



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

llr.sc.gov/vet

Veterinarian Licensure by Examination Requirements and Application Process Overview

Licensure by Examination is for individuals who have taken the national examination within five (5) years immediately preceding the application date or scheduled to be taken.

Before calling in to the Board Office - You may check your [application status online](#)

Licensure Requirements:

A person is qualified to receive a certificate of licensure by examination if the following requirements are met:

1. You must have graduated from an American Veterinary Medical Association (AVMA) accredited school or college of credentialing entity approved by the Board. For schools outside the United States must submit a certificate from the Educational Commission of Foreign Veterinary Graduates (ECVFG) or Program for the Assessment of Veterinary Education (PAVE).
2. You must have successfully passed the North American Veterinary Licensing Examination (NAVLE) within five (5) years immediately preceding the application date.
3. You must be in good standing with any state in which you hold or have held a license.
4. You must successfully pass the SC Jurisprudence Examination.

Application Process:

Your application is good for one (1) year from the date of receipt. If all required information is not received within this one (1) year period; you must begin the application process from the beginning. This includes, but is not limited to, the application fee, transcripts, license verifications, etc.

1. **Application** – In addition to a completed application, the following must also be sent:
 - **Application Fee:** \$175 application fee must be submitted in order to transmit the application. Check or money order are to be made payable to SC Board of Veterinary Medical Examiners. (Fees are non-refundable and non-transferable) *A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.*
 - **Identification:**
 - Copy of your valid Driver's License, State Issued ID, Passport
 - Copy of Social Security Card, signed
 - **Notarized Verification of Lawful Presence Form**
 - **2 x 2 Passport Photo:** Photo must be taken within six (6) months immediately preceding the date of application.
 - **DEA Registration:** DEA registration is required for licensees who prescribe controlled substances. Information regarding SC requirement for DEA Registration can be found on the [SC DHEC, Bureau of Drug Control website](#).
 - **Legal documentation of name change** (marriage certificate, divorce decree, etc.)

- **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.
2. **Documents to be sent directly to the Board from issuing agency/institution**
- **Education Verification:**
 - Contact your Veterinary School Registrar’s Office and have an official transcript sent directly to the Board office. Transcripts may be email to contact.vetboard@llr.sc.gov or mailed to the Board office. Schools outside the United States must include either ECVFG or PAVE certification.
 - Senior students may submit an attested letter from the accredited veterinary medical college establishing senior status of the date of the scheduled examination.
 - **License Verifications:** Contact each state board you are currently or have previously been licensed with and have the license verification sent directly to the Board office via email or mail. We accept State Issued License Verification forms.
 - **Examination Scores:** You must request your NAVLE or NBE & CCT scores be sent to the Board office via email or mail. Request are to be made to AAVSB (<https://www.aavsb.org/>).
3. **Jurisprudence Examination:** Once the completed application is approved, you will be e-mailed instructions with a UserID to take the exam online. A score of 70 or higher is considered a passing score. Do not send in your certificate of passing, the Board is automatically notified.

To prepare for the Jurisprudence exam, you should review the Veterinary Laws and Regulations located on the website at www.llr.sc.gov/vet/laws.



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
 llr.sc.gov/vet

NOTARIZED SIGNATURE AFFIDAVIT WITH PASSPORT PHOTO FORM

THIS FORM MAY ONLY BE USED WITH THE ELECTRONIC APPLICATION. DO NOT MAIL THIS FORM WITH A CHECK TO THE BOARD.

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 license as a licensed veterinarian 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.

Should I furnish any false, incomplete, or misleading information in this application, I hereby agree that such act shall constitute the cause for denial or revocation of my license in South Carolina.

Applicant's Signature: _____

Date: _____

Sworn to and subscribed me this _____ day of _____, 20_____.

Notary Signature: _____

Print Notary Name: _____

Notary Public for the State of: _____

Commission Expiration Date: _____



~SEAL~

Please note that any illegible documents will not be accepted. If your upload is found to be illegible you will be asked to mail in the supporting document.