



South Carolina Department of Labor, Licensing and Regulation  
**South Carolina Board of Veterinary Medical Examiners**

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[www.llronline.com/POL/Veterinary/](http://www.llronline.com/POL/Veterinary/)



## REQUIREMENTS AND INSTRUCTIONS FOR LIMITED VETERINARY MEDICINE LICENSURE

1. You must have graduated from a College of Veterinary Medicine program accredited by the American Veterinary Medical Association (AVMA).
2. You must have successfully passed the NAVLE or NBE/CCT Exam.
3. Licensure fees are **waived**.
4. You must have completed thirty (30) qualifying continuing education hours within the previous two (2) years.

### Application Process:

1. **Application** - Complete your application and send in with the following:
  - Copy of valid Driver's License, State Issued ID or Passport
  - Copy of Social Security Card
2. **Copies of State Licensure in Veterinary Medicine.**
3. **Personal History Questions:** You will need to attach a written explanation for any "Yes" answers in the Personal History Information section on a separate sheet of paper. Additional information may be requested by the Board Office or a Board appearance.
4. **Scan and email completed application and documents to [Christina.Barnes@llr.sc.gov](mailto:Christina.Barnes@llr.sc.gov) .**

**An approved license is valid for 30 days. It may be renewed up to 90 days total. If a renewal or extension is needed, please contact the Board at 803-896-4598.**

You may check the current status of your application online by visiting the board's website at [www.llr.state.sc.us/pol/veterinary](http://www.llr.state.sc.us/pol/veterinary). **Our Board Office will email you a copy of your license number and certificate.**

**APPLICANT INFORMATION:**

Name: \_\_\_\_\_ Maiden: \_\_\_\_\_  
(Last, First, Middle, and Suffix)

Preferred Mailing Address: \_\_\_\_\_  
(Street/PO BOX, City, State, Zip)

Home Address: \_\_\_\_\_  
(Street, City, State, Zip)

Current Office Address: \_\_\_\_\_  
(Street, City, State, Zip)

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email

Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Gender: Female Male Race (For statistical purposes only): \_\_\_\_\_

Have you ever legally changed your name including marriage or divorce? Yes No

**RECORD OF LICENSURE:**

List all states in which you have been licensed in; regardless of status: Active, Inactive, Expired, etc.

State/Country	Date of Licensure	License No.	Status of Licensure (Active, lapsed, etc.)

## PERSONAL HISTORY

Please answer all questions. You must attach a written explanation for any "Yes" answers.

1. Have you ever been denied the right to take a veterinary licensure examination in any state? YES NO
2. Have you ever been convicted, pled guilty or pled nolo contendere regardless of the adjudication of and federal, state or local law. (You may exclude minor traffic violations, and juvenile and/or expunged violations.) YES NO
3. Have you ever had a license or certification of registration to practice veterinary technology, or any other licensed profession, denied, revoked, suspended or otherwise acted against (including probation, fine or reprimand) in a disciplinary proceeding in any state? YES NO
4. Are you currently under investigation or the subject of pending disciplinary action by any veterinary licensing board or other entity? YES NO
5. Currently or within the last two years, have you developed or been treated for any physical, mental or emotional condition or drug or alcohol addiction that might interfere with your ability to competently and safely perform the essential functions of practice? YES NO

## CERTIFICATION

All statements contained in this application and all representations are hereby certified to be true and correct to my best knowledge and belief and subject to penalties of making a false declaration. Should I furnish any false information in this application, I hereby agree that such action shall constitute cause for denial, suspension or revocation of license as a licensed veterinary technician in South Carolina. This application and signature shall act as authorization of entities in possession of state files pertaining to my licensure and practice, law enforcement records, administrative records, motor vehicle records, and court documents to release such information to this licensing authority.

## PRIVACY DISCLOSURE:

*South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.*

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.