTICE IN THE LAST 3 YEARS? Yes No

IF YES, HOW MANY TOTAL HOURS HAVE YOU PRACTICED OVER THE LAST 3 YEARS? \_\_\_\_\_

9. ATTACH A PHOTOGRAPH TAKEN WITHIN THE LAST SIX MONTHS WITH A PAPERCLIP. NO STAPLES.

10. 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 \_\_\_\_\_ SUBSCRIBED AND SWORN TO

BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_

NOTARY PUBLIC \_\_\_\_\_

11. 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. These can be emailed to [vetboard@ks.gov](mailto:vetboard@ks.gov) or mailed to:

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

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

**Check One**

YES <input type="checkbox"/>	NO <input type="checkbox"/>	1. Are you currently enrolled in an ECFVG program or the holder of an ECFVG certificate?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	2. Are you registered or licensed in any other profession?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	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 <input type="checkbox"/>	NO <input type="checkbox"/>	4. Has your license to practice veterinary medicine from any state ever been subject to any disciplinary action or are any such action now pending?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	5. Have you ever been convicted of any felony or misdemeanor? (Exclude minor or juvenile offenses)
YES <input type="checkbox"/>	NO <input type="checkbox"/>	6. Have you ever been convicted of a charge of cruelty to animals?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	7. Have you received treatment for substance abuse in the last five years?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	8. Has the Federal Drug Enforcement Administration ever taken action against, withdrawn or warned you on anything pertaining to your DEA Number?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	9. Has there ever been any action taken against or warnings issued to any USDA accreditation held by you?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	10. Have you ever been a defendant or a respondent in any malpractice action?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	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 <input type="checkbox"/>	NO <input type="checkbox"/>	12. Have you ever attended any other college of veterinary medicine than the school from which you are a graduate?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	13. Are you now or have you been registered or licensed with any state racing commission?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	14. Are you a diplomat of any specialty in veterinary medicine?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	15. Are you now using a different name than the name used on any educational and/or professional documents in your past? Include legal documentation such as a marriage certificate, divorce decree, or court order.

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

**The completed application and application fee can be mailed to the Kansas Board of Veterinary Examiners, or a clear copy of the application can be uploaded through the online payment portal on our website. KBVE, PO Box 379, Wamego, KS 66547-0379 or <https://kbve.kansas.gov/resources/>**

# CERTIFICATE OF MORAL CHARACTER

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

**\*\*Must be two individuals signing off on the Certificate of Moral Character. It cannot be the same person.**

1. I hereby certify that I am a licensed veterinarian in the State of \_\_\_\_\_,  
my license number being \_\_\_\_\_ and that I have been acquainted with  
\_\_\_\_\_ for \_\_\_\_\_ months/years and 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) (Date)

Address: \_\_\_\_\_  
City State Zip code

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

Address: \_\_\_\_\_  
City State Zip code

Dear Applicant,

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

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 exam.

\*\*Kanas State University-College of Veterinary Medicine 4<sup>th</sup> year students will take the Kansas jurisprudence exam on campus in February or March of the year they graduate.

<p style="text-align: center;"><b>APPLICANT STATEMENT OF CONFIDENTIALITY TO THE KANSAS BOARD OF VETERINARY EXAMINERS</b></p>
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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 email or US 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

# **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. 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

Re-Issue

## **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 \_\_\_\_\_

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

If you are a citizen or national 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**

I am lawfully in the United States in accordance with the status granted to me by the Government of the United States as reflected in the documentation which accompanies this application. I further acknowledge that if I lose my status as a legal resident of the United States for any reason, any license to practice veterinary medicine granted to me by the Kansas Board of Veterinary Examiners shall be invalid and without any lawful force or effect from the date of any such final determination.

The license is not valid and has no lawful force or effect at any time the licensee is physically present in the United States without lawful status or authority from the Government of the United States.

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

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

**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

# EVIDENCE OF U.S. CITIZENSHIP, U.S. NATIONAL STATUS, OR ALIEN STATUS

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## LIST OF ACCEPTABLE DOCUMENTS

**\*ALL DOCUMENTS MUST BE UNEXPIRED\***

### **Include at least one of the following documents with your application.**

- U.S. Passport or U.S. Passport Card
- Driver's license or ID card issued by a State or outlining possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, weight, eye color, and address
- Birth Certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
- Permanent Resident Card or Alien Registration Receipt Card (Form-I-551)
- Foreign passport with a United States visa
- Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa
- Employment authorization document that contains a photograph (Form I-766)
- For an individual temporarily authorized to work for a specific employer because of his or her status:
  - a. Foreign passport; and
  - b. Form I-94 or Form I-94A that has the following:
    1. The same name as the passport; and
    2. An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired, and the proposed employment is not in conflict with any restrictions or limitations identified on the form.
- Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 indicating nonimmigrant admission under the Compact of Free Association between the United States and the FSM and RMI.