



VETERINARIAN INITIAL LICENSE APPLICATION INSTRUCTIONS

Apply Online at www.BreEZe.ca.gov

This application is for:

- Initial licensure as a California veterinarian

Required Fees

- Initial License Fee: \$350

Additional Information:

The Board must receive all required documentation/information prior to issuing a veterinary 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)
- Photocopy of diploma or an official transcript showing degree conferred**
 - **If you are a new graduate, please submit a photocopy of your diploma or official transcripts showing the degree conferred date. The graduation date must be verified before licensure.**
- Verification of passing the North American Veterinary Licensing Examination
- ECFVG or PAVE certificate (if graduate from non-AMVA accredited school)
- Verification of passing the Veterinary Law Examination (if graduate from non-California veterinary school or a reciprocity license applicant)
- Verification of completion of the 3-day course on California regionally specific diseases and conditions (if a reciprocity license applicant)

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 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).

**If not issued in English, the diploma or official transcript showing degree conferred must include notarized copies of the diploma or transcripts including original certified translation by a licensed translator.

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.

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 accessed 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. Although Live Scan is not required for approval to take an examination, the results from Live Scan must be received by the Board prior to licensure.

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. Fingerprint processing fees are paid directly to the Live Scan facility. Hard card fees are paid to the California Department of Justice.

Please note any fingerprints submitted via a hard card are subject to significant delays and will affect the issuance of your license.

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 enforcement, 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.

MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENTS

Note: If you meet the military spouse or domestic partner requirements, please scan and attach the following documentation on the attachments page of this application (**you may be asked to submit original documentation**).

- 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.
- 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.

MILITARY HONORABLE DISCHARGE REQUIREMENTS

Note: If you meet the U.S. Armed Forces expedite requirement, please scan and attach a copy of the following documentation on the attachments page of this application.

- DD214 or other supporting documentation.

Change of Address

You are required to notify the Board of an address change within 30 days of the change in accordance with BPC Section 4842.7. The name and address 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 Name Change form and/or the Veterinary 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



VETERINARIAN INITIAL LICENSE APPLICATION

1. APPLICATION FEES

Table with 2 columns: Fee information (\$350.00 - Initial License Application Fee) and mailing instructions (Please mail completed application, supporting documents and fee(s) to: Veterinary Medical Board, 1747 N. Market Blvd., Suite 230, Sacramento, CA 95834-2978).

2. APPLICANT INFORMATION

Form with fields for: LAST NAME, FIRST NAME, MIDDLE NAME, ADDRESS OF RECORD, CITY, STATE, ZIP CODE, BUSINESS NAME (If applicable), COUNTY, COUNTRY, PHONE NUMBER, EMAIL, SSN/ITIN**.

**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.

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

Form with question: ARE YOU REQUESTING EXPEDITING OF THIS APPLICATION FOR SPOUSES OR DOMESTIC PARTNERS OF AN ACTIVE DUTY MEMBER OF THE U.S. ARMED FORCES? YES [] NO [] and explanatory text below.

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

Form with question: ARE YOU REQUESTING EXPEDITING OF THIS APPLICATION FOR HONORABLY DISCHARGED MEMBERS OF THE U.S. ARMED FORCES? YES [] NO [] and explanatory text below.

5. SERVICE IN THE U.S. ARMED FORCES

Form with question: HAVE YOU SERVED, OR ARE YOU CURRENTLY SERVING, IN THE U.S. ARMED FORCES? YES [] NO []

6. CERTIFICATION

Certification text: 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: \$ _____