



TEXAS BOARD OF VETERINARY MEDICAL EXAMINERS
EXAMINATION/LICENSE APPLICATION GENERAL INFORMATION
EQUINE DENTAL PROVIDER (EDP)

APPLICATION REQUIREMENTS: 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. The application ***must be signed.***

Fee: \$100 (Cashier's check or money order.) No personal or company checks accepted. The application fee is generally non-refundable.

Submit Applications To:

Texas Board of Veterinary Medical Examiners
333 Guadalupe Street, Suite 3-810
Austin, Texas 78701
Licensing@veterinary.texas.gov

Examination Description:

You will be tested over the contents of **all** three of the following publications: Veterinary Licensing Act (laws), Texas Board Veterinary Medical Examiners Rules of Professional Conduct, Chapter 573, and Licensing Rules, Chapter 571. We will email you the instructions on how to schedule your exam once your application has been approved. **These publications are available on our website at:** <http://www.veterinary.texas.gov/ExamStudyMaterial.php>

Minimum Passing Score: 85%

Upon Attaining A Score Of 85% Or Better:

If you meet all requirements to be licensed; your grade(s) on the examination(s), the **license number** assigned to you, and the authorization letter for you to practice will be mailed to you **within 7 business days of notification from the testing center of your passing score.**

Scores Below 85%:

If you fail to pass any examination(s), please send us a written request to retake the exam and the application fee. Please contact the board if you have questions at licensing@veterinary.texas.gov.

State Board Exams are administered at participating COMIRA testing centers. You must submit an application, all required documentation, and fee to TBVME to determine eligibility for Equine Dental Provider licensure in Texas. Exams are given on-demand but processing your application can take up to 30 days, depending on how quickly we receive your required documentation. Once we determine that your application is complete, you will be emailed instructions on how to schedule and take your exam.

Contact Information/Mailing Addresses You Will Need:

Texas Board of Veterinary Medical Examiners
333 Guadalupe Suite 3-810
Austin, TX 78701-3942
512-305-7555
www.veterinary.texas.gov
Email: licensing@veterinary.texas.gov



State Board Examination Application Checklist

ALL applicants are required to furnish:

- Completed Application – Do not leave blank spaces.
- Money Order or Cashier's Check for the \$100 application fee. NOTE: Personal Checks and/or cash will NOT be accepted) **If you meet the criteria for a military fee waiver, do not send in the application fee.**
- Copy of Your Birth Certificate. If you are foreign born, you must submit a copy of your birth certificate from the country of birth.
- Education
- Submit Fingerprints
- Copy of your State Driver's License or ID Card

If you have graduated from the International Association of Equine Dentistry (IAED) or the Equine Dental Providers of America (EDPA):

- A notarized copy of your certificate of completion from the IAED or EDPA.

Fee Waiver for Veterans, Active Military Personnel, and Military Spouses: The Texas Legislature passed a law that allows state agencies to waive application and examination fees paid to the state for (1) a military service member or military veteran whose military service, training or education substantially meets all of the requirements for a license from the board; or (2) a military service member, military veteran, or military spouse who holds a current license issued by another jurisdiction that has licensing requirements that are substantially equivalent to the requirements for a license from the board. If you meet the criteria, you do not need to submit a fee with your application.

Military Personnel Must Furnish:

- DD 214 (if discharged from the Armed Forces) for each period of service. (Member-4 copy)
- Current members must furnish your current military orders and a copy of your military ID
- Spouse's current military orders if applying as a military spouse and Certificate of Valid License issued by another jurisdiction

Additional Items that MAY be applicable:

- Certificate of Valid License Issued and good standing (Need verification from any and all states you have ever been licensed whether the license is current or not).
- Verification Certificate of Valid Racing License (Permit)

These forms are included in this packet. You may use the forms provided, or letters from the applicable authority will also be accepted. The applicant is responsible for contacting and submitting the forms to the appropriate entities. Most states require a fee for license verification and will not process your request until payment is received. You may discard the forms if they do not apply to you.

NOTE: All items must be in English. Items being translated from another language must be certified before they are submitted. Certification can be obtained from a licensed translator or the consulate of that foreign country. Other applicants have used the following website: www.mejpbs.com.



**TEXAS STATE BOARD OF VETERINARY MEDICAL EXAMINERS
APPLICATION FOR EQUINE DENTAL PROVIDER
(EDP)**

1. PERSONAL INFORMATION

| | | | | | | | | | | |
|---|--------------------------|-------------------------------------|--|--|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Last Name | | First Name | | Middle Name | | | | | | |
| Date of Birth | SSN: | Maiden Name (if applicable) | | | | | | | | |
| 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.) | | | | <table style="width: 100%; text-align: center;"> <tr> <td>YES</td> <td>NO</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> | YES | NO | N/A | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| YES | NO | N/A | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | |
| Have you ever applied to this agency before? <i>If "yes", please give the approximate date and name under which you applied and for what you applied.</i> | | | | <table style="width: 100%; text-align: center;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | | | |
| Date | | Name | | | | | | | | |

2. CURRENT ADDRESS:

| | | | | |
|-------------|--|-----------------------|-------|-----|
| Street/Apt# | | City | State | Zip |
| County | | Country (if not U.S.) | | |

3. CURRENT AND/OR LAST EMPLOYER:

| | | | | |
|----------------------|--|--------------------------|-------|-----|
| Name of Employer: | | | | |
| Address: Street/Apt# | | City | State | Zip |
| Date of employment: | | Contact name and number: | | |

4. CONTACT INFORMATION:

| | | |
|-----------------|------|------|
| Primary Phone: | Work | Cell |
| E-mail address: | | |

5. DRIVER'S LICENSE INFORMATION:

| | |
|--------|---------------|
| Number | State issued: |
|--------|---------------|

6. EDUCATIONAL HISTORY:

Please provide us with information regarding your participation in the program offered by the International Association of Equine Dentistry (IAED) or the Equine Dental Providers of America (EDPA)

IAED (International Association of Equine Dentistry) or EDPA (Equine Dental Providers of America):

| | | |
|------------------------------|---------------|--|
| Type of certificate awarded: | Date awarded: | No. of hours of course work completed: |
|------------------------------|---------------|--|

8. PERSONAL BACKGROUND

A "YES" ANSWER TO ANY QUESTION LISTED BELOW REQUIRES ADDITIONAL INFORMATION, INCLUDING A DATED AND SIGNED LETTER IN YOUR OWN WORDS EXPLAINING THE CIRCUMSTANCES OF YOUR "YES" ANSWER, AND ALL RELATED LEGAL AND COURT RECORDS AND PAPERS.

| | | | | |
|--|---------|---|---------------------------------|--------------------------------|
| Have you ever been arrested, cited, or charged with a crime? <i>If Yes complete info below</i> | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Date of Arrest (MM/DD/YYYY) | Offense | Arresting Agency and Location (County and State) | Final Disposition | |
| | | | | |
| | | | | |

NOTE: Expunged and Sealed Offenses: While expunged or sealed offenses, arrests, tickets, or citations need not be disclosed, it is YOUR RESPONSIBILITY to ensure that the offense, arrest, ticket, or citation has, in fact, been expunged or sealed. Failure to reveal an offense, arrest, ticket, or citation that is not in fact expunged or sealed may subject your license to a disciplinary order and fine. If our investigation reveals an offense not disclosed by you, your application will be delayed and may subject your license to disciplinary order and fine, or possible denial of your license.

| | | |
|---|---------------------------------|--------------------------------|
| Are you currently the subject of or target of a grand jury or governmental investigation? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Have you ever been addicted to and/or diagnosed with or treated for alcohol or chemical dependency or addiction? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Have you ever been a party to, witness in, any civil legal proceeding relating to the practice of veterinary medicine? (Including any civil legal matter whether you personally appeared in court or your attorney or other representative appeared on your behalf.) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 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 or State Military Forces? If yes, attach form DD 214 (Member 4) for each period of service. If currently serving, attach a copy of your current military orders and your ID. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Are you a military spouse who holds a current license issued by another jurisdiction? If yes, attach a copy of your spouse's current military orders and your ID. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| To your knowledge, have you ever failed a licensing examination? <i>If yes, give the state, country or jurisdiction, date, and the type of examination below.</i> | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

| State, country or Jurisdiction | Date | Type of Examination |
|--------------------------------|------|---------------------|
| | | |
| | | |

| | | |
|--|---------------------------------|--------------------------------|
| Have you been refused or denied licensing or examination for licensing in any state, country or jurisdiction? <i>If yes, please name state(s) and give approximate date(s) and reason(s) for refusal or denial below</i> | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|--|---------------------------------|--------------------------------|

| State, country or Jurisdiction | Date | Reason for Refusal or Denial: |
|--------------------------------|------|-------------------------------|
| | | |
| | | |

| | | |
|--|---------------------------------|--------------------------------|
| Have you been issued a Cease and Desist Order in this or any other state due to you participating in veterinary medicine without the proper license/permit? <i>If yes, name state(s) and give approximate date(s) this occurred below:</i> | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|--|---------------------------------|--------------------------------|

| State, country or Jurisdiction | Date | Reason |
|--------------------------------|------|--------|
| | | |
| | | |

9. LICENSES AND CERTIFICATIONS

*If this applies to you a letter of verification of license and good standing from the appropriate authority is required. The applicant is responsible for contacting and submitting the form to the appropriate entity(ies).

| Are you now or have you ever been licensed as an Equine Dental Provider in another state, country or jurisdiction? <i>If Yes, complete information below:</i> | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|---|-------------------|------------|-------------|---------------------------------|--------------------------------|
| State | License No | Issue Date | Active? Y/N | Years Practice | |
| | | | | | |
| | | | | | |
| | | | | | |
| Do you currently hold, or have you ever had a license or permit issued by a state racing commission? <i>If Yes, complete information below:</i> | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| State | Permit/license No | Issue Date | Status | Any restrictions? | |
| | | | | | |
| | | | | | |
| | | | | | |

10. 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.

I, 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 PRINTED NAME

APPLICANT SIGNATURE

DATE



TEXAS BOARD OF VETERINARY MEDICAL EXAMINERS
CERTIFICATE OF VALID EDP 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 an 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

(Official Seal)

SIGNATURE

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 veterinary license in the State of Texas. Proper completion of this form is a requirement in order that I may be eligible to sit for the licensing examination. This is your authority to release any information in your files concerning me, favorable or otherwise, to the Texas Board of Veterinary Medical Examiners.

PRINT OR TYPE FULL NAME

SIGNATURE

DATE

LICENSE/PERMIT NUMBER/DATE ISSUED

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, veterinarian, 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.

I want to claim the military fee waiver. What documentation do you need?

- If you have been discharged from the Armed Forces, copies of DD 214, (Member 4).
- If you are on active duty currently, please indicate and send copy of your military orders.
- If you are military spouse, you must submit a copy of your spouse's military orders and certificate of valid license issued in good standing by another jurisdiction.

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

If you require ADA accommodation, please complete the ADA Accommodations Request Application. These are available at www.veterinary.texas.gov or by calling the Board office.

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 applied, please contact us so that we may avoid paying for services not needed.

What material is covered on the Equine Dental Provider Examination?

You will be tested over the contents of **all** three of the following publications: Veterinary Licensing Act (laws), Texas Board Veterinary Medical Examiners Rules of Professional Conduct, Chapter 573, and Licensing Rules, Chapter 571. We will email you the instructions on how to schedule your exam once your application has been approved. **These publications are available on our website at:** <http://www.veterinary.texas.gov/ExamStudyMaterial.php>

How much does it cost to take the examination?

The fee for taking the State Board Examination is \$100.00. The examination fee must accompany the completed application and must be in the form of money order or cashier's check. Personal checks or cash are NOT accepted. Make all money orders or cashier's checks payable to the Texas Board of Veterinary Medical Examiners or TBVME. The Comira Testing Center currently charges \$67.00, which is paid directly to Comira when you schedule your exam.