

**GOVERNMENT OF
THE VIRGIN ISLANDS OF THE UNITED STATES
- 0 -
DEPARTMENT OF HEALTH
#1303 HOSPITAL GROUND, SUITE 10, ST. THOMAS, U.S.V.I. 00802**

**V.I. BOARD OF EXAMINERS FOR THE
PRACTICE OF VETERINARY MEDICINE**

**(340)774-7477 xt. 5694
FAX: (340) 777-4001**

Dear Applicant:

We received your request for licensure information to practice veterinary medicine in the U.S. Virgin Islands. All applicants are required to take the **NAVLE** computerized examination in the U.S. Virgin Islands.

Enclosed is an application for examination and the requirements for VI Veterinary licensure. Please complete the application in its entirety before submitting to the VI Board of Examiners for Veterinary Medicine. Please refer to the NAVLE Bulletin for further information and submit NAVLE application directly to the National Board of Veterinary Medical Examiners (NBVME) at (www.NBVME.org telephone (701) 224-0332.)

Your interest is appreciated and please feel free to contact our office (340) 774-7477 xt 5694 (STT) or (340) 718-1311 xt. 3647 (STX) if you have any questions or need further assistance.

Sincerely,

Laura Palminteri, DVM
Chairperson,
VI Board of Examiners for the Practice of
Veterinary Medicine

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

Applications for a license shall be sent to the VI Board of Examiners for the Practice of Veterinary Medicine, VI Department of Health, #1303 Hospital Ground, Suite 10, St. Thomas, Virgin Islands 00802 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 school and time of application.
4. Be a graduate of an AVMA accredited school of veterinary medicine. All official transcripts must be sent directly from your school(s) directly 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.
7. Is not addicted to intemperate use of alcohol, stimulants or narcotic drugs. A notarized Affidavit attesting to the above must be furnished.
8. Graduates of a non-accredited AVMA Veterinary School must possess a permanent current certificate issued by the Educational Council for Foreign Veterinary Graduates; copy of said certificate must be submitted to the Board.
9. A VIVA Credentials Transfer supplied to our Board by the AAVSB. (<http://www.aavsb.org/VIVA/> Tel# 816.931.1504 ext. 231)

EXAMINATIONS

The Board of Veterinary Examiners mandates that all applicants take the **NAVLE** computerized examination in the USVI. There is no reciprocity with any other state. Examinations shall be scheduled twice (2) a year during the testing windows by the NAVLE. Applications must be submitted to the Board at least twelve (12) weeks prior to the date of examination.

PAYMENT OF FEES

A non-refundable application fee of **\$150.00** made payable to Government of the Virgin Islands should accompany your application. A separate examination fee of **\$450.00** made payable to **NAVLE** should be mailed directly with your **NAVLE** application.

The candidate shall be advised by mail of his/her examination results following the next meeting of the Board of Examiners.

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.

IF ANY PORTION OF THESE REQUIREMENTS ARE NOT MET TWELVE (12) WEEKS PRIOR TO THE EXAMINATION DATE, THE APPLICANT WILL NOT BE PERMITTED TO SIT THE EXAMINATION.

AUTHORIZATION FOR RELEASE OF INFORMATION

In order for the Virgin Islands Board of Veterinary Examiners 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 Examiners;
- 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 expire

VETERINARY LICENSE APPLICATION DATA

Veterinary School Attended:

Name _____

Mailing Address _____

Date of issuance of Veterinary Diploma _____

State(s) Licensed In:

State	_____	_____	_____	_____
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Date of Issue	_____	_____	_____	_____
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License Number	_____	_____	_____	_____
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How Obtained	_____	_____	_____	_____
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Oral Exam	_____	_____	_____	_____
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Endorsement	_____	_____	_____	_____
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Other (current state licenses)	_____	_____	_____	_____
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**BOARD OF EXAMINERS FOR THE PRACTICE OF VETERINARY MEDICINE
FOR U.S. VIRGIN ISLANDS**

APPLICATION FOR ADMISSION TO PROFESSIONAL EXAMINATION

Filing Deadline - Twelve (12) Weeks Prior to Examination Date

E-Mail _____

Print Name _____ Phone _____
Last First MI

Social Security Number _____ Cell _____

City _____ State _____ Zip Code _____

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 or No) ____
(If "Yes" attach explanation)

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

Return Application To:

VI Board of Medical Examiners for the Practice of Veterinary Medicine
c/o VI Department of Health
1303 Hospital Ground, Suite 10
St. Thomas, VI 00802

AFFIDAVIT

**PASTE PHOTOGRAPH
SECURELY IN THIS SPACE**

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

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
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 has not 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.

Date of Photograph _____

(Signature of Applicant)

Sworn to before me this _____ day of _____ 20____

Notary Public

Commissioner of Deeds

My Commission expires on ____ / ____ / 20____

PERSONAL SIGNATURE OF PERSONS RECOMMENDING APPLICANT

This certifies that I have been personally acquainted with the applicant since the year(s) indicated opposite my name; that I believe him/her to be of good moral character and worthy of licensure in the U.S. Virgin Islands; and that any reservations I may have about the applicant I agree to send by certified mail in a confidential letter to the Board of Examiners for the Practice of Veterinary Medicine in the U.S. Virgin Islands.

<u>Please Print Name</u>	<u>Personal Signature</u>	<u>Mailing Address</u> (Include street, city & zip)	<u>Known Since</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Signatures are required by not fewer than three citizens unrelated to applicant who must be licensed in the profession for which an applicant wishes to be examined or who are members of the staff of the professional school.

VERIFICATION OF STATE LICENSURE

APPLICANT IS REQUIRED TO COMPLETE THIS SECTION OF THE FORM AND MAIL TO EACH STATE BOARD IN WHICH HE/SHE ARE NOW OR HAVE EVER BEEN LICENSED TO PRACTICE VETERINARY MEDICINE. IF NEEDED, YOU MAY XEROX THIS FORM FOR ADDITIONAL COPIES.

To Whom It May Concern:

I am being considered for Veterinary licensure in the Territory of the U.S. Virgin Islands. The V.I. Board of Examiners for the Practice of Veterinary Medicine requires that this form be completed by each state in which, I am now or have ever been licensed to practice my profession. Enclosed is my authorization for release of information. **Please forward this form directly to: VI Board of Examiners for the Practice of Veterinary Medicine, Department of Health, 1303 Hospital Ground, STE 10, St. Thomas, VI 00802.**

Applicant's Signature

Name: _____

Address: _____

My License No. in your State: _____

THIS SECTION IS TO BE COMPLETED AND SIGNED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE VI BOARD OF EXAMINERS FOR THE PRACTICE OF VETERINARY MEDICINE.

State of: _____ License No.: _____ Issuance Date: _____

Full Name of Licensee: _____

Is license current and in good standing? ____ If NO, furnish details. _____

Has any disciplinary action ever been taken against the above named Veterinarian? ____ If YES, furnish details. _____

Signed: _____

Title: _____

State Board: _____

Date: _____

BOARD SEAL