



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/



**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** - Complete your application and send in with the applicable documents listed on the application.
 - Check or money order made payable to: LLR – Board of Veterinary Medical Examiners
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
\$175 if you have completed your Clinical Practice hours.
A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.
 - Copy of valid drivers license, state issued ID or Passport
 - 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
 - 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) clinical practice days, post graduate 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.



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**APPLICATION FOR NEW GRADUATE (TEMPORARY) LICENSE TO PRACTICE
 VETERINARY MEDICINE**

Include with your application:

- Check or money order made payable to: LLR – Board of Veterinary Medical Examiners
 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
\$175 if you have completed your Clinical Practice hours.
 A returned check fee of up to \$30, or an amount specified by law, **may** be assessed on all returned funds.
- Copy of valid drivers license, state issued ID or Passport
- 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
- 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) clinical practice days, post graduate sent from university, if applicable

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
 If yes, you are required to enclose a copy of the legal document indicating the official change.

EDUCATION

Must be a graduate of an American Veterinary Medical Association (AVMA) accredited school or college of veterinary medicine.

Are you a graduate from a program outside of the United States? Yes No

If yes, you must submit a copy of your ECFVG certificate from the AVMA Educational Commission for Foreign Veterinary Graduates or PAVE Certificate.

Name of School	LOCATION (City and State or Country)	GRADUATION DATE	DEGREE
Vet School			

EMPLOYMENT

If you have not completed the clinical practice days, fill out their information below and have your future employer complete the Employment Verification Form. If you have completed, or partially completed, list information below. Attach an additional sheet if more space is needed.

Employer's Practice Name: _____ **Phone:** _____

Address: _____

Dates of Clinical Practice Completed (if applicable): _____

or: Anticipated Start Date (if Clinical Practice is not complete): _____

Employer's Practice Name: _____ **Phone:** _____

Address: _____

Dates of Clinical Practice Completed (if applicable): _____

or: Anticipated Start Date (if Clinical Practice is not complete): _____

Employer's Practice Name: _____ **Phone:** _____

Address: _____

Dates of Clinical Practice Completed (if applicable): _____

or: Anticipated Start Date (if Clinical Practice is not complete): _____

PERSONAL HISTORY

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

1. Have you ever taken the SC Veterinary Jurisprudence Examination? YES NO
2. Have you ever been denied the right to take a veterinary licensure examination in any state? YES NO
3. 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
4. Have you ever had a license or certification of registration to practice veterinary medicine, 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
5. Are you currently under investigation or the subject of pending disciplinary action by any veterinary licensing board or other entity? YES NO

6. 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

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 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.

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.

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.

NOTE: 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.



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)