

REQUIREMENTS FOR LICENSURE - VETERINARIAN

Access this form via website at: cca.hawaii.gov/pvl

REQUIREMENTS

1. Fulfill the education requirements as described below;
2. Pass the National Board Examination ("NBE");
 - Currently, the NBE is the North American Veterinary Licensing Examination ("NAVLE")
3. **Complete and submit the application form** (VET-01) using the on-line fillable form or by printing *legibly* in dark-colored ink **AND** attach the initial application fee of \$100.00;
4. Pass the State of Hawaii Board of Veterinary Medicine licensing examination; **AND**
5. Pay remaining licensure fees.

Should you have a question or concern regarding the requirements for licensure, contact the Licensing Branch at (808) 586-3000.

If you are calling from the neighbor islands, call the following toll-free access number:

Kauai:	274-3141 ext. 3000	Maui:	984-2400 ext. 3000
Hawaii:	974-4000 ext. 3000	Molokai:	1-800-468-4644 ext. 3000
Lanai:	1-800-468-4644 ext. 3000		

APPLICATION

Answer all questions, provide explanations and supporting documents when required, sign, and date the application form. **If your application lacks the required documentation for the examination or for licensure, it will not be considered or reviewed by the Board.** It is the applicant's responsibility to ensure that all documents are received.

SOCIAL SECURITY NUMBER

Your Social Security Number is used to verify your identity for licensing purposes and for compliance with the below laws. For a license to be issued you must **provide your Social Security Number or your application will be deemed deficient and will not be processed further.**

The following laws require that you furnish your Social Security Number to our agency:

FEDERAL LAWS:

42 U.S.C.A. §666(a)(13) requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and If you are a licensed health care practitioner, **45 C.F.R., Part 61, Subpart B, §61.7** requires the Social Security Number as part of the mandatory reporting we must do to the Healthcare Integrity and Protection Data Bank (HIPDB), of any final adverse licensing action against a licensed health care practitioner.

HAWAII REVISED STATUTES ("HRS"):

§576D-13(j), HRS requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and **§436B-10(4), HRS** which states that an applicant for license shall provide the applicant's Social Security Number if the licensing authority is authorized by federal law to require the disclosure (and by the federal cites shown above, we are authorized to require the Social Security Number).

EDUCATION

You must be a graduate of a veterinary college accredited by the American Veterinary Medical Association (AVMA). However, you will be allowed to take the NAVLE if you are expected to graduate within 6 months from an AVMA accredited veterinary college, upon submittal of written verification from an official of the college.

Request that an official copy of your transcripts or a certified copy of your diploma be sent directly to the Board at the mailing address listed on page four (4) of the instructions.

(NOTE: You must graduate before being able to take the Board licensing exam.)

(CONTINUED ON PAGE 2)

EDUCATION - FOREIGN

Graduates of foreign veterinary colleges must have their foreign education evaluated by either the AVMA or the AAVSB if they wish to have their college degree(s) considered and accepted by the Board. The contact information for the evaluations are:

AVMA Educational Commission for Foreign Veterinary Graduates (ECFVG)

American Veterinary Medical Association
ATTN: ECFVG
1931 N. Meacham Rd., Ste. 100
Schaumburg, IL 60173-4360

Phone: (800) 248-2862 or (847) 925-8070
FAX: (847) 925-9329
E-mail: ECFVG@avma.org
Website: www.avma.org/education/ecfvg

AAVSB Program for the Assessment of Veterinary Education Equivalence (PAVE)

American Association of Veterinary State Boards
ATTN: PAVE Program
380 W. 22nd Street, Suite. 101
Kansas City, MO 64108

Phone: (877) 698-8482
FAX: (816) 931-1604
E-mail: pave@aavsb.org
Website: aavsb.org/pave

NBE - NAVLE

The NAVLE is a computer-based examination administered by the International Council for Veterinary Assessment ("ICVA"). The NAVLE is administered only on Oahu and is scheduled twice a year with testing windows in April and November-December.

Deadline and examination dates are available at our website.

Contact the ICVA to register for the examination at:

International Council for Veterinary Assessment
P.O. Box 1356
Bismark, ND 58502

Phone: (701) 224-0332
FAX: (701) 224-0435
E-mail: mail@icva.net
Website: www.icva.net

TRANSFERRING NAVLE OR NBE + CCT SCORES

Candidate information can be downloaded from the ICVA website at: www.icva.net/navle.

If you have passed the NAVLE or the NBE + CCT, please have your scores sent **directly** to the Board. To request your scores, contact the American Association of Veterinary State Boards' (AAVSB) Veterinary Information Verifying Agency (VIVA) at:

American Association of Veterinary State Boards
ATTN: VIVA
380 W. 22nd Street, Suite 101
Kansas City, MO 64108

Phone: (877) 698-8482
FAX: (816) 931-1604
E-mail: viva@aavsb.org
Website: www.aavsb.org

APPLYING VIA NBE WITHOUT CCT

Prior to the NAVLE, if you have taken the National Board examination **AND** if the Clinical Competency Test (CCT) was **NOT** required at the time you were licensed out-of-state, the Board requires:

1. Your NBE scores sent **directly** to the Board (see "Transferring NAVLE or NBE + CCT Scores" above)
2. A statement or your resume with your experience in the practice of veterinary medicine; **AND**
3. Notarized statements from at least two veterinary colleagues attesting to your veterinary experience for ten out of twelve immediately preceding years.

LICENSE VERIFICATION

On the application list **ALL** licenses you hold or held. Contact each jurisdiction that you hold or held a license and request that they send a Verification of License **directly** to the Board. The applicant is responsible for any fees incurred. You may utilize the "Verification of License" form (VET-04).

STATE OF HAWAII LICENSING EXAMINATION

NOTE: You must **GRADUATE** before being able to take the Board licensing exam. The State examination is administered by PSI Services LLC. Once you are approved you will receive notification to book your examination with PSI Exams along with the required candidate ID. If you do not pass the examination, you must wait **60 days before retesting. The filing deadline is 60 days prior to the examination date you are requesting.**

The examination fee is \$30 and is payable via credit card to PSI at the time you book your examination.

**STATE OF HAWAII
LICENSING
EXAMINATION
(cont'd)**

PSI provides a candidate bulletin with a list of study reference materials on its website at:
<https://test-takers.psiexams.com/hitrade/test>.

Please refer to the PSI candidate bulletin regarding postponing, withdrawing, or rebooking an examination.

All PSI examination centers are equipped to provide access in accordance with the Americans with Disabilities Act (ADA) of 1990. To request special accommodations to take the examination, please use the Test Accommodations Request form which can be accessed through the "Clicking Here" link on the online candidate bulletin under the heading "EXAM ACCOMMODATIONS (ADA)".

**TEMPORARY
PERMITS**

A temporary permit allows you to work for a maximum of 24 months under the supervision of a veterinarian licensed to practice in Hawaii until the results of the State of Hawaii Board of Veterinary Medicine licensing examination are known. You must have filed all required documents, paid all applicable fees, and the temporary permit supervisor form (VET-03) signed by the supervising Hawaii-licensed veterinarian. Please refer to Hawaii Administrative Rules § 16-101-29.1 and 16-101-30 for more details on these conditions. Only one (1) permit shall be issued and is not renewable. Check the appropriate box on the application and submit Form (VE-03).

LICENSE FEES

After all requirements are met, license fees will be due. You will be sent notification of amounts of these fees at the appropriate time.

\$360 If your license is issued between July 1 of even-numbered years and June 30 of odd-numbered years.
(License Fee - \$130 + CRF - \$100 + 1/2 Renewal - \$130)

\$180 If your license is issued between July 1 of odd-numbered years and June 30 of even-numbered years.
(License Fee - \$130 + CRF - \$50)

Make your check payable to: COMMERCE & CONSUMER AFFAIRS (check must be in U.S. dollars and be from a U.S. financial institution.)

The Compliance Resolution Fund (CRF) was established by the 1982 Legislature (Section 26-9(m), Hawaii Revised Statutes) to expedite resolution of consumer complaints filed with DCCA.

Once you are licensed as a Veterinarian in Hawaii, ALL FEES PAID are non-refundable.

NOTE: One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the payment you sent us for your required fees is honored by your bank. If your payment is dishonored, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$25.00 service charge shall be assessed for payments that are dishonored for any reason.

BOARD'S OFFICE

Submit your application and all supporting documentation to:

Mailing Address

Board of Veterinary Medicine
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801

OR

Office Location

335 Merchant Street, Room 301
Honolulu, HI 96813
Phone: (808) 586-3000

(CONTINUED ON PAGE 4)

LICENSE DENIAL

If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by the Hawaii Administrative Rules, Title 16, Chapter 201, and/or Hawaii Revised Statutes, Chapter 91. Your written request for a hearing should be directed to the Board of Veterinary Medicine and must be received by the Board within 60 days of the date that your application for licensure was denied.

ABANDONMENT OF APPLICATION

Pursuant to HRS §436B-9 your application shall be considered abandoned and shall be destroyed if you fail to complete the license process within one year after filing an application or fail to take and pass the examination after becoming eligible to take the examination.

If an application is deemed abandoned, the applicant shall be required to reapply for licensure and comply with the licensing requirements at the time of the reapplication.

LAWS & RULES

By signing your application form (VET-01), you are certifying that you have read and will abide by the provisions of Hawaii Revised Statutes Chapter 471 (the Board's laws), Hawaii Administrative Rules Title 16, Chapter 101 (the Board's rules) and Hawaii Revised Statutes Chapter 436B (the Professional and Vocational Licensing Act).

To obtain a copy of any of these publications, please send a written request to the Board's Address, or you may download the publications from the Board's website at: cca.hawaii.gov/pvl. Click on "Veterinary", then on "Statute/Rule Chapter".

BIENNIAL RENEWAL

All veterinary medicine licenses (**regardless of issuance date**) expire on June 30 of each EVEN-NUMBERED year and must be renewed on or before the license expiration date. Renewals that are received after the license expiration date are subject to late renewal fees.

A forfeited (non-renewed) veterinary medicine license can be restored up to 3 years from the date of forfeiture, upon the filing of a restoration application and payment of all required fees.

After three (3) years from the date of license forfeiture, a forfeited license may be restored upon the filing of a restoration application, payment of all required fees, **and** verification provided to the Board that the former licensee is qualified to practice veterinary medicine.

CHANGE OF ADDRESS

You must immediately report any changes of address to the Licensing Branch in writing so that your records can be updated.

RELEASE OF INFORMATION

If an agency or individual is assisting you with the licensure process, we will not be able to release any information to them unless you provide us with authorization. If you wish to do so, please complete the portion on "**Release of Information to Third Party**", sign, and date it.

Print Form

APPLICATION FOR EXAM/LICENSE - VETERINARIAN

Access this form via website at: cca.hawaii.gov/pvl

Legal Name (First, Middle)		(LAST)	FOR OFFICE USE ONLY	License No. VE -	Effective Date
Other Names Used (include maiden name):		Date of Birth:		Temp Permit No.	Effective Date
Residence Address (include apt. no., city, state & zip code)		Social Security No.:			
		Phone No. (days):			
Mailing Address (ONLY if different from above)					
EMAIL ADDRESS					

NOTE: Your application must be complete and approved by the applicable deadline dates. See exam dates & deadlines at: cca.hawaii.gov/pvl/boards/veterinary.

Answer all the following questions by checking your answers. **PROVIDE** details and explanations when needed or required.

1. Are you at least 18 years of age? YES NO
2. Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? YES NO
3. Did you graduate (or expect to graduate within 6 months) from an AVMA-accredited veterinary college? YES NO
 Date of Graduation: _____
4. Have you passed the National Board examination? YES NO
 - If "YES", when did you request scores to be sent directly to the Board? _____
 - Which National Board examination did you pass? NAVLE NBE + CCT NBE w/o CCT
 - If you have passed the NBE w/o CCT, refer to instructions on "Applying via NBE without CCT".
5. Do you hold, or ever held an out-of-state veterinarian license? YES NO
If "YES", complete table on page 2.
6. Has any license ever been revoked, suspended, or otherwise subjected to disciplinary action? YES NO
If "YES", you MUST provide an explanation and have the licensing authority of the state of your licensure submit pertinent documents.
7. Are you presently being investigated or are there any disciplinary actions pending against your license? YES NO
If "YES", you MUST provide an explanation and have the licensing authority of the state of your licensure submit pertinent documents.
8. Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? YES NO
If "YES", you MUST provide an explanation and provide certified court documentation on the date, place, and nature of each conviction, and the status of fulfillment of conditions of each sentence.
9. Are you requesting a temporary permit, valid until the results of the State examination are known? YES NO
If "YES", submit Form VET-03 with original supervising veterinarian signature.

(CONTINUED ON PAGE 2)

Appl.....	654.....	\$100
License.....	656.....	\$130
CRF.....	657.....	\$50/\$100
1/2 Renewal.....	650.....	\$130
Service Charge.....	BCF.....	\$25

Print Name of Applicant (Veterinarian): _____

Date: _____

List all out-of-state licenses (*Attach additional sheets as needed*). Please ensure that all license verifications are submitted from **each** jurisdiction in which you hold or have held a license.

State or Jurisdiction	Date Issued	Expiration Date	License No.	Method of Licensure	Date "Verification of License" was requested
				National Board Exam State Licensing Exam Endorsement	
				National Board Exam State Licensing Exam Endorsement	
				National Board Exam State Licensing Exam Endorsement	
				National Board Exam State Licensing Exam Endorsement	
				National Board Exam State Licensing Exam Endorsement	

Affidavit of Applicant:

I hereby certify that the statements, answers and representations made in this application and the documents attached are true and correct. I understand that any misrepresentation is grounds for refusal to grant or subsequent revocation of license and is a misdemeanor (*Section 710-1017, Sections 436B-19, and 471-10, Hawaii Revised Statutes*). I further certify that I have read and will abide by the provisions of Chapter 471, Hawaii Revised Statutes, Chapter 16-101, Hawaii Administrative Rules, and Chapter 436B, Hawaii Revised Statutes.

Signature of Applicant

Date

Release of Information to Third Party:

To assist me in the licensing process, I hereby authorize DCCA's staff to release any and all information regarding my application (including, but not limited to application status) to the following third party:

Print Name of Individual who is assisting you: _____

Name of Organization: _____

Signature of Applicant

Date

Print Form

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

VERIFICATION OF LICENSE - VETERINARIAN

State of Hawaii
Board of Veterinary Medicine
P.O. Box 3469
Honolulu, HI 96801

Access this form via website at: cca.hawaii.gov/pvl

APPLICANT	Legal Name (First, Middle)	(LAST)	Social Security No.
	Address (include apt. no., city, state and zip code)		License No. VE -
			Date Issued
<p style="text-align: center;">I hereby authorize the licensing agency of the State of _____ to furnish the information below to the State of Hawaii Board of Veterinary Medicine.</p> <p>Date: _____ SIGN HERE: _____</p>			

LICENSING AGENCY	This is to certify that the above-named individual was issued license number _____ to practice veterinary medicine on the basis of:		
	ICVA administered exam(s) (NAVLE or NBE/CCT)	Date issued: _____	
	Endorsement	License status: current	
	State-constructed exam	lapsed since: _____	
	Reciprocity _____	inactive since: _____	
Has this license ever been encumbered in any way (revoked, suspended, surrendered, limited, placed on probation, currently pending disciplinary action, being investigated?)			NO YES (Please explain "YES" response and attach copy of Board's order and related information.)
COMMENTS:			
Signature: _____ Title: _____ State: _____ Date: _____			
			BOARD SEAL
TO THE BOARD: Return this form directly to the Hawaii Board of Veterinary Medicine at the address shown at the top of the page.			

(This form may be duplicated)

Print Form

SUPERVISOR VERIFICATION – VETERINARY TEMPORARY PERMIT

Access this form via website at: cca.hawaii.gov/pvl

SUBMIT THE ORIGINAL FORM. COPIES WILL NOT BE ACCEPTED.

This form is required upon application for a temporary permit.

If the temporary permittee ***fails to take or fails the examination***, the temporary permit is automatically terminated and must be returned immediately to the Board. Only one (1) temporary permit shall be issued and is ***not*** transferrable.

OFFICE USE ONLY	

SECTION A. TO BE COMPLETED BY APPLICANT	Legal Name (First, Middle)		(Last)		
	Residence Address (Include apt. no., city, state & zip code)		Mailing Address (<u>ONLY</u> if different from residence)		
	E-mail address:		Phone No. - Include area code	Date of Birth	
	Pursuant to HAR §16-101-30, the temporary permit shall be issued subject to the following conditions:				
	(1) The temporary permittee shall practice veterinary medicine only under the supervision of a veterinarian licensed to practice in Hawaii. At all times when the temporary permittee is engaged in the practice of veterinary medicine, the licensed veterinarian shall be physically present on the same island as the temporary permittee and must be available on a daily basis for consultation with the permittee; (2) Only one permit, which shall be nonrenewable, shall be issued to an applicant; and (3) the temporary permit shall be valid until the results of the Hawaii state board examination taken by the permittee are known.				
SECTION B. TO BE COMPLETED BY THE SUPERVISING VETERINARIAN	I hereby certify that the information contained in my original application remain unchanged as of this date. I also certify that I will engage in the practice of veterinary medicine only under the supervision of the Hawaii-licensed veterinarian designated below and that the statements contained in this application are true and correct.				
	_____ Signature of Temporary Permit Applicant			_____ Date	
	Legal Name of Veterinarian (First, Middle)		(Last)		
Hawaii License No.: VE -		Business Address of Veterinarian (Include apt. no., city, state & zip code)			
Email Address:		The temporary permit must be issued prior to commencing the practice of veterinary medicine in Hawaii.			
		Anticipated Start Date:			
I hereby state that I will provide direct supervision over the above-named temporary permit holder in accordance with subchapter 7, Hawaii Administrative Rules and chapter 471, Hawaii Revised Statutes.					
_____ Signature of Supervising Veterinarian			_____ Date		

Mail to: *Hawaii Board of Veterinary Medicine*
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801

OR Deliver to office location: *Hawaii Board of Veterinary Medicine*
335 Merchant Street, Room 301
Honolulu, HI 096813
Phone: (808) 586-3000

This material can be made available for individuals with special needs. Please call the Licensing Branch at (808) 586-3000 to submit your request. VET-03 0724