



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

110 Centerview Dr. • Columbia • SC • 29210

P.O. Box 11329 • Columbia • SC 29211-1329

Phone: 803-896-4598 • Contact.VetBoard@llr.sc.gov • Fax: 803-896-4719

www.llronline.com/POL/Veterinary/



**FOR ONLINE APPLICATION REQUIREMENTS AND INSTRUCTIONS FOR
NEW GRADUATE TEMPORARY VETERINARY MEDICINE LICENSURE**

1. You must have graduated from a College of Veterinary Medicine accredited by the **American Veterinary Medical Association (AVMA)**.
2. You must have successfully passed the NAVLE.
3. You must successfully pass the **SC Jurisprudence Examination**.
4. You must complete a total sixty (60) days of clinical practice, prior to permanent licensure.

Application Process:

1. **Application** - There are two applications to choose from. Ensure you read the description carefully and select the correct application. with the applicable documents listed on the application.
 - Payment may be submitted via Visa/Mastercard or Electronic Check
 - If you need to complete 60 days of Clinical Practice:**
\$225 - this includes \$50.00 temporary license fee and \$175.00 permanent license fee.
 - or if you have completed your Clinical Practice hours:**
\$175 - Permanent License Fee.
 - A returned check fee of up to \$30, or an amount specified by law, **may** be assessed on all returned funds.
 - Copy of valid driver's license, state issued ID or Passport
 - Notarized Signature Affidavit with A 2"x2" passport style photo taken within the last 6 months
 - Legal documentation for name change (marriage cert, divorce decree, court order, etc), if applicable
 - Notarized Verification of Lawful Presence
 - Copy of Social Security Card
 - Employment Verification form from Employer, if applicable

Have sent in from issuing agency:

- Official educational transcripts or PAVE Certificate or ECFVG Certificate
 - NAVLE
 - Verification of sixty (60) of clinical practice sent from university, if applicable
2. **Education Verification:** Contact your AVMA Accredited College of Veterinary Medicine Registrar's office and have an official transcript, with seal and Registrars' signature mailed directly to our office **or** Certification from the **Education Commission of Foreign Veterinary Graduates (ECFVG)** **or** Certification from the **Program for Assessment of Veterinary Education (PAVE)**.
 3. **National Board Scores:** You must request your NAVLE (**North American Veterinary Licensing Examination**) **Score** from the **American Association of State Veterinary Boards (AAVSB)** www.aavsb.org sent directly to board office. You may choose to have them emailed or sent via United States Postal Service.
 4. **Verification of sixty (60) Clinical Practice Days from Internships completed Post Graduate.** If you did not complete your 60 days, days from internship can be applied to your temporary license practice days for full licensure. Please have University send correspondence on their letter head verifying dates, address and Name of Practice where internship was completed.
 5. **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 may be necessary.
 6. **Jurisprudence Examination:** Once our office receives your application and fee, you will be e-mailed instructions with a User Id and Password to take the exam online. A score of 70 or higher is considered a passing score. If the applicant receives a score of 69 or below, applicant may take exam again after 24 hours. As a study guide for the examination, the applicant should study the Statutes and Regulations of the Board found under Laws/Policies provided under the board website. Do not send in your certificate of passing, the Board is automatically notified.
 7. **Supervisor's Report:** Upon completion of 60 (sixty) days of Clinical Practice please have Supervisor submit the report to the board's office to complete the licensure process.

You may check the current status of your application online by visiting the board's website at www.llr.state.sc.us/pol/veterinary.



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

110 Centerview Dr. • Columbia • SC • 29210

P.O. Box 11329 • Columbia • SC 29211-1329

Phone: 803-896-4598 • Contact.VetBoard@llr.sc.gov • Fax: 803-896-4719

www.llronline.com/POL/Veterinary/



**EMPLOYMENT VERIFICATION FOR
 NEW GRADUATES WITH TEMPORARY VETERINARY LICENSE (CLINICAL PRACTICE
 EXPERIENCE)**

A new graduate veterinarian who has been granted a degree from a veterinary college but who cannot provide evidence of sixty (60) days clinical practice experience, post-graduation may practice with a temporary license under the direct supervision of a licensed veterinarian. The temporary license is not renewable and shall entitle the holder to practice until the sixty (60) days have been accrued and the Board has acted upon the applicant's application for permanent licensure. Refer to Sections 40-69-20 (3), 40-69-220, and 40-69-240(C) (2)

Name of Applicant: _____

The Board may issue a temporary license to practice veterinary medicine to an applicant who:

- 1) has filed an application for licensure, including all required documents and fees, with the board
- 2) is employed and under the *direct supervision* of a Board approved South Carolina veterinarian;
- 3) who remits the temporary license fee of fifty dollars (\$50.00) along with permanent license fee (\$175.00)
- 4) is a graduate and has provided a certified copy of veterinary school transcript indicating date of degree, or ECFVG or PAVE Certificate.

Upon completion of the clinical practical experience, the supervising veterinarian shall submit a Supervisor's Report affirming the applicant has satisfactorily completed the clinical practical experience.

TO BE COMPLETED BY THE SUPERVISING VETERINARIAN:

Practice Name: _____ Anticipated Start Date: _____

Practice Street Address: _____

City: _____ State: _____ Zip: _____

Business Phone Number: _____ Fax Number: _____

Applicant's Immediate Supervisor(s):

All supervisors are required to sign below. Attach an additional sheet if needed.

Name: _____ License No.: _____ Expires: _____

Name: _____ License No.: _____ Expires: _____

I affirm that the above-stated applicant will work under my *direct supervision*. I also understand that disciplinary action may be taken against my South Carolina license should the applicant commit any violations under the Veterinary Board Practice Act or Regulations during this experience.

 Signature of Supervising Veterinarian

 Print Name

 Date

 Signature of Supervising Veterinarian

 Print Name

 Date

Return completed form to the Board office at above listed address.



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Veterinary Medical Examiners
 110 Centerview Dr. • Columbia • SC • 29210
 P.O. Box 11329 • Columbia • SC 29211-1329
 Phone: 803-896-4598 • Contact.VetBoard@llr.sc.gov • Fax: 803-896-4719
www.llronline.com/POL/Veterinary/



**SOUTH CAROLINA BOARD OF VETERINARY MEDICAL EXAMINERS
 SUPERVISOR'S REPORT**

For New Graduate Temporary Licensees who need 60 (sixty) days or less to complete the required 60 (sixty) Clinical Days of practice.

Each supervisor should complete and mail to the Board office at the address listed above.

Applicant: _____

Supervising Veterinarian: _____

Supervising Veterinarian License Number: _____ Expiration Date: _____

Practice Address: _____

Telephone Number: _____

Beginning Date: _____ Ending Date: _____ Days Completed: _____

The applicant listed above has actively participated in and completed a clinical practice experience under my direct supervision for the dates set forth above. It is my opinion that the level of competence demonstrated is that normally expected of a new graduate of an AVMA accredited College of Veterinary Medicine and that the applicant has demonstrated sufficient clinical skills to practice without supervision. Overall performance by the applicant was:

(Select one answer): **Satisfactory** ***Unsatisfactory**

*If unsatisfactory, please explain:

 Signature of Supervising Veterinarian

 Date



STATE OF SOUTH CAROLINA
DEPARTMENT OF LABOR, LICENSING AND REGULATION
VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES
AFFIDAVIT OF ELIGIBILITY



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

Section A: LAWFUL PRESENCE in the United States.

The undersigned _____, of _____
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)
being first duly sworn deposes and states as follows:

Check only one box:

1. I am a United States citizen; or

2. I am a Legal Permanent Resident of the United States eighteen years of age or older; or

3. I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.

4. Other: _____ Please submit any documentation that supports this status.

Date of Birth: _____

Alien Number: _____ I-94 Number: _____

(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See instruction sheet for a list of accepted immigration documents.)

Section B: ATTESTATION.

I understand that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

I understand that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.

Signature of Affiant

SWORN to before me this _____ day of _____, 20____

Notary Signature

Print Name

Notary Public for _____

My Commission Expires: _____

INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

CHECK box 1:

If you are a United States Citizen by birth or naturalization

CHECK box 2:

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

CHECK box 3:

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

ACCEPTED IMMIGRATION DOCUMENTS:

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Veterinary Medical Examiners
 110 Centerview Dr. • Columbia • SC • 29210
 P.O. Box 11329 • Columbia • SC 29211-1329
 Phone: 803-896-4598 • Contact.VetBoard@llr.sc.gov • Fax: 803-896-4719
www.llronline.com/POL/Veterinary/



SIGNATURE AFFIDAVIT

All statements contained in this application are made under oath or affirmation and all representations are true and correct to my best knowledge and belief and subject to penalties of making a false affidavit of 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 my license as a veterinary professional 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.

SIGNATURE OF APPLICANT

DATE

Sworn to before me this _____ day of _____, 20_____.

 Notary Signature

 Print Notary Name

Notary Public for the State of: _____

My Commission Expires: _____

Attach Photo Here

Tape a passport-type photograph taken within the last six (6) months.