



TEMPORARY VETERINARIAN INITIAL LICENSE APPLICATION – INTERNSHIP APPLICATION INSTRUCTIONS

Apply Online at www.BreEZe.ca.gov

This application is for:

- Initial licensure as a California Internship/Residency Veterinarian

Required Fees:

- Initial License Fee: \$150*

Additional Information:

The Board must receive all required documentation/information prior to issuing a license, including, but not limited to:

- United States issued Social Security Number
- Fingerprint clearances from the Department of Justice (DOJ) and Federal Bureau of Investigation (FBI)
- Supervision forms verifying supervisor and supervisor responsibilities**

The Internship/Residency Veterinary License is valid for one (1) year and requires that you work under the supervision of a licensed California veterinarian. The practice of veterinary medicine is not permitted until a license number has been issued.

Applicants who fail to apply for licensure within two (2) years from notification of eligibility are subject to abandonment of their application and must reapply pursuant to CCR section 2015.5.

*The Veterinary Medical Board utilizes a continuous license date system. The month in which the temporary license application is approved determines the license period. For example, if you applied and were approved for a temporary license in July, the license period will go from July to the following July.

**The California Internship/Residency Veterinarian is required to notify the Board within ten (10) days of any change to the supervisory relationship.

Any change to the supervisory relationship can be made using the Supervisor Change Application.

Information Privacy Act

Failure to provide any of the requested information will result in the application being deemed incomplete. The information provided will be used to determine qualification for licensure, per Section 4841-4842 of the Business and Professions Code which authorizes the collection of this information. Information regarding the issuance or denial of a license by the Board may be transmitted to any other veterinary medical licensing authority. Candidates have the right to review their application subject to the provisions of the Information Practice Act. The Executive Officer is custodian of records.

Your completed application becomes the property of the Board and will be used by authorized personnel to determine eligibility. Information on the application may be transferred to other governmental or law enforcement agencies. Pursuant to the California Public Records Act (Gov. Code §6250 et seq.) and the Information Practices Act (Div. Code §1798.61), the names and addresses of persons possessing a license or registration may be disclosed by the department unless otherwise specifically exempt from disclosure under the law. The name and address included on this application is subject to public disclosure and may be disclosed upon request.

Information you provide on this application is maintained by the Executive Officer of the Veterinary Medical Board, 1747 N. Market Blvd., Suite 230, Sacramento, CA 95834, (916) 515-5220. The information is requested pursuant to Business and Professions Code sections 4832-4844 and/or Title 16, California Code of Regulations, Division 20, Article 6. You have the right to review the records maintained on you by the Board or department unless the records are exempt by section 1798.40 of the Civil Code. You may gain access to the information by contacting the Veterinary Medical Board.

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Live Scan/Fingerprinting

Section 144(b) of the Business and Professions Code authorizes the Veterinary Medical Board (Board) to collect fingerprints for background checks of applicants for licensure. Fingerprints must be submitted prior to licensure via Live Scan pursuant to Penal Code Section 11077.1. The results from Live Scan must be received by the Board prior to examination.

For more information regarding Live Scan, please refer to Fingerprinting Requirements and Live Scan/Fingerprint Overview information. Your fingerprints must be processed at a California Live Scan facility or submit a fingerprint hard card, and service must include both the California Department of Justice and the Federal Bureau of Investigation. Fingerprints processing fees are paid directly to the Live Scan facility. Please note any fingerprints submitted via a hard card are subject to significant delays and will affect examination eligibility.

Criminal Offender Record Information (CORI) is information identified through fingerprint submission to the California Department of Justice (DOJ). CORI information includes criminal history information maintained by California local law enforcements, the DOJ, the Federal Bureau of Investigation (FBI) and other state law enforcement. CORI information is confidential and used solely for the purpose of determining whether an applicant has criminal history that would be grounds for denial of an application, or suspension or revocation of a registration pursuant to Section 475-499 of the Business and Professions Code.

Licensure is subject to denial pursuant to Business and Professions Code Sections 475-499 upon review of your background information.

Apply online or mail the completed application with the appropriate fees payable to the Veterinary Medical Board to: Veterinary Medical Board, 1747 N. Market Blvd., Suite 230, Sacramento, CA 95834



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1. APPLICATION/FEEES

<input type="checkbox"/> \$150.00 – Initial License Application Fee	Please mail completed application, supporting documents and fee(s) to: Veterinary Medical Board 1747 N. Market Blvd., Suite 230 Sacramento, CA 95834-2978
Please make check or money order payable to VMB	

2. APPLICANT INFORMATION

LAST NAME		MIDDLE NAME		FIRST NAME	
ADDRESS OF RECORD			CITY		STATE
BUSINESS NAME (If applicable)					
COUNTY	COUNTRY		PHONE NUMBER		
EMAIL			SSN/ITIN**		
<small>**Disclosure of a U.S. Social Security number (SSN) or Individual Taxpayer Identification Number (ITIN) is mandatory and must be provided prior to licensure. Section 30 of the Business and Profession Code and Public Law 94-455 [42 USC 405(c)(2)(C)] authorize collection of the SSN or ITIN. Your SSN or ITIN will be used exclusively for tax enforcement purposes and for purposes of compliance with any judgment or support order in accordance with Section 17520 of the Family Code.</small>					

3. CERTIFICATION

I certify, under penalty of perjury under the laws of the State of California, that all information provided in connection with this application for licensure examination is true, correct, and complete. Providing false information or omitting required information is grounds for denial of licensure or revocation of licensure in California.

Signature _____

Date _____

-----*(OFFICE USE ONLY)*-----

ENTITY/FILE #: _____ RECEIPT #: _____ DATE CASHIERED : _____ AMOUNT PAID: \$ _____