

**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.

1ST TIME IN THE YEAR _____2ND TIME IN THE YEAR _____3RD 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

Name _____ Age _____

Last Name First Name MI

Parent's name: _____ (Father) _____ (Mother)

Area/ Location address of the event: _____

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 you 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: _____

Puerto Rico Board of Examiners of Veterinary Medicine

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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.

Puerto Rico Board of Examiners of Veterinary Medicine

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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)

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