



RESTRICTED FACULTY VETERINARIAN APPLICATION

This application is for members of faculty at a school of veterinary medicine in this State accredited by the American Veterinary Medical Association (AVMA).

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, examination scores, etc.

Licensure Requirements:

A person is qualified to receive a restricted faculty license to practice veterinary medicine if the following requirements are met:

1. You must be licensed as a veterinarian in another state or territory of the United States; or
2. You must be a graduate of a school or college of veterinary medicine accredited by the American Veterinary Medical Association; or
3. You must hold a certificate issued by the Education Commission of Foreign Veterinary Graduates (ECFVG) or issued by the Program for the Assessment of Veterinary Education Equivalence (PAVE); or
4. You must have a related doctoral degree or equivalent doctoral degree.
5. You must not have been refused a license or have a revoked license, have relinquished a license, or be currently under suspension or probation in this State or another state, country, or territory.
6. The board may waive items 1, 2, or 3 above if the applicant has a full-time academic faculty appointment at the rank of assistant professor or greater at a veterinary college or university in this State accredited by the American Veterinary Medical Association.

Application Process:

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, or Passport
 - Copy of Social Security Card
 - **Notarized Verification of Lawful Presence Form**
 - **2 x 2 Passport Type 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 Department of Public Health, 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.
- **Academic Employment Information:** Documentation from the veterinary school or veterinary college accredited by American Veterinary Medical Association (AVMA) located in this State showing that the applicant has a full-time academic faculty appointment at the rank of assistant professor or greater, if applicable.

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. Transcripts may be emailed to contact.vetboard@lvr.sc.gov or mailed to the Board office. Schools outside the United States must include either ECVFG or PAVE certification.
- **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.



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

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Submit the following with your application to the address above:

- Check or money order in the amount of \$175 made payable to SC Board of Veterinary Medical Examiners. Fees are non-refundable. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.
- Copy of your valid Driver’s License, State Issued ID, Passport or Military ID
- Copy of your Social Security card
- [Notarized Verification of Lawful Presence Form](#)
- 2”x2” passport-type photo, taken within the last six (6) months
- DEA Verification of Registration, if applicable
- Legal documentation of name change, if applicable
- Documentation from the veterinary school or veterinary college accredited by American Veterinary Medical Association (AVMA) located in this State showing that the applicant has a full-time academic faculty appointment at the rank of assistant professor or greater, if applicable

Have sent to the Board by issuing agency:

- College transcript(s) from an American Veterinary Medical Association (AVMA) school or college of veterinary medicine, if applicable
- Certificate issued by the Education Commission of Foreign Veterinary Graduates (ECFVG) or the Program for the Assessment of Veterinary Education Equivalence (PAVE), if applicable
- License verification(s) from other states or territories of the United States, if applicable

APPLICANT INFORMATION:

Last Name: _____ First: _____ Middle: _____ Suffix: _____

Have you ever legally changed your name? Yes No Prior Name: _____
 If yes, please submit legal documentation supporting the change. (Marriage certificate, divorce decree, etc.)

Home Address: _____ City: _____ State: _____ Zip: _____ District: _____
Congressional District (SC Residents Only)

Mailing Address: _____ City: _____ State: _____ Zip: _____
(If different than above)

Phone: _____ Email Address(es): _____

Business Name: _____ Phone: _____

Date of Birth: _____ Social Security Number: _____

Place of Birth (City, State or Country): _____

Race: _____ Gender: Female Male (for statistical purposes only)

3. 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 another state, country or territory 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. Do you have any physical or mental disease or condition, including an addiction to drugs or alcohol, that currently interferes with your ability to competently and safely perform the essential functions of practice? (If you are voluntarily enrolled in the Recovering Professional Program (RPP) and have remained in full compliance, you may answer “No” with respect to any condition involving abuse of alcohol or drugs. If you have a physical or mental disease or condition that is appropriately being treated and does not currently impair your judgment or otherwise adversely affect your ability to practice, you may answer “No.”) Yes No

6. Have you ever voluntarily surrendered your license, controlled substance registration or DEA registration? 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

Attach Photo Here

Tape a 2”x2”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.



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)