



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Veterinary Medical Examiners

110 Centerview Dr. • Columbia • SC • 29210

P.O. Box 11329 • Columbia • SC 29211-1329

Phone: 803-896-4598 • Contact.VetBoard@llr.sc.gov • Fax: 803-896-4719

www.llr.sc.gov/POL/Veterinary/



REQUIREMENTS AND INSTRUCTIONS FOR LIMITED VETERINARY LICENSE

1. You must have graduated from a college of Veterinary Medicine program accredited by the American Veterinary Medical Association (AVMA).
2. You must have successfully passed the NAVLE or NBE/CCT Exam.
3. Licensure Fees are waived.
4. You must have completed thirty (30) qualifying continuing education hours in the previous two (2) years.

APPLICATION PROCESS:

1. Complete the attached application and submit with the following:
 - Copy of your valid driver's license, state issued ID or passport.
 - Copy of your social security card.
 - Copy of your valid state license in veterinary technology.
2. Personal History Questions:
You will need to attach a written explanation for any "Yes" answer in the personal history Information section. Additional information may be requested by the Board Office or a Board Appearance may be necessary.
3. You may scan and email the completed application to Robert.Needle@llr.sc.gov.

Approved licenses will be valid for 30 days. It may be renewed for up to 90 days total. To renew the license, contact the Board at 803-896-4598.

You may check your application status online at:

https://www.llr.sc.gov/index.asp?file=Application_Status_Instructions.html

The Board office will email you a copy of your license number and certificate.



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LIMITED LICENSE TO PRACTICE VETERINARY MEDICINE

Include with your application:

- Copy of valid drivers license, state issued ID or Passport
- Copy of Social Security Card
- Copy of valid license from another state

APPLICANT INFORMATION:

Name: _____ Maiden: _____
(Last, First, Middle, and Suffix)

Home Address: _____
(Street, City, State, Zip)

Preferred Mailing Address: _____
(Street/PO BOX, City, State, Zip)

Phone: _____ Cell Phone: _____ Date of Birth: _____

Email Address: _____ Social Security Number: _____

RECORD OF LICENSURE:

List all states in which you have been licensed in; regardless of status: Active, Inactive, Expired, etc.

State/Country	Date of Licensure	License No.	Status of Licensure (Active, lapsed, etc.)

PERSONAL HISTORY

Please answer all questions. You must attach a written explanation for any “Yes” answers.

- Have you ever been denied the right to take the veterinary technician licensure examination in any state? YES NO
- Have you ever been convicted, pled guilty or pled nolo contendere regardless of the adjudication of and federal, state or local law. (You may exclude minor traffic violations, and juvenile and/or expunged violations.) YES NO
- Have you ever had a license or certification of registration to practice veterinary medicine, or any other licensed profession, denied, revoked, suspended or otherwise acted against (including probation, fine or reprimand) in a disciplinary proceeding in any state? YES NO

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|----|---|-----|----|
| 4. | Are you currently under investigation or the subject of pending disciplinary action by any veterinary licensing board or other entity? | YES | NO |
| | | | |
| 5. | Currently or within the last two years, have you developed or been treated for any physical, mental or emotional condition or drug or alcohol addiction that might interfere with your ability to competently and safely perform the essential functions of practice? | YES | NO |

All statements contained in this application are made under oath or affirmation and all representations are true and correct to my best knowledge and belief and subject to penalties of making a false affidavit of declaration. Should I furnish any false information in this application, I hereby agree that such action shall constitute cause for denial, suspension or revocation of license as a licensed veterinarian in South Carolina. This application and signature shall act as authorization of entities in possession of state files pertaining to my licensure and practice, law enforcement records, administrative records, motor vehicle records, and court documents to release such information to this licensing authority.

SIGNATURE OF APPLICANT

DATE

PRIVACY DISCLOSURE:

South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.