



**State of New Hampshire  
Board of Veterinary Medicine**

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Board of Veterinary Medicine**

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### **Instructions/Checklist for Applicants**

Following are instructions and information required to apply for veterinary licensure in New Hampshire. Should there be any questions regarding the licensure process, please contact this office at (603) 271-3706 or [kim.lavoie@agr.nh.gov](mailto:kim.lavoie@agr.nh.gov).

All applicable items on the following checklist must be submitted prior to becoming licensed in New Hampshire. The licensing process must be completed within six (6) months of the Board's receipt of a signed application with payment.

If licensed in another state/jurisdiction for the last five years but not practicing veterinary medicine for at least 1,000 hours per year for three of those years, it is required that the national board examination (NAVLE) be taken and passed prior to licensure.

The State Board Jurisprudence Examination and study material will be mailed to the applicant upon receipt of a signed application with payment. A Temporary Permit, valid for sixty (60) days, may then be requested (in writing) by the licensed New Hampshire veterinarian who will be responsible for supervising the applicant.

Contact information for NBE/CCT or NAVLE score transfer:

American Association of Veterinary State Boards (AAVSB)  
Veterinary Information Verifying Agency (VIVA)  
Website: [www.aavsb.org](http://www.aavsb.org)

Contact information for graduates of non-AVMA accredited schools:

Educational Commission for Foreign Veterinary Graduates (ECFVG)  
American Veterinary Medical Association (AVMA)  
Website: [www.avma.org](http://www.avma.org)

Program for the Assessment of Veterinary Education Equivalence (PAVE)  
American Association of Veterinary State Boards (AAVSB)  
Website: [www.aavsb.org](http://www.aavsb.org)

## **Checklist/requirements for veterinary licensure:**

The following must be submitted to the New Hampshire Board of Veterinary Medicine:

\_\_\_ Completed New Hampshire Application for Licensure with recent passport size photo attached and original signature.

\_\_\_ Fee: \$175 personal check or money order payable to NH Board of Veterinary Medicine.

\_\_\_ Curriculum vitae/resume; include contact names/telephone numbers at each address.

\_\_\_ Official final transcripts sent directly to this office from veterinary college(s); officially transcribed if not in English.

\_\_\_ NBE/CCT or NAVLE scores sent directly to the Board from Veterinary Information Verifying Agency (VIVA). A transfer form is available at [www.aavsb.org](http://www.aavsb.org). A passing score on the NBE and/or CCT in another state may not be a passing score in this state as the scores were determined at different standards of deviation.

\_\_\_ Verification of Licensure sent directly to the Board from each state, province or country where the applicant has ever been licensed.

\_\_\_ Two letters of recommendation sent directly to the Board from practicing veterinarians or veterinary professors who have detailed knowledge of the applicant's practice in the last five years. **Letters must be on official letterhead, dated, and signed to be considered valid.**

\_\_\_ A graduate of a foreign veterinary school which is not accredited by the AVMA must have successfully completed the ECFVG program or the PAVE; or have received a Certificate of Qualification issued by the Canadian Veterinary Medical Association. Confirmation must be sent directly to this office from the AVMA, AAVSB or Canadian VMA.

\_\_\_ A veterinarian who has obtained a specialty diplomate status must submit a copy of the certificate, or a letter certifying his/her diplomate status must be received from the specialty organization.



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Board of Veterinary Medicine

**Application for Veterinary Licensure**

**Please Type or Print**

**Examination Fee: \$175.00 (non-refundable)**

**Applicant Status:**

\_\_\_ New Graduate (this calendar year)

\_\_\_ Licensed, practicing less than five years

\_\_\_ Graduate of a non-AVMA accredited  
Foreign Veterinary School

\_\_\_ Licensed, practicing five or more years

**Full Legal Name:** \_\_\_\_\_  
Last First Middle Maiden/Alias

**Home Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

**Home/Cell phone number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

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

**Citizen of (Country):** \_\_\_\_\_ **U.S. Social Security #:** \_\_\_\_\_

**Preliminary Education (pre-vet number of years and degree):** \_\_\_\_\_

**Veterinary School Attended:** \_\_\_\_\_

**Degree Received:** \_\_\_\_\_ **Date of Graduation:** \_\_\_\_\_

**NBE (date taken):** \_\_\_\_\_ **CCT(date taken):** \_\_\_\_\_ **NAVLE (date taken):** \_\_\_\_\_

**ECFVG Certificate:** \_\_\_\_\_ (date obtained) **PAVE Certificate:** \_\_\_\_\_ (date obtained)

**Specialty Diplomate:** \_\_\_\_\_ (submit copy of certificate)

**List all states/jurisdictions in which you hold or have held a veterinary license under your own legal name:** \_\_\_\_\_

What is the focus (i.e., small animal, large animal, equine, etc.) of your current and future veterinary practice? \_\_\_\_\_

If the answer to any of the following is yes, submit a detailed explanation on a separate sheet with your name and contact information included.

Have you ever been convicted of a crime or a felony? \_\_\_\_ Yes \_\_\_\_ No

Are there any pending complaints or investigations against you by veterinary medical boards?

\_\_\_\_ Yes \_\_\_\_ No

Have you ever been investigated or disciplined by veterinary medical boards or any licensing authority where you hold or have held a professional license? \_\_\_\_ Yes \_\_\_\_ No

Have you ever been diagnosed with any mental or physical condition which has affected or may affect your ability to practice veterinary medicine? \_\_\_\_ Yes \_\_\_\_ No

Have you ever been found guilty or entered a plea of no contest to any felony, misdemeanor or alcohol or drug related offense that has not been annulled by a court? \_\_\_\_ Yes \_\_\_\_ No

Have you ever been subject to any investigation or to a denial, restriction, suspension, loss or revocation of your DEA license? \_\_\_\_ Yes \_\_\_\_ No

Current practice name/address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Future practice name/address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_; Fax: \_\_\_\_\_

Do you intend to practice veterinary medicine in the State of New Hampshire? \_\_\_\_ Yes \_\_\_\_ No

I hereby swear under penalty of perjury that all of these statements are true and complete and do promise to abide by and comply with the laws governing the practice of Veterinary Medicine, Surgery and Dentistry in the State of New Hampshire.

\_\_\_\_\_  
(Signature)

**PHOTO**  
(attach passport size)  
**REQUIRED**

\_\_\_\_\_  
(Date)