



VETERINARY ASSISTANT CONTROLLED SUBSTANCES PERMIT INITIAL PERMIT APPLICATION INSTRUCTIONS

Apply Online at www.BreEZe.ca.gov

This application is for:

- Applicants who plan on working in a veterinary hospital setting, who do not have a state or federal felony controlled substance conviction, and are 18 years or older.

Required Fees

- Application Fee: \$50 (non-refundable)
- Initial Permit Fee: \$50

Required Documentation:

- Photograph (similar to a passport photograph)

Required Information

- Fingerprint clearances from the Department of Justice (DOJ) and Federal Bureau of Investigation (FBI)*

Additional Information

As a Veterinary Assistant Controlled Substances Permit holder, you are required to have a California licensed supervising veterinarian.

Disclosure of supervisor is not mandatory for issuance of a permit; however, you must report your supervisor within 30 days of employment.

Initial application review may take up to eight (8) weeks.

Following initial application review, the Board will notify you in writing of any deficiency and you will be given the opportunity to submit deficient documentation

The Veterinary Medical Board utilizes a birth month renewal system. The month in which you were born determines your initial license period.

For example, if you applied for your initial license in January and were born in July, your initial license period will expire two (2) birth months from application date, making the initial license period 19 months. Initial licenses will not be issued for less than 13 months and no more than 24 months. Following your initial license period, your license will renew biennially (every two (2) years).

*DOJ and FBI fingerprint clearances are required for eligibility and to be issued a permit.

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 of record 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.

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 of 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.

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.

Expedited Application for Spouses or Domestic Partners of Active Duty Military Personnel

If you meet the military spouse or domestic partner requirements, please scan and attach the following documentation to the application (you may be asked to submit original documentation: (1) Certificate of marriage or domestic partnership or other legal union with an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders; (2) Verification of current licensure in another state, district, or territory of the United States in the profession or vocation for which you are seeking licensure.

Expedited Application for Honorably Discharged Members of the U.S. Armed Forces

If you meet the U.S. Armed Forces expedite requirement, please scan and attach a copy of the following documentation to this application: DD214 or other supporting documentation.

Change of Mailing/Employer Address

You are required to notify the Board of a change to your mailing or employer address within 30 days of the change in accordance with BPC Section 4836.4. The name and address of record included on this application is subject to public disclosure and may be disclosed upon request. Please notify the Board immediately of any address and/or name change. You may update your name and/or address by using the Veterinary Assistant Controlled Substances Permit Name Change form and/or the Veterinary Assistant Controlled Substances Permit Address Change form.

Apply online or mail completed application, supporting documents and fee(s) to: Veterinary Medical Board, 1747 N. Market Blvd., Suite 230, Sacramento, CA 95834-2978.



Veterinary Medical Board
 1747 N. Market Boulevard, Suite 230, Sacramento, CA 95834
 Telephone: 916-515-5220 Fax: 916-928-6849 | www.vmb.ca.gov

VETERINARY ASSISTANT CONTROLLED SUBSTANCES INITIAL PERMIT APPLICATION

1. APPLICATION/FEEES

<input type="checkbox"/> \$50.00 - Application Fee (non-refundable) <input type="checkbox"/> \$50.00 – Initial Permit Fee	Please make check or money order payable to VMB Please mail completed application, supporting documents and fee(s) to: Veterinary Medical Board 1747 N. Market Blvd., Suite 230 Sacramento, CA 95834-2978
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2. APPLICANT INFORMATION

LAST	FIRST	MIDDLE	BIRTHDATE
ADDRESS OF RECORD		CITY	STATE ZIP
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. EMPLOYER INFORMATION*

SUPERVISING LICENSEE MANAGER	CA LICENSE NUMBER	TELEPHONE NUMBER
PREMISES NAME		PREMISE NUMBER
PHYSICAL ADDRESS		FAX NUMBER
CITY	STATE	ZIP
EMAIL ADDRESS:		

*If employed at multiple locations, please provide additional employer information on a separate sheet.

Additional Information: As a Veterinary Assistant Controlled Substances Permit holder, you are required to have a California licensed supervising veterinarian. Disclosure of supervisor is not mandatory for issuance of a permit; however, you must report your supervisor within 30 days of employment.

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

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

4. CONVICTION OF MISDEMEANOR OR FELONY

HAVE YOU EVER BEEN CONVICTED OF, OR PLED GUILTY OR NOLO CONTENDERE TO ANY CRIMINAL OR CIVIL OFFENSE IN THE UNITED STATES, ITS TERRITORIES, OR A FOREIGN COUNTRY?*	YES <input type="checkbox"/> NO <input type="checkbox"/>
If Yes, please provide certified copies of arrest reports, certified court documents, certified probation/rehabilitation documents, and a signed and dated detailed letter explaining circumstances.*	
*This includes every citation, infraction, misdemeanor and/or felony, including traffic violations. Convictions that were adjudicated in the juvenile court or convictions under California Health and Safety Code section 11357(b), (c), (d), (e), or section 11360(b) which are two years or older should NOT be reported. Convictions that were later dismissed pursuant to sections 1203.4, 1203.4a, or 1203.41 of the California Penal Code or equivalent non-California law MUST be disclosed.	

5. DISCLOSURE OF DISCIPLINARY ACTION

HAVE YOU EVER HAD DISCIPLINARY PROCEEDINGS AGAINST ANY LICENSE TO PRACTICE VETERINARY MEDICINE INCLUDING REVOCATION, SUSPENSION, PROBATION, VOLUNTARY SURRENDER, OR ANY OTHER PROCEEDING?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If Yes, please provide a detailed written explanation including the date and state where the discipline occurred.	

6. EXPEDITED APPLICATION FOR SPOUSES OR DOMESTIC PARTNERS OF ACTIVE DUTY MEMBERS OF THE U.S. ARMED FORCES

ARE YOU REQUESTING EXPEDITING OF THIS APPLICATION FOR SPOUSES OR DOMESTIC PARTNERS OF AN ACTIVE DUTY MEMBER OF THE U.S. ARMED FORCES?*	YES <input type="checkbox"/> NO <input type="checkbox"/>
*If you meet the military spouse or domestic partner requirements, please attach the following documentation to this application: (1) Certificate of marriage or domestic partnership or other legal union with an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders and (2) Verification of current licensure in another state, district, or territory of the United States in the profession or vocation for which you are seeking licensure.	

7. EXPEDITED APPLICATION FOR HONORABLY DISCHARGED MEMBERS OF THE U.S. ARMED FORCES

ARE YOU REQUESTING EXPEDITING OF THIS APPLICATION FOR HONORABLY DISCHARGED MEMBERS OF THE U.S. ARMED FORCES?*	YES <input type="checkbox"/> NO <input type="checkbox"/>
*If you meet the U.S. Armed Forces expedite requirement, please attach the following documentation to this application: DD214 or other supporting documentation.	

8. SERVICE IN THE U.S. ARMED FORCES

HAVE YOU SERVED, OR ARE YOU CURRENTLY SERVING, IN THE U.S. ARMED FORCES?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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9. CERTIFICATION AND PHOTOGRAPH

I understand that I am required to report immediately to the California Veterinary Medical Board if I am convicted of any offense that occurs between the date of this application and the date that VACSP is issued. I am also required to report to the California Veterinary Medical Board any disciplinary action and/or voluntary surrender against any permit as a VACSP permit holder that occurs between the date of this application and the date that a California VACSP is issued. I understand that failure to do so may result in denial of this application or subsequent disciplinary action against my license.

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 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 _____

**ATTACH A
PASSPORT-SIZED PHOTO
HERE**