



**Application for a PROVISIONAL License to Practice Veterinary Medicine in Puerto Rico Pursuant to Article 12.1 as per Law 86, August 4, 2020**

Limited to events organized to provide sterilization, vaccination, education, and preventive care and treatment to animals provided free of charge, Pro Bono, to the general public. Law 194, August 4, 1979, as amended.

1<sup>ST</sup> TIME IN THE YEAR \_\_\_\_\_

2<sup>ND</sup> TIME IN THE YEAR \_\_\_\_\_

3<sup>RD</sup> TIME IN THE YEAR \_\_\_\_\_

**AFFIDAVIT**

Affix a Passport type autographed photograph of applicant, taken not more than six (6) months previous to date of application.

FIRST NAME

INITIAL

LAST NAME

Social Security Number XXX-XX-\_\_\_\_\_ identified by an

Official Government Document: \_\_\_\_\_  
(Specific Identification)

Number\_\_\_\_\_.

Issued by City and County \_\_\_\_\_,  
State \_\_\_\_\_.

I \_\_\_\_\_, being duly sworn, under penalty of perjury, state that I am the person referred to in this application that the statements here in container are true in every respect, that the attached photograph is a true likeness of myself taken within the last six month.

\_\_\_\_\_  
Signature of applicant

SUBSCRIBED AND SWORN TO BEFORE ME this \_\_\_\_\_ day of \_\_\_\_\_.  
Witness my hand and seal hereunto attached.

Please attach a certificate of the authenticity, seal and commission of the Notary Public issued by the authorizing state.

AFFIDAVIT No. \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

My Commission expires on: \_\_\_\_\_

**(Seal)**

**Puerto Rico Board of Examiners of Veterinary Medicine**

PO BOX 10200 SAN JUAN, PR 00908-0200

Phone (787) 765-2929 Ext. 6605 EMAIL: [cindy.reyes@salud.pr.gov](mailto:cindy.reyes@salud.pr.gov)

**THE APPLICANT MUST GIVE FULL ANSWERS TO THE FOLLOWING**

Name \_\_\_\_\_ Age \_\_\_\_\_  
                     **Last Name**                    **First Name**                    **MI**

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
                     **Month**                    **Day**                    **Year**                    **City, Country/State**

Parent's name: \_\_\_\_\_  
                                                             **(Father)**                                                            **(Mother)**

Present legal address: \_\_\_\_\_  
                                                             **Street, City, State**

State of Permanent Residency: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Officer in charge of the event: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Event Dates: From \_\_\_\_\_ To \_\_\_\_\_

Team/Group Assigned: \_\_\_\_\_

Area/ Location address of the event: \_\_\_\_\_

**1.** Are you a citizen of the United States of America?      **Yes** \_\_\_\_\_      **No** \_\_\_\_\_

If the previous answer is **No**; please write country of origin and submit copy of the work  
authorization in the U.S. \_\_\_\_\_

**2.** Has your name/surname ever been changed?      **Yes** \_\_\_\_\_      **No** \_\_\_\_\_

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If the previous answer is **Yes**; attach a certified copy of the court order changing name.

**3. Have your ever used any other name?** **Yes**\_\_\_\_\_ **No**\_\_\_\_\_

If the previous answer is **Yes**; attach a separate sheet giving full details. You must also provide the information and documents required in the following sections as to each name that you have used in the past or are using at present.

**4. Have you ever been indicted and/or convicted for any criminal offense?** **Yes**\_\_\_\_\_ **No** \_\_\_\_\_

If the previous answer is **Yes**; indicate pertinent details on a separate sheet and provide a certification of the criminal record as to each offense.

**5. Did you graduate from an AVMA accredited School of Veterinary Medicine?** **Yes**\_\_\_\_\_ **No**\_\_\_\_\_

**6. If the previous answer is No; Did you complete the Educational Commission for Foreign Veterinary Graduate Program (ECFVG) or the Program for the Advancement of Veterinary Education Equivalency (PAVE)?** **Yes**\_\_\_\_\_ **No**\_\_\_\_\_

If the previous answer is **No**, you do not comply with the requirements for a PROVISIONAL License to Practice Veterinary Medicine in Puerto Rico Pursuant to Articles 3(c), and 12.1, Law 194 of August 4, 1979; Law 86, August 4, 2020.

**7. Professional Veterinary Medical Education:**

I received the degree of \_\_\_\_\_

from \_\_\_\_\_ on \_\_\_\_\_  
(Name of School/College/University)

Enclosed is a copy of the Diploma.

**8. Provide license information below. If you have/had a license issued by more than one Board of Veterinary Medicine, whether active or inactive on the date of this application, you must provide the following information as to each one.**

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

Expedition Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Veterinary Medicine Board's Address: \_\_\_\_\_

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**9.** Have you ever been officially reprimanded by any Veterinary Board, Agency, and/or Organization; or has your license been suspended, cancelled, or revoked; or have you been dismissed from or refused the right to be examined, or refused a license to practice veterinary medicine?

**Yes**\_\_\_\_\_ **No**\_\_\_\_\_

If answer is **(Yes)**, attach a separate sheet giving complete and full details supported by official records as to each incident.

**10.** Have you read carefully and understood fully the laws and regulations applicable to licensure examinations for the practice of Veterinary Medicine in Puerto Rico? **Yes**\_\_\_\_\_ **No**\_\_\_\_\_

**11. Acknowledgment by Applicant:** By submitting this Application, I fully understand and recognize that this Provisional License to Practice Veterinary Medicine in Puerto Rico Pursuant to Article 12.1 as per Law 86, August 4, 2020 will only be valid for the specific event and it will expire within 30 days of the date issued. I also acknowledge that a new application and supporting documents will be required to issue another provisional license. Only three (3) provisional licenses per calendar year are authorized.

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## **Certificate of Good Moral Character of the Applicant**

**(Signed before a Notary Public by a by a licensed and certified Veterinary Medical Doctor in Good Standing in the Jurisdiction where the Applicant is licensed)**

I CERTIFY that I have been personally acquainted with \_\_\_\_\_  
for \_\_\_\_\_ years; that I know said \_\_\_\_\_ to be of good moral  
character, and hereby recommend him/her to the **Puerto Rico Board of Examiners of Veterinary  
Medicine of Puerto Rico** as entirely worthy of obtaining a PROVISIONAL License to Practice  
Veterinary Medicine in Puerto Rico Pursuant to Article 12.1 as per Law 86, August 4, 2020, limited to  
events organized to provide sterilization, vaccination, education, and preventive care and treatment to  
animals provided free of charge, *Pro Bono*, to the general public. Law 194, august 4, 1979, as  
amended.

I further Certify that I am not in any way related by blood or marriage to the applicant and that the  
signed photograph affixed to this application is his/her true likeness.

\_\_\_\_\_  
(Signature of AFFIANT)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
of AFFIANT)

\_\_\_\_\_  
(Occupation)

(Name

\_\_\_\_\_  
(License number)

\_\_\_\_\_  
(Date)

SUBSCRIBED AND SWORN TO BEFORE ME this \_\_\_\_ day of \_\_\_\_\_.  
Witness my hand and seal hereunto attached.

Please attach a certificate of the authenticity, seal and commission of the Notary Public issued by the authorizing  
state.

AFFIDAVIT No. \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public  
My Commission expires on: \_\_\_\_\_

**(Seal)**

**Puerto Rico Board of Examiners of Veterinary Medicine**

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### **REQUIREMENTS FOR THIS APPLICATION**

1. This application must be dully filled out in full, under oath before a Notary Public. **A certificate issued by the County Clerk as to the authenticity, seal and commission of the Notary Public must be provided.**
2. A copy of your veterinary license or licenses.
3. One passport-type photograph taken not more than six **(6)** months before the date of application.
4. If the applicant is not a US Citizen, a copy of the work permit must be provided.
5. A detailed description of the veterinary services to be provided, subscribed under official seal by the Director of the Event, stating the nature of the services the Applicant is to provide; the dates of the event he/she will participate in; the exact locations where the Applicant will be providing the services.
6. Letter of Good Standing or License Verification issued by the Veterinary Licensing Board **and submitted directly to the Puerto Rico Board of Examiners of Veterinary Medicine.**
7. **ECFVG or PAVE** Certificate if the applicant graduates from a non-Accredited School of Veterinary Medicine
8. Certificate of Penal Record, also known as Good Conduct Certificate, issued by the Police Department. It must be issued within 30 days prior to this application.

**This application, original documents and certifications must be sent to the Puerto Rico Sub Board of Examiners of Veterinary Technology to the following address:**

**PUERTO RICO BOARD OF EXAMINERS OF VETERINARY MEDICINE**  
**Re: Application for Provisional License to Practice Veterinary Medicine in Puerto Rico**  
**PO BOX 10200, SAN JUAN, PR 00908-0200**