

REQUIREMENTS FOR COURTESY/RELIEF PERMIT - VETERINARIAN

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

REQUIREMENTS

1. Hold a current, unencumbered, and active license to engage in the practice of veterinary medicine in another jurisdiction;
2. **Complete and submit the application form** (VET-05) using the on-line fillable form or by printing *legibly* in dark-colored ink AND attach the application and permit fees of \$265.00;
3. Submit the signed and completed "Sponsor Verification form (VET-07);
4. Request license verification from each jurisdiction in which you currently or have previously held licensure to be forwarded to veterinary@dcca.hawaii.gov. You may use form (VET-04) if necessary; and

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, 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).

LICENSE VERIFICATION

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

SPONSOR VERIFICATION

ATTACH the "Sponsor Verification" form (VET-07) signed by you and the sponsoring, Hawaii-licensed veterinarian.

(CONTINUED ON PAGE 2)

PERMIT FEES

The application and permit fees are due upon submission of the application.

\$265 (Application Fee - \$50 + Permit Fee - \$65 + CRF - \$50 + Permit Surcharge Fee - \$100)

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.

Upon the issuance of a new permit and at each permit renewal, each permittee shall pay a special assessment fee of \$100 pursuant to Act 071, SLH 2022.

Once you have been issued a Courtesy Permit or Relief Permit, ALL FEES PAID are non-refundable.

NOTE: One of the numerous legal requirements that you must meet in order for your permit to be issued is the payment of fees as set forth in this application. You may be sent a permit 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 permit will not be valid, and you **may not** do business under that permit. 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

PERMIT DENIAL

If for any reason you are denied the permit 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 permit 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 licensing process within one year after filing an application.

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

LAWS & RULES

By signing your application form (VET-05), 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".

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**PERMIT
RENEWAL**

All courtesy permits and relief permits are valid for a period of thirty (30) days and may be renewed once in in any twelve-month period; **provided that any permit issued within a twelve-month period shall not exceed sixty (60) days in any twelve-month period.**

A courtesy permit or relief permit may be renewed in a subsequent twelve-month period. **In no case shall an individual be issued a courtesy permit and a relief permit in the same twelve-month period.**

More than two requests for a courtesy permit or relief permit within a two-year period shall be prima facie evidence that the permittee is engage in the active practice of veterinary medicine in the State and a license issued under section 471-9 shall be required.

**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 COURTESY/RELIEF PERMIT - VETERINARIAN

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

Legal Name (First, Middle)		(LAST)	FOR OFFICE USE ONLY	License No. VECR -	Effective Date	
Other Names Used (include maiden name):		Social Security No.:			Effective Date	
Residence Address (include apt. no., city, state & zip code)		Phone No. (days):				
		Anticipated Start Date:				
Mailing Address (ONLY if different from above)						
Email Address						

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
4. Date of Graduation: _____
Have you passed the National Board examination? YES NO
 - Which National Board examination did you pass? NAVLE NBE + CCT NBE w/o 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.

(CONTINUED ON PAGE 2)

Print Name of Applicant (Veterinarian): _____

Date: _____

List all veterinary 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.
			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	Date License expires:	_____
	State-constructed exam	License status:	<input type="checkbox"/> current <input type="checkbox"/> lapsed since: _____ <input type="checkbox"/> inactive since: _____
	Reciprocity _____		
	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 <u>directly</u> to the Hawaii Board of Veterinary Medicine at the address shown at the top of the page.		

(This form may be duplicated)

Print Form

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**SPONSOR VERIFICATION –VETERINARY
COURTESY/RELIEF 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 both the original courtesy/relief permit registration and upon each permit renewal request. Permit is valid for 30 days.

OFFICE USE ONLY	Effective Date:

Check one:

New registration
 Renewal of Permit

SECTION A. TO BE COMPLETED BY THE APPLICANT	Legal Name (First, Middle)	(Last)	Hawaii Permit. No. (if applicable):
	Residence Address (Include apt. no., city, state & zip code)		Mailing Address (<u>ONLY</u> if different from residence)
	Email address:		Phone No. (days) - Include area code
	If you checked "Renewal of Permit" above, please check the applicable box. <input type="checkbox"/> Original Sponsor <input type="checkbox"/> New Sponsor		Anticipated Start Date: If you are renewing your permit, provide the dates for which the previous permit(s) were valid: Dates: From: _____ To: _____
	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 <u>only</u> for the sponsor designated below and that the statements contained in this application are true and correct.		
_____ Signature of Courtesy/Relief Permit Applicant		_____ Date	

SECTION B. TO BE COMPLETED BY THE SPONSORING VETERINARIAN	Legal Name of Veterinarian (First, Middle)	(Last)
	Business Address of Veterinarian (Include apt. no., city, state & zip code)	Hawaii License No.:
	Email Address:	VE -
	I hereby state that I will direct and exercise supervision over the above-named permit holder in accordance with Chapter 471, Hawaii Revised Statutes, of the Hawaii Board of Veterinary Medicine.	
_____ Signature of Sponsoring 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

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