



UTAH DEPARTMENT OF COMMERCE

Division of Professional Licensing

Veterinarian License

APPLICANT INFORMATION

Full Legal Name: First Middle Last

All Previous Legal Names:

Other DOPL Licenses Held:

SSN:\* Date of Birth: Gender: Male Female

\*If you don't have a social security number, please follow the instructions on the last page.

Address: Street Address (including Apt/Unit/Ste #) and/or PO Box

City: State: Zip:

Phone: ( ) - Email: Note: All Division notices and communication will be sent to this email.

Please select one:

- I am a United States citizen or a non-citizen of the United States who is lawfully present.
I am a foreign national not physically present in the United States.
None of the above, please explain:

Driver License or State ID Card: State of Issue License Number Expiration Date

NOTE: If you do not hold a US Driver License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of lawful presence in the United States.

AFFIDAVIT AND RELEASE

I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, and discloses all material facts regarding the applicant, and that I will update or correct the application as necessary, prior to any action on my application.

I authorize all persons, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release to the Department of Commerce, State of Utah, any files, records, or information of any type reasonably required for the Department to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.

I understand that I am responsible to update the Department of any changes relating to my application/license/certification/registration.

I understand that if the application is not complete at the time of submission, it will delay approval and could result in a denial.

I declare under criminal penalty under the law of Utah that this application is true and correct.

Signature of Applicant: Date:



**QUALIFYING QUESTIONNAIRE**

**Do not leave any question blank.**

*DOPL may request additional documentation if the information submitted is insufficient.*

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1.  Yes  No Have you EVER had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, resigned, or surrendered while under investigation, or otherwise **disciplined in any way**?
- 
2.  Yes  No Do you CURRENTLY have **any criminal action active or pending**?
- 
3.  Yes  No WITHIN THE PAST 10 YEARS, have you pled **guilty** to, **no contest** to, entered into a **plea in abeyance**, or been **convicted** of a **misdemeanor** in any jurisdiction?
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4.  Yes  No Have you EVER pled **guilty** to, **no contest** to, entered into a **plea in abeyance**, or been **convicted** of a **felony** in any jurisdiction?
- 

If you answered "Yes" to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached. If you answered "Yes" to questions 2, 3, or 4 you must submit the following for EACH and EVERY incident:

- **personal account of the incident**
- **police report(s)**
- **court record(s)**
- **probation/parole officer report(s)**

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

**NOTE:**

- **DISCLOSE** charges that were later held in abeyance, diverted, reduced, or dismissed.
- **DISCLOSE** motor vehicle offenses such as driving while impaired or intoxicated. But, you do not need to disclose minor traffic offenses such as parking or speeding violations.
- You do **not need to disclose** juvenile offenses, unless you were tried as an adult.
- **DISCLOSE** if you are restricted from possession, purchase, transfer, or ownership of a firearm or ammunition (even if your restriction is based on a non-reportable juvenile conviction).
- You do **not need to disclose** legally expunged or sealed criminal history incidents.

For more information, see DOPL's [criminal history FAQs](#).

**PROFESSIONAL LICENSES**

List all other licenses, registrations or certification issued by any state which you now hold or have ever held in any profession. *(Use additional sheets if necessary.)*

Profession: \_\_\_\_\_ License Number: \_\_\_\_\_

Issuing State: \_\_\_\_\_ License Status: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Profession: \_\_\_\_\_ License Number: \_\_\_\_\_

Issuing State: \_\_\_\_\_ License Status: \_\_\_\_\_ Issue Date: \_\_\_\_\_

If you identified a plumber license above, please answer the following:

- Yes  No After obtaining the license(s) above, have you engaged in at least one year of experience in the state, district, or territory of the United States where the license was issued?

**Note:** *If you answer yes to the question above, please see the checklist at the end of this application or [our website](#) for instructions on applying by endorsement.*



**MEDICAL QUALIFYING QUESTIONNAIRE**

**Read thoroughly and answer each question. Do not leave any question blank.**

*A "yes" answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.*

1. **Have your rights, privileges, and/or participation ever been denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by:**
  - Yes  No a hospital or health care facility
  - Yes  No Medicaid, Medicare or any other state or federal health care payment reimbursement program
  - Yes  No the Federal Drug Enforcement Administration or any state drug enforcement agency
  - Yes  No malpractice insurance coverage
  - Yes  No other entity: \_\_\_\_\_

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2. **Have you ever been permitted to resign or surrender any rights, privileges and/or participation while under investigation or while action was pending against you from:**
  - Yes  No a hospital or health care facility
  - Yes  No Medicaid, Medicare or any other state or federal health care payment reimbursement program
  - Yes  No The Federal Drug Enforcement Administration or any state drug enforcement agency
  - Yes  No malpractice insurance coverage
  - Yes  No other entity: \_\_\_\_\_

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3. **Is any action pending against you now by:**
  - Yes  No a hospital or health care facility
  - Yes  No Medicaid, Medicare or any other state or federal health care payment reimbursement program
  - Yes  No the Federal Drug Enforcement Administration or any state drug enforcement agency
  - Yes  No malpractice insurance coverage
  - Yes  No other entity: \_\_\_\_\_

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4.  Yes  No **Have you been named as a defendant in a malpractice suit?**

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5.  Yes  No **Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitation, restrictions or conditions imposed by any malpractice carrier?**

If you answered "Yes" to question 4 you must submit a complete narrative of the circumstances and a National Practitioner Data Bank report outlining all professional liability claims made against your license and any settlements paid by or on your behalf. NPDB website: <http://www.npdb.hrsa.gov>.

If you answered "Yes" to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

**UTAH CONTROLLED SUBSTANCE AFFIDAVIT**

*If you are applying for a controlled substance license, you must read and sign the affidavit below.*

- I have reviewed and understand that I must abide by the additional laws and rules that govern the practice of my profession as it pertains to controlled substances.
- I understand that I may need a written delegation of services agreement or a written consultation and referral plan for prescribing controlled substances as outlined in statute.
- I understand that there may be additional continuing education requirements for those with a controlled substance license.
- I understand it is required that I hold a valid Federal Drug Enforcement Administration (DEA) registration.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** *In addition to signing this affidavit, you must complete the items listed on the CONTROLLED SUBSTANCE LICENSE checklist at the end of this application to obtain a Controlled Substance License.*



## VERIFICATION OF INTERNSHIP

Only Licensed Utah Veterinary Interns need to complete this form.

### APPLICANT INFORMATION (TO BE COMPLETED BY THE APPLICANT)

Full Legal Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Intern License Number: \_\_\_\_\_

### EMPLOYMENT INFORMATION: (TO BE COMPLETED BY THE SUPERVISING VETERINARIAN)

Supervisor Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Dates of Supervision: \_\_\_\_\_ to \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

How many hours did the applicant work per week? \_\_\_\_\_  Part-time  Full-time

Describe the intern's duties & Responsibilities: *(attach additional form if needed)*

Is the applicant still employed?  Yes  No If no, is the applicant re-hirable?  Yes  No

If not re-hirable, please explain: *(attach additional form if needed)*

### ATTESTATION:

I certify that the applicant listed above has been actively engaged in legal practice as a licensed Veterinary Intern in the State of Utah. The applicant has completed the hours of experience listed above and has demonstrated sufficient clinical skills to practice without supervision.

**I declare under criminal penalty under the law of Utah that this application is true and correct.**

Signature of Supervising Veterinarian: \_\_\_\_\_ Date: \_\_\_\_\_



**TEMPORARY LICENSE (OPTIONAL)**

Graduates of foreign, non-AVMA accredited schools may request an *optional* temporary license while they await their examination date. To qualify, you must complete this section, along with the rest of the application, and follow the instructions listed below.

Applicant's Name: \_\_\_\_\_  
First Middle Last

I certify that I meet all the qualifications for licensure outlined in [Utah Code § 58-1-303 \(1\)](#). I understand that I am not able to practice in Utah until I have been granted a temporary license, and a temporary license is non-renewable. It is my responsibility to ensure that all required documents to complete my full licensure process are submitted in a timely manner. I also understand that a controlled substance license is not available to temporary license holders.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**SUPERVISOR INFORMATION: (TO BE COMPLETED BY THE SUPERVISING VETERINARIAN)**

Name of Supervising Veterinarian: \_\_\_\_\_

Supervisor License Number: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address (including Apt/Unit/Ste #) and/or PO Box

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ – \_\_\_\_\_ Email: \_\_\_\_\_

I certify that I am licensed in good standing and will provide direct supervision to the above-named applicant as outlined in [Utah Code § 58-1-303 \(1\)](#). I understand that I am responsible for their activities and services performed, and that once issued, their temporary license to practice expires 1 year after issuance, or upon release of official failing examination results. I understand that the applicant cannot work without a valid temporary license, either before it is issued or after it expires. I also understand that at Temporary license holder may not administer, possess, or prescribe controlled substances

Signature of  
Supervising Veterinarian: \_\_\_\_\_ Date: \_\_\_\_\_

**TEMPORARY LICENSE APPLICANT – INSTRUCTIONS**

If applying for a **Temporary License**, *in addition* to the items required for all applicants on the Instructions Page, you must submit the following items:

- \$50.00** non-refundable temporary-license application-processing fee, made payable to "DOPL".
- Proof of registration in the ECFVG program (documentation of completion of Step 1)
- Official verification of passing ECFVG English language assessment exam (TOEFL iBT, the IELTS, the CAEL Assessment, or waiver policy)  
***NOTE:** Exam scores are considered "official" when they are sent directly from the exam administrator to DOPL or sealed in an envelope bearing the exam administrator's stamp/seal on the envelope flap.*
- Official verification of passing the ECFVG Basic and Clinical Sciences Knowledge Exam
- Proof of eligibility to sit for next available ECFVG Clinical Proficiency Examination



## APPLICATION CHECKLIST AND INSTRUCTIONS

This checklist is for your convenience, you do not need to include it with your application.

**Note: Incomplete applications will be denied.**

Your application is classified as a public record and may be available for inspection by the public, except with regard to the release of information, which is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

If you do not have a valid Social Security number, you may submit your Individual Taxpayer Identification Number (ITIN), Alien registration number (A-number), or a copy of an unexpired government issued passport from your country of residence and an intent-to-hire letter from a Utah based employer. ([Utah Administrative Code § R156-1-301](#))

### ALL APPLICANTS

All applicants are required to submit following items to complete the application:

- \$150.00 non-refundable application-processing fee, made payable to "DOPL".
- Supporting documentation for any "yes" answers provided on the "Qualifying Questionnaire"

### INITIAL APPLICANTS

If applying for Initial Licensure, in addition to the items required for all applicants, you must submit:

- Official transcripts documenting completion of a veterinary college accredited by the Council on Education of the American Veterinary Medical Association (AVMA). If you submitted this documentation when applying for your Utah Veterinary Intern license, you do not need to re-submit.

**Note:** Transcripts are considered "official" when they are sent directly from the school to DOPL or sealed in an envelope bearing the school's stamp/seal on the envelope flap.

~ OR ~

- A Copy of your Certificate of Competency issued by the AVMA Educational Commission for Foreign Veterinary Graduates (ECFVG).
- Verification of Passing the North American Veterinary Licensing Exam
- One of the following experience requirements:
  - o Verification of Utah Intern Hours (page 4 of this application.)
  - o Documentation of equivalent veterinary investigational, educational, or sanitary control work.
  - o Documentation of at least 6 months veterinary practice as a licensed veterinarian outside of Utah or as an employee of the United States Government, its agencies, or the state or its political subdivisions.

### ENDORSEMENT APPLICANTS

In addition to the items required for all applicants, you must submit the following items:

- Official verification, showing active licensure in good standing for at least one year, from a jurisdiction designated by the Division as equivalent to Utah. Please see our website for additional information regarding approved jurisdictions.

**Note:** If your jurisdiction is not deemed equivalent for purposes of endorsement, you may be able to use experience gained outside of the state to document the requirements for Initial Licensure above.

### OPTIONAL CONTROLLED SUBSTANCE LICENSE (ALL APPLICANTS)

If your practice in the state of Utah will include administering, possession or prescribing of controlled substances, you must apply for a Utah Controlled Substance License by submitting the following:

- \$100.00 non-refundable application-processing fee, made payable to "DOPL".
- Complete the "Utah Controlled Substance Law and Rule Affidavit" found on page 4 of this application.

**\*Note:** In addition to the Utah Controlled Substance License, you must hold a valid Federal Drug Enforcement Administration (DEA) registration.

**Temporary license holders may not administer, possess, or prescribe controlled substances.**

**Submit completed application to the Division:**

By US Postal Service:

**Division of Professional Licensing  
PO BOX 146741  
Salt Lake City, UT 84114-6741**

By in-person or express delivery:

**Division of Professional Licensing  
Heber M Wells Building, 1st Floor  
160 E 300 S  
Salt Lake City, UT 84111**

If you have questions, please contact the Division at 801-530-6628 or by email at [b3@Utah.gov](mailto:b3@Utah.gov).