

Office of Professional Licensure and Certification
State of New Hampshire
Board of Veterinary Medicine

121 South Fruit Street
Concord, New Hampshire 03301
Telephone: (603) 271-9369 Fax: (603) 271-6702
Website: www.oplc.nh.gov/veterinary-medicine E-Mail: vetboard@oplc.nh.gov

Instructions/Checklist for Applicants

Following are instructions and information required to apply for veterinary licensure in New Hampshire. Should there be any questions regarding the licensure process, please contact this office at (603) 271-9369 or vetboard@oplc.nh.gov.

All applicable items on the following checklist must be submitted prior to becoming licensed in New Hampshire. The licensing process must be completed within six (6) months of the Board's receipt of a signed application with payment.

If licensed in another state/jurisdiction for the last five years but not practicing veterinary medicine for at least 1,000 hours per year for three of those years, it is required that the National Board Examination (NAVLE) be taken and passed prior to licensure.

The State Board Jurisprudence Examination and study material will be mailed to the applicant upon receipt of a signed application with payment and **final** official transcripts sent directly from the veterinary college. A **Temporary Permit**, valid for sixty (60) days, may then be requested (in writing) by the licensed New Hampshire veterinarian who will be responsible for supervising the applicant. Letter requesting temporary permit **must be on letterhead, dated, and signed** by the supervising veterinarian to be considered valid. In the body of the letter, he/she **must include their NH license number and state that he/she will be responsible for the holder of the temporary permit.**

Contact information for NBE/CCT or NAVLE score transfer:

American Association of Veterinary State Boards (AAVSB)
Veterinary Information Verifying Agency (VIVA)
Website: www.aavsb.org

Contact information for graduates of non-AVMA accredited schools:

Educational Commission for Foreign Veterinary Graduates (ECFVG)
American Veterinary Medical Association (AVMA)
Website: www.avma.org

Program for the Assessment of Veterinary Education Equivalence (PAVE)
American Association of Veterinary State Boards (AAVSB)
Website: www.aavsb.org

Checklist/requirements for veterinary licensure:

The following must be submitted to the New Hampshire Board of Veterinary Medicine:

___ Completed New Hampshire Application for Licensure with recent passport size photo attached and original signature.

___ Fee: \$175 personal check or money order payable to NH Board of Veterinary Medicine.

___ Curriculum vitae/resume; include contact names/telephone numbers at each address.

___ Official **final** transcripts sent directly to this office from veterinary college(s); officially transcribed if not in English.

___ NBE/CCT or NAVLE scores sent directly to the Board from Veterinary Information Verifying Agency (VIVA). A transfer form is available at www.aavsb.org. A passing score on the NBE and/or CCT in another state may not be a passing score in this state as the scores were determined at different standards of deviation.

___ Verification of Licensure sent directly to the Board from each state, province or country where the applicant has ever been licensed.

___ Two letters of recommendation sent directly to the Board from practicing veterinarians or veterinary professors who have detailed knowledge of the applicant's practice in the last five years. Letters need to be on letterhead, dated, and signed to be considered valid.

___ A graduate of a foreign veterinary school which is not accredited by the AVMA must have successfully completed the ECFVG program or the PAVE; or have received a Certificate of Qualification issued by the Canadian Veterinary Medical Association. Confirmation must be sent directly to this office from the AVMA, AAVSB or Canadian VMA.

___ A veterinarian who has obtained a specialty diplomat status must submit a copy of the certificate, or a letter certifying his/her diplomat status must be received from the specialty organization.

LICENSE EXPIRATION/RENEWAL:

****YOUR NH LICENSE WILL EXPIRE AND BE DUE TO RENEW DECEMBER 31ST OF THE SAME YEAR YOU HAVE BEEN ISSUED YOUR NH LICENSE. FOR EXAMPLE...IF YOU WERE ISSUED YOUR NH LICENSE DECEMBER 1, 2020, YOU WOULD STILL EXPIRE AND BE DUE TO RENEW BY DECEMBER 31, 2020.**

YOUR NH LICENSE WILL BE ISSUED:

****ONCE ALL REQUIRED DOCUMENTS HAVE BEEN RECEIVED BY THIS OFFICE, INCLUDING THE STATE EXAM & EXAM QUESTIONS, IT MAY TAKE UP TO 60 DAYS TO ISSUE A NH LICENSE.**

1. What is the focus (i.e., small animal, large animal, equine, etc.) of your current and future veterinary practice? _____

2. If the answer to any of the following is yes, submit a detailed explanation on a separate sheet with your name and contact information included.

3. Have you ever been convicted of a crime or a felony? ____ Yes ____ No

4. Are there any pending complaints or investigations against you by veterinary medical boards? ____ Yes ____ No

5. Have you ever been investigated or disciplined by veterinary medical boards or any licensing authority where you hold or have held a professional license? ____ Yes ____ No

6. Have you ever been diagnosed with any mental or physical condition which has affected or may affect your ability to practice veterinary medicine? ____ Yes ____ No

7. Have you ever been found guilty or entered a plea of no contest to any felony, misdemeanor or alcohol or drug related offense that has not been annulled by a court? ____ Yes ____ No

8. Have you ever been subject to any investigation or to a denial, restriction, suspension, loss or revocation of your DEA license? ____ Yes ____ No

Current practice complete name/address: _____

_____ Telephone: _____

Future practice complete name/address: _____

Telephone: _____ Fax: _____

Do you intend to practice veterinary medicine in the State of New Hampshire? ____ Yes ____ No

I hereby swear under penalty of perjury that all of these statements are true and complete and do promise to abide by and comply with the laws governing the practice of Veterinary Medicine, Surgery and Dentistry in the State of New Hampshire.

(Signature)

PHOTO
(attach passport size)
REQUIRED

(Date)