DEPARTAMENTO DE
SALUD
GOBIERNO DE PUERTO RICO

SECRETARÍA AUXILIAR PARA LA REGULACIÓN
DE LA SALUD PÚBLICA
División de Licenciamiento de Médicos y
Profesionales de la Salud
Junta Examinadora de Médicos Veterinarios

Application for Examination to Practice Veterinary Medicine in Puerto Rico

Warning: Any false statement knowingly made by the applicant or convened 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 before 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.

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

English _____ **Spanish** _____

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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 teach 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)
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**)

_____, as indicated in the photo static copy of such document included with
(Date in full)
this application.

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)
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
(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 Rio, 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**

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 Rio, 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**

DEPARTAMENTO DE SALUD
GOBIERNO DE PUERTO RICO

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

DEPARTAMENTO DE SALUD
GOBIERNO DE PUERTO RICO

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**

_____ _____ **F** ☐ **M** ☐
Seguro Social *Últimos 4 dígitos **Fecha de Nacimiento dd/mm/yyyy**

Ciudadanía: _____

_____ _____ _____
Teléfono Hogar **Teléfono Celular** **Teléfono Alterno**

_____
e-mail Ejemplo: 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: _____

REQUIREMENTS FOR THIS APPLICATION

INCOMPLETE APPLICATIONS NOT BE ACCEPTED.

___**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.

"BOARD OF VETERINARY MEDICAL EXAMINERS OF PUERTO RICO"
PO BOX 10200 SAN JUAN, PUERTO RICO 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. 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, 3RD FLOOR 1590 PR- 8838 SAN JUAN 00926

PUERTO RICO BOARD OF EXAMINERS OF VETERINARY MEDICINE
EXT. 6561 / EMAIL: gonzalez.juliany@salud.pr.gov