



DEPARTAMENTO DE

**SALUD**

GOBIERNO DE PUERTO RICO

**Auxiliar Secretary for Public Health Regulation**  
Division of Licensing of Medicine and Health Professionals

**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)**

**PUERTO RICO BOARD OF EXAMINERS OF VETERINARY MEDICINE**

Ext. 6561 / Email: [gonzalez.juliany@salud.pr.gov](mailto:gonzalez.juliany@salud.pr.gov)

PO BOX 70184, SAN JUAN, PR, 00936-8184



787 – 999 – 8989



[www.salud.pr.gov](http://www.salud.pr.gov)

**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.

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

**English** \_\_\_\_\_ **Spanish** \_\_\_\_\_

**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.

\_\_\_\_\_

\_\_\_\_\_

**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 your 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** \_\_\_\_\_

### **High School Education**

**Name and location of high school attended:**

**Period of attendance**

(Month/year to Month/year)

1<sup>st</sup> year \_\_\_\_\_

\_\_\_\_\_

2<sup>nd</sup> year \_\_\_\_\_

\_\_\_\_\_

3<sup>rd</sup> year \_\_\_\_\_

\_\_\_\_\_

4<sup>th</sup> 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)

1<sup>st</sup> year \_\_\_\_\_

\_\_\_\_\_

2<sup>nd</sup> year \_\_\_\_\_

\_\_\_\_\_

3<sup>rd</sup> year \_\_\_\_\_

\_\_\_\_\_

4<sup>th</sup> 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.

Application for Examination to Practice Veterinary Medicine in Puerto Rico

### **Professional Veterinary Medical Education**

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

**Period of attendance**

(Month/year to month/year)

1<sup>st</sup> year \_\_\_\_\_

\_\_\_\_\_

2<sup>nd</sup> year \_\_\_\_\_

\_\_\_\_\_

3<sup>rd</sup> year \_\_\_\_\_

\_\_\_\_\_

4<sup>th</sup> year \_\_\_\_\_

\_\_\_\_\_

I completed \_\_\_\_\_ credit hours/semester hours of the professional veterinary medical curriculum at \_\_\_\_\_ and received the degree  
(Name of School/College/University)

of \_\_\_\_\_, there on \_\_\_\_\_.

## **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**

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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:

**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)

## Formulario de Solicitud de Examen de Reválida

JUNTA EXAMINADORA DE MÉDICO VETERINARIO DE PUERTO RICO

Favor de llenar en su totalidad en letra de molde y legible.

### Información Personal:

\_\_\_\_\_  
**Primer Apellido**                      **Segundo Apellido**                      **Primer Nombre**                      **Inicial**

\_\_\_\_\_  
**Seguro Social**  
**\*Últimos 4 dígitos**

\_\_\_\_\_  
**Fecha de Nacimiento**  
**dd/mm/yyyy**

F ☐    M ☐

**Ciudadanía:** \_\_\_\_\_

\_\_\_\_\_  
**Teléfono Hogar**                      **Teléfono Celular**                      **Teléfono Alterno**

**e-mail** Ejemplo: [user@mail.com](mailto:user@mail.com)

### Información de Contacto

**Dirección Postal**

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

**Ciudad, País, Código Postal**

**Examen: CONVOCATORIA**

☐ VERANO 20\_\_\_\_

☐ INVIERNO 20\_\_\_\_

☐ TEÓRICO

☐ PRÁCTICO

**Número de Intento:** \_\_\_\_\_ **Mes y Año de Graduación:** \_\_\_\_\_

**Institución de Procedencia:** \_\_\_\_\_

PO BOX 70184, SAN JUAN, PR, 00936-8184



## REQUIREMENTS FOR THIS APPLICATION

- \_\_\_ 1. This **APPLICATION** must be dully filled out in full and accompanied by the following.
- \_\_\_ 2. **ORIGINAL AND 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.
  - 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. Please provide the Penal Record of PR, and of any other jurisdiction where you have been living for the past year.
- \_\_\_ 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. Money Order or Certified Check payable to the **Secretary of the Treasury of Puerto Rico**, on the amount of **\$100.00**.
- \_\_\_ 11. **NON-CITIZENS:** 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.
- \_\_\_ 12. Two **(2) pre-addressed envelopes with postage stamp**. (Regular white envelopes with your name and address on the recipient side and leave the sender side blank)

**LOCATION: AUXILIAR SECRETARY FOR PUBLIC HEALTH REGULATION**  
**DIVISION OF LICENSING OF MEDICINE AND HEALTH PROFESSIONALS**  
 GM GROUP PLAZA, 3<sup>RD</sup> FLOOR 1590 PR- 8838 SAN JUAN 00926

### PUERTO RICO BOARD OF EXAMINERS OF VETERINARY MEDICINE

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