



GOVERNMENT OF
THE VIRGIN ISLANDS OF THE UNITED STATES
DEPARTMENT OF HEALTH
PO Box 222995
CHRISTIANSTED, VI 00822-2995

U.S.V.I. BOARD
OF VETERINARY MEDICINE

Telephone: (340)718-1311 xt 3849 STX
(340)774-7477 xt 5694 STT

Dear Applicant:

We received your request for licensure information to practice veterinary medicine in the U.S. Virgin Islands. Enclosed is an application and the requirements for VI Veterinary and Veterinary Technician licensure. Please complete the application in its entirety before submitting to the VI Board of Veterinary Medicine.

Your interest is appreciated and please feel free to contact our office (340) 718-1311 xt. 3849 if you have any questions or need further assistance.

Sincerely,

Laura Palminteri, VMD

Chairperson, VI Board of Veterinary Medicine



REQUIREMENTS FOR VETERINARY LICENSURE IN THE U.S. VIRGIN ISLANDS

Applications for a license shall be sent to the USVI Board of Veterinary Medicine, USVI Department of Health, PO Box 222995, Christiansted, VI 00822-2995 with tracking and please retain a copy for your files. The applicant shall comply with the following requirements:

1. Submit application on the form prescribed by and obtainable from the Board of Veterinary Medicine.
2. Submit a recent and dated unmounted photograph of passport size of himself/herself, autographed in ink across the back.
3. Submit a chronological account of all time spent between the date of graduation from veterinary or veterinary technician school and time of application.
4. Be a graduate of an AVMA accredited veterinary medicine/veterinary technician school. All official transcripts must be sent directly from your school(s) to the Board.
5. Be twenty-one years of age or over (birth certificate or similar evidence of proof must be provided).
6. Be of a good moral character as shown by two current letters of character reference from members of the veterinary profession. These must be originals, signed and dated.
7. Is not addicted to intemperate use of alcohol, stimulants or narcotic drugs. A notarized Affidavit attesting to the above must be included with this application.
8. Be a graduate of a non-accredited AVMA Veterinary School; must possess a permanent current certificate issued by the Educational Council for Foreign Veterinary Graduates. A Program for the Assessment of Veterinary Education Equivalence (PAVE®) certificate from the AAVSB is also acceptable . A copy of said certificate must be submitted to the Board.
9. A VIVA Credentials Transfer must be requested and supplied to USVI Board from the AAVSB. (<http://www.aavsb.org/VIVA/> Tel# 816.931.1504 ext. 231)
10. Veterinarians must take and pass the North American Veterinary Licensing Examination (NAVLE) or the National Board of Examiners (NBE) Examination with a score of 75% or higher; Veterinary Technicians/ Technologists must take and pass the National Veterinary Technician Examination(NVTE) with a score of 75% or higher.
11. Submit proof of malpractice insurance; Government employees are exempt from this requirement.

PAYMENT OF FEES

A non-refundable application fee of **\$150.00** made payable to Government of the Virgin Islands by cashier's check or money order should accompany your application.

ADDITIONAL REQUIREMENTS

If a license is not activated within two (2) years of issuance, the license becomes null and void. A licensee through a written request can place his/her license on the inactive status.

LICENSURE BY RECIPROCITY

An applicant may apply for licensure by reciprocity if all of the following requirements are met:

1. Licensure by reciprocity/endorsement requires proof of active practice in clinical veterinary medicine for at least three thousand (3000) hours during the five (5) years preceding the application or in consecutive years since graduation from an AVMA Accredited Program in Veterinary Medicine.
2. The applicant has worked as a veterinarian for 3,000 hours within the past 5 years as demonstrated in a notarized letter of attestation.
3. Submits a completed application
4. Holds a current veterinary license issued by another state, district, commonwealth, territory, or possession of the United States.

LICENSURE BY EXAMINATION

If unable to meet the requirements for licensure by reciprocity the applicant will be required to take the Species-Specific examination administered by the International Council for Veterinary Assessment. These examinations are offered twice a year. The applicant may apply to take this examination at www.icva.net.

A full completed application must be submitted to the VI Board of Veterinary Medicine at least 120 days prior to the examination date and upon approval of the application, the VI Board of Veterinary Medicine will recommend the applicant for examination to ICVA.



AUTHORIZATION FOR RELEASE OF INFORMATION

In order for the Virgin Islands Board of Veterinary Medicine to assess and verify my educational background and professional qualifications, I hereby authorize the Board to:

- Make inquiries concerning such information about me to my employers (past and present), institution(s) or organization(s), my references, all governmental agencies and instrumentalities (local, state, federal or foreign);
- authorize the release of such information and copies of related records and documents to the Virgin Islands Board of Veterinary Medicine;
- authorize the Board to disclose to such person, employers, institutions, organizations, references, governmental agencies and instrumentalities identifying and other information about me sufficient to enable the Board to make such inquiries;
- release from liability all those who provide information to the Virgin Islands Board of Veterinary Examiners in good faith and without malice in response to such inquiries.

Signature

Date

Print Name

Subscribed and sworn to before me this ____ day of _____ 20____.

Notary Public

My Commission expires



U.S. VIRGIN ISLANDS BOARD OF VETERINARY MEDICINE

PLEASE INDICATE

Applying for: Veterinary Veterinary Technician license
 License by: Reciprocity Examination

PERSONAL INFORMATION

Name _____

Last First MI

Email Address _____ Telephone _____

Social Security Number _____ Cell _____

Home Address _____ City _____ State ____ Zip Code _____

Birth date _____ Birthplace _____

Citizen of _____ **(If you were not born in the United States, your own original certificate of Citizenship or of Declaration of Intention or of Derivative Citizenship must be submitted. Document will be returned by certified mail).**

High School _____ Location _____

College _____ Location _____

Professional School _____ Location _____

Date graduated _____ Degree received _____

If employed, give **name** and **address** of employer _____

Has any State rejected your application or revoked your professional license? Yes No (If "Yes" attach explanation)

Have you ever been convicted of any crime or unprofessional conduct? Yes No (If "Yes" attach explanation)

AFFIDAVIT

**PASTE PHOTOGRAPH
SECURELY IN THIS SPACE**

Note: Any false or misleading information in or in connection with any application may be cause for debarment on the ground of lack of good moral character.

State of _____) ss

) ss

County or City of _____)

The undersigned, being duly sworn deposes and says that he/she is the person who executed this application; that the statements herein contained are true in every respect; that he/she has never been convicted of a crime; that he/she has never been expelled from any professional society; that he/she suppressed any information that might affect this application that he/she will conform to the ethical standards of conduct in his/her profession; and that he/she has read and understands this affidavit.

*A crime would include either a felony or a misdemeanor.

**Write signature on light portion of
photograph, not across features**

Date of Photograph

(Signature of Applicant)

Sworn to before me this ____ day of _____ 20____

Notary Public

Commissioner of Deeds

My Commission expires on



USVI DEPARTMENT OF HEALTH
VIRGIN ISLANDS BOARD OF VETERINARY MEDICINE
3500 ESTATE RICHMOND- CHRISTIANSTED, VI 00820-4370

NOTARIZED NON-ADDICTION AFFIDAVIT

I, _____ (first, middle, last, suffix) am not addicted to the
intemperate illicit drugs, any prescription medications including controlled substances or any
mind altering substances that may alter or impair my judgement and ability to carry out the
duties of the profession.

Affidavit - NOTE: Any false or misleading information in or in connection with any
application may be cause for debarment on the ground of lack of good moral character.

Signature _____ Date _____

Print Name

Subscribed and sworn to before me this ____ day of _____ 20 ____

Notary Public

My Commission expires ____/____



LICENSURE BY ENDORSEMENT/RECIPROCITY ATTESTATION

I _____ (first, m.i., last, credential) am applying for a Virgin Islands Veterinarian license by endorsement to practice Veterinary Medicine. I hereby attest that I have actively practiced clinical veterinary medicine for at least three thousand (3000) hours during the five (5) years preceding this license application or in consecutive years since graduation from an AVMA Accredited Program in Veterinary Medicine.

Signature

Date

Print Name

Subscribed and sworn to before me this ____ day of _____, 20____,

Notary Public

My Commission expires