



Application for Examination to Practice Veterinary Medicine in Puerto Rico

Warning: Any false statement knowingly made by the applicant or conveyed at by him in any clause in this application, shall be sufficient cause for rejection or revocation of license after it has been granted

AFFIDAVIT

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

Complete applicant names
Social Security Number XXX-XX-_____ and identified
by _____ Number _____
(Class of identification)
State or Territory _____
City _____
I _____, being
duly sworn, 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.

AFFIDAVIT No. _____

Signature of Notary Public

(Seal)

THE APPLICANT MUST GIVE FULL ANSWERS TO THE FOLOWING

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 residential address _____
Street, City, etc.

Telephone _____ Email: _____

Puerto Rico Mailing Address _____

Give accurately your current:

Height _____ Weight _____ Color of hair _____ Color of eyes _____

Distinguishing marks and/or scars _____

The ADA Law gives you the right to apply for reasonable accommodations

Yes _____ No _____

If the answer is YES, please provide the supporting evidence of your condition, separately.

1. Are you a citizen of the United States of America? Yes _____ No _____

If naturalized, indicate the date and place of naturalization, and the details of the naturalization certificate. Provide supporting evidence.

PUERTO RICO BOARD OF EXAMINERS OF VETERINARY MEDICINE

PO BOX 10200 SAN JUAN, PR 00908-0200
TEL. (787) 765-2929 EXT. 6605 EMAIL: cindy.reyes@salud.pr.gov

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

If answer is **(Yes)**, attach a certified copy of the court order changing name.

3. Have you ever used any other name? **Yes** _____ **No** _____

If answer is **(Yes)**, attach a separate sheet giving full details.

4. Have you ever been convicted of, or indicted for any criminal offense? **Yes** _____ **No** _____

If answer is **(Yes)**, indicate pertinent details in full, here or on a separate sheet.

5. Have you ever been licensed to practice veterinary medicine in another state or country?

Yes _____ **No** _____

If answer is **(Yes)** attach a separate sheet giving particulars, including license number, how licensed, date and number of years of practice in each jurisdiction and the present status of each, must submit a letter from the Licensing Board of each Jurisdiction, certifying of your good standing. This certification must be sent directly to our Board by the Certifying Office.

6. Have you ever been officially reprimanded, your license suspended or revoked, 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.

7. 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** _____

PUERTO RICO BOARD OF EXAMINERS OF VETERINARY MEDICINE

High School Education

Name and location of high school attended:

Period of attendance

(Month/year to Month/year)

1st year _____

2nd year _____

3rd year _____

4th year _____

I graduated from _____ High school on _____
(Date in full)

And hold high school diploma or certificate No. _____ issued on _____ by the
(Date in full)

Secretary/Commissioner of Education or Superintendent of Public Instruction of _____.
(State or Territory)

College or Pre-Veterinary Medical Education

Name and location of institution attended

Period of attendance

(Month/year to Month/year)

1st year _____

2nd year _____

3rd year _____

4th year _____

I have completed _____ credit hours of college and/or pre-veterinary medical studies, as certified in the transcript included with this application. I received the degree of:

_____, from

_____ on _____
(Name of College/University) **(Date in full)**

as indicated in the photo static copy of such document included with this application.

Professional Veterinary Medical Education

**Name and location of Professional
Veterinary Medical Institution**

Period of attendance
(Month/year to month/year)

1st year _____

2nd year _____

3rd year _____

4th year _____

I completed _____ credit hours/semester hours of the professional veterinary medical curriculum at _____ and received the degree of _____, there on _____.
(Name of School/College/University)

I wish to take the licensure examination (mark your preference) in:

English _____

Spanish _____

Certificate of Good Moral Character of the Applicant for Examination

(Signed by a licensed and certified Veterinary Medical Doctor in Good Standing in Puerto Rico)

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 board of Veterinary Medical Examiners of
Puerto Rico as entirely worthy of examination for a license to practice Veterinary Medicine in Puerto
Rico, pursuant to law. I further Certify that I am not in any way related to the applicant and that
the signed photograph affixed to this application is his/her true likeness.

Signature of AFFIANT

Address

Name of AFFIAN

Occupation

License number

Date

Certificate of Good Moral Character of the Applicant for Examination

(Signed by a licensed and certified Veterinary Medical Doctor in Good Standing in Puerto Rico)

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 board of Veterinary Medical Examiners of
Puerto Rico as entirely worthy of examination for a license to practice Veterinary Medicine in Puerto
Rico, pursuant to law. I further Certify that I am not in any way related to the applicant and that
the signed photograph affixed to this application is his/her true likeness.

Signature of AFFIANT

Address

Name of AFFIANT

Occupation

License number

Date



Instructions to applicant:

1. Affix a signed photograph of yourself in the space indicated below.
2. Furnish this form to the dean of the Veterinary Institution or College you attended, with the request it be completed and certified, and mailed Directly to the Board of Veterinary Medical Examiners of Puerto Rico at the address below:

**Office of Regulations and Certification of Health Professionals
 Board of Veterinary Medical Examiners of Puerto Rico
 PO Box 10200
 San Juan, PR 00908-0200**

**Certificate of the Dean of Professional Veterinary Medical Institution
 Granting Degree**

I hereby CERTIFY to the Board of Veterinary Medical Examiners of Puerto Rico that

_____ registered at
 _____ on _____ and attended
 _____ courses of instruction. That _____

Name of applicant

graduated there with the degree of _____
 on _____. I further CERTIFY that the signed photograph affixed to this
 certificate is the true likeness of the identical person to whom the said diploma was originally
 issued.

**AFFIX
 signed
 photograph
 of applicant**

_____ **Name of Dean**

_____ **Signature of Dean**

_____ **Date of Certification**

(SEAL)

REQUIREMENTS FOR THIS APPLICATION

1. This application must be dully filled out in full, and accompanied by the following
 2. A copy of High School Diploma
 3. Original and Copy of the Veterinary Medical Diploma
 4. A copy of the diploma and/or transcripts of college or pre-veterinary studies completed by the applicant
 5. Two **(2)** passport-type photographs taken not more than six **(6)** months before date of application
 6. Graduates:
 - a. **From accredited Veterinary Schools will provide:**
 1. Official **transcript** of Veterinary Medical Curriculum completed by the applicant, and the **certification** issued by the Dean of the Veterinary Medical Institution or college that granted the degree. Both documents must be received by the Board **DIRECTLY** from the pertinent officers of the Veterinary Medical institution or college attended by the applicant.
- Board of Veterinary Medical Examiners of Puerto Rico**
PO Box 10200
San Juan, PR 00908-0200
2. An official copy of **THE NAVLE** text results this must be sent directly to the Board from the pertinent office.
 - b. **From non-accredited Veterinary Schools will provide:**
 1. Official **transcript** of Veterinary Medical Curriculum completed by the applicant, and the **certification** issued by the Dean of the Veterinary Medical Institution or college that granted the degree. Both documents must be received by the Board **DIRECTLY** from the pertinent officers of the Veterinary Medical institution or college attended by the applicant.
 2. Copy of the applicant's Educational Commission for Foreign Veterinary Graduates (**ECFVG**) certificate and/or evidence that the year of clinical evaluation was taken at an approved center as established by the rules and regulations of this Puerto Rico Board of Veterinary Medical Examiners, as established on the Practice Act (**Law 194**).
7. Certificate of Penal Record, issued by the Police Department (**Good Conduct Certificate**), it must be issued not more than thirty **(30)** days prior to the date of the application.
 8. Original and Copy of Birth Certificate (Puerto Rico's Birth Certificate should be issued after July 2010)
 9. All applicants must submit two **(2)** certifications from two **(2)** Veterinary Medical Doctors duly authorized to practice veterinary medicine in Puerto Rico who know the applicant and can verify the applicant's good moral character.
 10. Non-Citizens
 - a. A certification from the Immigration and Naturalization Office from the Department of Homeland Security of the United States of America certifying status of the applicant. It must be mailed to the Board of Veterinary Medical Examiners **DIRECTLY** from the Immigration and Naturalization Office.
 - b. A Notarized certification indicating that the applicant has residence in Puerto Rico for a period of six **(6)** months prior to the date of the license application.
 11. **Payment of \$100.00. Forms of payment: ATM, VISA, MasterCard, Money Order or Certified Check** made payable to the **Secretary of the Treasury** of Puerto Rico.

LOCATION: GM Group Plaza
 1590 PR- 8838 San Juan 00926
 3rd Floor

PUERTO RICO BOARD OF EXAMINERS OF VETERINARY MEDICINE

PO BOX 10200 SAN JUAN, PR 00908-0200
 TEL. (787) 765-2929 EXT. 6605 EMAIL: cindy.reyes@salud.pr.gov