



INSTRUCTIONS APPLICATION FOR LICENSE EQUINE DENTAL PROVIDER

Revised 08/12

Prior to September 1, 2012, you may apply for an Equine Dental Provider license through the “grandfather” clause currently found in the Texas Veterinary Licensing Act, effective September 1, 2011. You are not required to take and pass a jurisprudence examination, if you apply for and gain your license between September 1, 2011 and August 31, 2012. To earn a Texas Equine Dental Provider license, effective September 1, 2012, you must apply for, take and pass the appropriate jurisprudence examination.

GENERAL INFORMATION AND INSTRUCTIONS

If you meet the following pre-requisites and criteria, you may download and fill out the application for a Texas Equine Dental Provider (EDP) license.

- You are a **graduate** of and possess a certificate of completion from the International Association of Equine Dentistry (IAED); **OR**
- You are **NOT** certified by IAED or another board-approved entity or organization but you can provide proof of the following:

Option 1:

- a. Proof of graduation from a board-approved equine dental school or other board-approved entity; **AND**
- b. Proof of 280 hours of course work; **AND**
- c. Two (2) notarized affidavits in which Texas licensed veterinarians in good standing with the board state that they know you, the applicant, and that you are competent in the practice of smoothing and filing teeth by floating; **OR**

Option 2:

- a. Two (2) notarized affidavits in which Texas licensed veterinarians in good standing with the board state that they know you, the applicant, and that you are competent in the practice of smoothing and filing teeth by floating; **AND**
- b. Financial records that show that you earned the majority of your income during the past two (2) years by performing equine dental services; **OR**

Option 3:

- a. Two (2) notarized affidavits in which Texas licensed veterinarians in good standing with the board state that they know you, the applicant, and that you are competent in the practice of smoothing and filing teeth by floating; **AND**
- b. Sworn affidavits from at least two (2) clients who certify that you have performed satisfactorily in addressing the dental needs of the client’s animal(s).

For your application to be considered, you must submit the application with all required documentation and the fee.

Fee: **\$100** – Non refundable. We can only accept a money order or cashier’s check made payable to the TEXAS BOARD OF VETERINARY MEDICAL EXAMINERS or TBVME. A personal or business check or cash is unacceptable.

Submit Application To:

Texas Board of Veterinary Medical Examiners
333 Guadalupe Street, Suite 3-810
Austin, Texas 78701

YOU ARE RESPONSIBLE FOR THE TIMELY SUBMISSION OF ALL REQUIRED MATERIAL AND DOCUMENTATION. AN INCOMPLETE APPLICATION WILL NOT BE PROCESSED AND YOU WILL NOT BE ISSUED AN EQUINE DENTAL PROVIDER LICENSE.

APPLICATION DOCUMENTATION CHECK LIST

ALL Applicants Are Required To Furnish:

- ❑ Completed Application – Must be filled out completely (no blank spaces), signed and notarized or it is considered incomplete, will not be accepted and will be returned to you.
- ❑ Money Order or Cashier’s Check for the **\$100** application fee made payable to the TEXAS BOARD OF VETERINARY MEDICAL EXAMINERS or TBVME. The fee is non-refundable.
(**NOTE:** Personal or business checks and/or cash will **NOT** be accepted)
- ❑ **Certified Copy** of Your Birth Certificate.
Certified copies may be obtained from the Health Department, Bureau of Vital Statistics, in the state where you were born. Most states charge a fee for this service, so contact them as soon as possible to avoid a delay in receiving your birth certificate. Hospital birth certificates and notarized copies are not acceptable. **If you are foreign born applicant, you must submit a certified copy of your birth certificate from the country of birth.**
- ❑ Foreign born individuals must also furnish documentation of legal status in the US. See the “Frequently Asked Questions” page of the application for list of acceptable documentation.
- ❑ Education or Evidence of Competency
If you are a **graduate** of the International Association of Equine Dentistry (IAED) – you must submit the following:
 - a. Certificate of completion from the IAED.

If you are **NOT** an IAED graduate you must submit the following:

Option 1:

- a. Proof of graduation from a board-approved equine dental school or other board-approved entity;
AND
- b. Proof of 280 hours of course work; **AND**
- c. Two (2) notarized affidavits in which Texas licensed veterinarians in good standing with the board state that they know you, the applicant, and that you are competent in the practice of smoothing and filing teeth by floating; **OR**

Option 2:

- a. Two (2) notarized affidavits in which Texas licensed veterinarians in good standing with the board state that they know you, the applicant, and that you are competent in the practice of smoothing and filing teeth by floating; **AND**
- b. Financial records that show that you earned the majority of your income during the past two (2) years by performing equine dental services; **OR**

Option 3:

- a. Two (2) notarized affidavits in which Texas licensed veterinarians in good standing with the board state that they know you, the applicant, and that you are competent in the practice of smoothing and filing teeth by floating; **AND**
- b. Submit sworn affidavits from at least two (2) clients who certify that you have performed satisfactorily in addressing the dental needs of the client’s animal(s).

- ❑ One current, recent (not older than 6 months) Passport Type Picture
 - Must be 2" x 2";
 - Close-up photos only (Your face must fill most of picture);
 - Frontal face shots only;
 - May be black and white **OR** color;
 - No hats or sunglasses;
 - Must be signed and dated on back;
 - Not dog-eared, folded or bent.

- ❑ DD 214 (if discharged from the Armed Forces) for each period of service.
Submit a copy of entire form showing "Type of Separation" (discharged) and "Character of Service" (honorable, dishonorable, etc.).

- ❑ Other State license verification
If you are licensed as an Equine Dental Provider in another state, submit a "letter of license verification and good standing" from the licensing authority in that state. If your license has lapsed, the letter is still required to ensure that while you held the license, it was in good standing and unencumbered.

Contact Information:

Texas Board of Veterinary Medical Examiners

333 Guadalupe, Ste. 3-810

Austin, TX 78701-3942

512-305-7555 (phone)

www.tbvme.state.tx.us

email: vet.board@tbvme.state.tx.us



TEXAS STATE BOARD OF VETERINARY MEDICAL EXAMINERS
APPLICATION FOR EQUINE DENTAL PROVIDER LICENSE

PURPOSE This application is required for eligible persons to apply for and earn a Texas License for Equine Dental Providers.

APPLICATION REQUIRED A completed application with **all** supporting documentation must be received in the Board office. If the application is incomplete, it will not be accepted or processed, and will be returned. Please allow a minimum of two (2) weeks for the processing of your application.

All required information must be either **typed or printed in black or blue ink** and in the English language. You must answer all items/questions completely and accurately. If some responses require more space than the form provides, attach additional sheets. Incomplete answers or failure to provide required data or documents may be grounds for rejection of the application. Further, if, after licensing, responses are found to be false, inaccurate or incomplete, disciplinary action, including suspension or license revocation, may be initiated. The completed application must be sworn to and **notarized**. Please mail all material to: Texas Board of Veterinary Medical Examiners, 333 Guadalupe Street, Tower 3, Suite 810, Austin, Texas 78701.

APPLICATION FEE The fee is **\$100** payable at the time of application submission in the form of a **money order or cashier's check** made payable to the TEXAS BOARD OF VETERINARY MEDICAL EXAMINERS or TBVME. The fee is non-refundable.

I. GENERAL INFORMATION

1. a. Full Name (Last) _____ (First) _____ (Middle) _____
b. Social Security Number _____
c. Maiden Name (if applicable) _____
d. Give your name the way you wish it to appear on the license when issued (nicknames are not permissible) _____
e. If married, husband's name or MAIDEN name of wife. _____
f. Have you ever used any other name or has your name ever been changed? _____ If "yes", attach a separate sheet giving full details and attach a copy of the legal document changing your name (e.g. marriage license, divorce decree, court order, etc.)
g. Have you ever applied to this agency before? _____ If "yes", please give the approximate date and name under which you applied and for what you applied. _____

2. Present Mailing Address:
Street/apt# _____ City _____ State _____
Zip _____ Country if not U.S. _____
3. Phone Number: (a) Residence: _____ (b) Work: _____
(c) Cell: _____ (d) E-mail address: _____
4. Driver License Number and State in which issued: _____

5. Give **date and place** of birth. _____
 Attach a certified copy of your birth certificate. Please refer to the instructions and “Frequently Asked Questions” for more detailed information.
6. Give accurately your present: Height _____ Weight _____ Color of Hair _____
 Color of Eyes _____ Complexion _____ Distinguishing marks and/or scars, give location and description _____
7. List chronologically each place of residence, post office addresses and date when you commenced and terminated each such residence for the last ten (10) years. Attach additional sheets, if needed.

Address	City/State	Mo.&Yr. Commenced	Mo.&Yr. Terminated

II. EDUCATIONAL INFORMATION

1. Please provide us with information regarding your participation in the program offered by the International Association of Equine Dentistry (IAED).

IAED (International Assoc. of Equine Dentistry)
Type of certificate awarded:
of hrs of course work completed:
Other:

2. If you are **NOT** a graduate of the IAED program please complete one of the following options:

Option 1:

a. Provide proof of graduation from a board-approved equine dental school or other board-approved entity.

FORMAL EDUCATION relevant to the field of expertise
Name of school or organization:
Type of certificate awarded (<i>you must submit proof of graduation</i>):

b. Provide proof of 280 hours of course work.

c. Give the names and contact information of two (2) Texas licensed veterinarians in good standing with this Board who can attest to your competency in the practice of smoothing and filing teeth by floating. **YOU MUST ALSO ATTACH TWO (2) NOTARIZED AFFIDAVITS FROM THOSE VETERINARIANS.**

Veterinarian Name:	Veterinarian Name:
Clinic name (if applicable):	Clinic name (if applicable):
Address:	Address:
E-Mail:	E-Mail:
Phone:	Phone:

Option 2:

a. Give the names and contact information of two (2) Texas licensed veterinarians in good standing with this Board who can attest to your competency in the practice of smoothing and filing teeth by floating. **YOU MUST ALSO ATTACH TWO (2) NOTARIZED AFFIDAVITS FROM THOSE VETERINARIANS.**

Veterinarian Name:	Veterinarian Name:
Clinic name (if applicable):	Clinic name (if applicable):
Address:	Address:
E-Mail:	E-Mail:
Phone:	Phone:

b. Submit financial records that show that you earned the majority of your income during the past two (2) years by performing equine dental services.

Option 3:

- a. Give the names and contact information of two (2) Texas licensed veterinarians in good standing with this Board who can attest to your competency in the practice of smoothing and filing teeth by floating. YOU MUST ALSO ATTACH TWO (2) **NOTARIZED** AFFIDAVITS FROM THOSE VETERINARIANS.

Veterinarian Name:	Veterinarian Name:
Clinic name (if applicable):	Clinic name (if applicable):
Address:	Address:
E-Mail:	E-Mail:
Phone:	Phone:

- b. Give the names and contact information of two (2) clients who certify that you have performed satisfactorily in addressing the dental needs of the client's animal(s). YOU MUST ALSO ATTACH TWO (2) SWORN AFFIDAVITS FROM THOSE CLIENTS.

Client name:	Client name:
Address:	Address:
E-Mail:	E-Mail:
Phone:	Phone:

III. PERSONAL BACKGROUND

- 1. a. Have you ever been a party to, or a witness in, any legal proceedings, either civil, criminal or administrative? Yes No
- b. Have you ever been convicted of a criminal offense? Yes No
- c. Have you ever had a license to perform equine dentistry revoked, suspended, canceled, or surrendered? Yes No
- d. Have you ever been involved in a disciplinary action or proceeding by a certifying organization such as the IAED (International Association of Equine Dentistry)? Yes No
- 2. If the answer to (a), (b), (c) or (d) is "yes", please attach a separate sheet(s) giving a full explanation including dates, the court or courts, reference to the court records, if any, and the disposition of each such matter. If no court records are available, give to the best of your ability the names and addresses of all persons involved, including any legal counsel. If the proceeding involved IAED or another certifying organization, please include a copy of all documentation and information regarding the action or proceedings and the outcome, including any sanctions levied upon you by IAED or other certifying organization.

3. a. Have you ever served in the Army, Air Force, Navy, Marine Corps, Coast Guard, or any other branch of the Armed Forces of the United States? _____
 b. If the answer to (a) is "yes", please attach form DD 214 for each period of service. If you are on active duty at this time, please indicate. _____
4. **If you are NOT a citizen of the United States or Canada, or if you are foreign born, you must verify your legal status.** See the checklist instructions and the "Frequently Asked Questions" page for more details.
5. **Enclose one recent picture.** Please see checklist for specifications.

V. EMPLOYMENT HISTORY

1. List the occupations and employment in which you have been engaged for the past 10 years, listing names of employers, their full addresses, and dates. (Attach additional sheet if needed)

Name of Employer	Complete Address	Dates of employment

VI. LICENSES AND CERTIFICATIONS

1. Are you now or have you ever been licensed as an equine dental provider in another state, country or jurisdiction? Yes No If "yes", please complete the following: (attach additional sheets, if needed)

State	Permit No.	Issue Date	Active/Inactive	# of Yrs. practiced

*If this applies to you, please have the attached verification form completed. You do not have to use the form. A letter of verification of license and good standing from the appropriate authority is also acceptable. The form may be reproduced if you need more than one. **The applicant is responsible for contacting and submitting the form to the appropriate entity(ies).**

2. Do you currently hold or have you ever had a license or permit issued by a state racing commission? _____
If "yes", please complete the following:

State	Permit/Lic. No.	Issue Date	Status	Any restrictions?

If this applies to you, please have the attached verification form completed. You do not have to use the form. A letter from the appropriate authority is acceptable. This form may be reproduced if you need more than one. **You are responsible for contacting and submitting the form to the appropriate entity(ies).**

3. a. To your knowledge, have you ever failed a licensing examination? _____ If "yes", please give the state, country or jurisdiction, date, and the type of examination. _____
- b. Have you been refused or denied licensing or examination for licensing in any state, country or jurisdiction? _____ If the answer is "yes", please name state(s) and give approximate date(s) and reason(s) for refusal or denial. _____

VII. SUBMITTING APPLICATION & PAYING FEE

1. Attach a **money order** or **cashier's check** in the amount of **\$100**. **Cash or personal checks are NOT accepted.** The ENTIRE fee must accompany this application. *ALL MONEY ORDERS AND/OR CASHIER'S CHECKS MUST BE PAYABLE TO: THE TEXAS BOARD OF VETERINARY MEDICAL EXAMINERS OR TBVME.*
2. The application, fee, and related documents must be mailed to: TEXAS BOARD OF VETERINARY MEDICAL EXAMINERS, 333 Guadalupe Street, Tower 3, Suite 810, Austin, Texas 78701. **MUST BE MAILED TO THE BOARD OFFICE.**

VIII. AFFIRMATION

In addition to the foregoing:

- a. I understand and agree that this application and all supporting information, documents, and instruments submitted herewith become the property of the State of Texas, and will not be returned in whole or in part.
- b. I hereby give my permission to the Texas State Board of Veterinary Medical Examiners to secure additional information concerning me or any of the statements in this application from any person or any source the Board may desire, and I hereby authorize any person, firm, company or organization to furnish any information requested by the Board.
- c. I further agree to submit to questioning by the Board or its staff to substantiate my statements.
- d. I further state that the photograph(s) submitted as part of this application is a true likeness of me and I am the person in said photograph(s).

I, _____, the applicant herein state that all facts, statements, and answers contained in this application are true and correct. I am not omitting any information which might be of value to this Board in determining my qualifications. I agree that any falsification, omission, or withholding of pertinent information or facts concerning my qualifications as an applicant shall be sufficient to bar me from this or any future examination given by the Texas State Board of Veterinary Medical Examiners and any such falsifications, omission, or withholding shall serve as sufficient grounds for disciplinary actions by the Texas State Board of Veterinary Medical Examiners.

APPLICANT SIGNATURE DATE

THE STATE OF _____ §

COUNTY/PARISH OF _____ §

BEFORE ME, the undersigned authority, on this day, personally appeared _____ who being by me duly sworn upon oath says that all the facts, statements, and answers contained in this application are true and correct and that all questions have been answered fully and frankly.

Signed this the ____ day of _____, _____.

NOTARY PUBLIC



TEXAS BOARD OF VETERINARY MEDICAL EXAMINERS
CERTIFICATE OF VALID LICENSE ISSUED

TO THE APPLICANT:

Please complete the top section of this form and mail it to the Board of each state in which you are now or have ever been licensed as an equine dental provider. Some states may charge for this service.

TO WHOM IT MAY CONCERN:

I am applying for a equine dental provider license in the State of Texas. Completion of this form is a requirement in order that I may be eligible to apply for an equine dental provider license. This is your authority to release any information in your files concerning me, favorable or otherwise, to the Texas State Board of Veterinary Medical Examiners.

TYPE OR PRINT YOUR FULL NAME

SIGNATURE
DATE

LICENSE NUMBER AND ISSUE DATE

ADDRESS

CITY/STATE/ZIP CODE

THE SECTION BELOW IS TO BE COMPLETED BY AN OFFICIAL OF THE BOARD

Please complete this section and return to:
Texas Board of Veterinary Medical Examiners
333 Guadalupe Street, Tower 3, Suite 810
Austin, Texas 78701-3942
(512) 305-7555

Re: _____

This is to certify that the records of the State Board of Veterinary Medical Examiners in the State of _____ indicate that the above named individual was issued license number _____ on the _____ day of _____ on the basis of

_____ Reciprocity/Endorsement from (Name of State) _____
_____ Written Examination _____ Grade
_____ Oral Examination

Please answer the following questions:

1. Is this license current? _____ YES _____ NO
2. Is this license in good standing at this time? _____ YES _____ NO
3. Has this individual ever been warned or reprimanded? _____ YES _____ NO
4. Has this individual's license ever been revoked? _____ YES _____ NO
5. Has this individual's license ever been suspended? _____ YES _____ NO
6. Has this individual's license ever been placed on probation? _____ YES _____ NO
7. Has this individual's license ever been restricted in any way? _____ YES _____ NO
8. Has this individual ever had any charges filed against him/her? _____ YES _____ NO
9. Do your files indicate any derogatory information whatsoever? _____ YES _____ NO

DATE

SIGNATURE

(Official Seal)

NAME OF BOARD

TITLE AND

TYPED NAME OF OFFICIAL

NOTE TO THE BOARD OFFICIAL COMPLETING THIS FORM: If the answer to 1 & 2 is no, or 3 through 9 is yes, please explain and attach certified copies of any pertinent material, such as Notice of Hearing, Final Decision, Consent Order/Agreement, etc.



TEXAS BOARD OF VETERINARY MEDICAL EXAMINERS
Verification Certification of Valid Racing License (Permit)

TO THE APPLICANT:

Please complete the top section of this form and mail it to the Racing Commission of each state or jurisdiction in which you are now or have ever been licensed.

TO WHOM IT MAY CONCERN:

I, the undersigned, am applying for a equine dental provider license in the State of Texas. Proper completion of this form is a requirement in order that I may be eligible to apply for an equine dental provider license. This is your authority to release any information in your files concerning me, favorable or otherwise, to the Texas Board of Veterinary Medical Examiners.

TYPE OR PRINT YOUR FULL NAME

SIGNATURE
DATE

LICENSE NUMBER AND ISSUE DATE

ADDRESS

CITY/STATE/ZIP CODE

The section below is to be completed by an official of the Racing Commission

Please complete this section and return to:
Texas Board of Veterinary Medical Examiners
333 Guadalupe, Tower 3, Suite 810
Austin, Texas 78701
(512) 305-7555

RE: (Name of permit/license holder) _____

This is to certify that the records of the Racing Commission in the State of _____ indicate that the above referenced individual was issued license (permit) number _____ on _____
Type of license: _____ (i.e. groomer, jockey, EDP, trainer, etc.) Please answer the following questions:

- | | |
|---|--------------------|
| 1. Is this license current? | _____ YES _____ NO |
| 2. Is this license in good standing? | _____ YES _____ NO |
| 3. Has this person ever been warned or reprimanded? | _____ YES _____ NO |
| 4. Has this person's license ever been revoked? | _____ YES _____ NO |
| 5. Has this person's license ever been suspended? | _____ YES _____ NO |
| 6. Has this person's license ever been put on probation? | _____ YES _____ NO |
| 7. Has this person's license ever been restricted in any way? | _____ YES _____ NO |
| 8. Has this person ever had any charges filed against him/her? | _____ YES _____ NO |
| 9. Do you know of anything which may be a discredit to this person? | _____ YES _____ NO |
| 10. Do your files indicate any derogatory information whatsoever? | _____ YES _____ NO |

DATE
OFFICIAL STAMP (If available)

SIGNATURE AND TITLE

NAME OF RACING COMMISSION

NOTE TO THE RACING COMMISSION COMPLETING THIS FORM. If the answer to 1. and/or 2. is "No", or 3. through 10. is "Yes", please explain and attach certified copies of any pertinent material, such as, Notice of Hearing, Final Decision, Consent Order/Agreement, etc.

Frequently Asked Questions

How will my name appear on my license?

Your legal name, as it appears on your birth certificate, will be used, unless you have a legal document showing a change in your name. This includes marriage license, divorce decree, or court order. Nicknames are not allowed. While first and middle names cannot be dropped, you may use initials.

I have been discharged from the military. What documentation do you need?

If you have been discharged from the Armed Forces, copies of all separation papers (DD 214) are required. If you are on active duty at this time, please indicate. Need copy of entire Form DD 214 showing "Type of Separation" (discharged) and "Character of Service" (honorable, dishonorable, etc.).

What if I was not born in the United States or Canada?

If you are currently a United States or Canadian citizen, but born in a foreign country, you must provide the following information:

1. Certified copy of your birth certificate from country of birth, **AND**
2. Current notarized copy of United States passport **OR** notarized copy of naturalization certificate.

If you are **NOT** a United States or Canadian citizen, you must provide the following information:

1. Certified copy of your birth certificate from country of birth, **AND**
2. Documentation of your legal status. According to information received from the U.S. Department of Immigration and Naturalization, the following items are acceptable as evidence of legal status.
 - a. Notarized copy of valid Alien Registration Card with photo; **OR**
 - b. Notarized copy of valid Resident Alien or Permanent Resident Card; **OR**
 - c. Notarized copy of valid VISA Waiver Travel Authorization; **OR**
 - d. Notarized copy of valid Certificate of Eligibility for Nonimmigrant Student.

I need an auxiliary aid or services to take the examination. What do I need to do?

Persons with disabilities who plan to attend this examination and who may need auxiliary aids or services (interpreters for hearing impaired, readers, braille, etc.) are requested to contact the Board office (512) 305-7555 or Relay Texas (1-800-877-8973 TDD) prior to submitting your application. If you find that you are unable to participate in the examination once you have actually applied, please contact us so that we may avoid paying for services not needed.

DON'T FORGET TO HAVE PAGE 7 OF THE APPLICATION NOTARIZED.