INSTRUCTIONS
APPLICATION FOR LICENSE
EQUINE DENTAL PROVIDER EXAM (EDPE)

Effective September 1, 2012, to earn a Texas Equine Dental Provider license you must apply for and pass the appropriate jurisprudence examination. You cannot perform any acts that are considered equine dentistry unless you are a Texas-licensed veterinarian, or you hold a Texas Equine Dental Provider license and are performing under the supervision of a Texas-licensed veterinarian who is active and in good standing.

GENERAL INFORMATION AND INSTRUCTIONS

A person is considered eligible to be licensed as an Equine Dental Provider if:

- ☐ You are a **graduate** of and possess a certification issued by the International Association of Equine Dentistry (IAED) **or** the Equine Dental Providers of American (EDPA); **OR**
- ☐ You are **NOT** certified by IAED or EDPA, but are certified by another board-approved certification entity or organization; **AND**
- ☐ You take and pass the jurisprudence examination for Equine Dental Providers conducted by the Board with a minimum score of 85%.

All State Board Exams will be administered at participating COMIRA testing centers. **We will email you the instructions on how to schedule your exam once your application is complete and has been approved. Your license will be issued within 7 days of receiving your passing score from the Comira testing center.**

We are no longer mailing the study materials to you. These publications are available on our website at:

http://www.veterinary.texas.gov/ExamStudyMaterial.php

You must submit an application, all required documentation, and fee to TBVME to determine eligibility for an Equine Dental Provider license in Texas.

Fee Waiver for Veterans, Active Military Personnel, and Military Spouses

The Texas Legislature passed a law that that allows state agencies to waive application and examination fees for veterans, active military personnel, and military spouses. If you meet the criteria, you do not need to submit a fee with your application. Please see instructions below for required documentation.

This fee waiver is for applications received after September 1, 2015

Fee: **$100** – generally 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. **If you meet the criteria for a military fee waiver, please do not send the fee with your application.**

Submit Application To:

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

APPLICATION DOCUMENTATION CHECK LIST

ALL Applicants Are Required To Furnish:

- ☐ Completed Application – Must be filled out completely (no blank spaces), signed, and dated or it is considered incomplete, will not be accepted and will be returned to you.
- ☐ Money Order or Cashier's Check for the **$100** fee made payable to the TEXAS BOARD OF VETERINARY MEDICAL EXAMINERS or TBVME. The fee is generally 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.**
- ☐ Education or Evidence of Competency
  If you are a **graduate** of the International Association of Equine Dentistry (IAED) **or** the Equine Dental Providers of American (EDPA) – you must submit the following:
  a. A notarized copy of your certificate of completion from the IAED or EDPA.

  If you are **NOT** an IAED or EDPA graduate you must submit the following:
  a. Proof of graduation from a board-approved equine dental school or other board-approved entity;
- ☐ One recent (not older than 6 months) Passport-Type Photograph of you (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.

Military Personnel Must Furnish:

- ☐ DD 214 (if discharged from the Armed Forces) for each period of service. Need copy of entire form showing "Type of Separation" (discharged) and "Character of Service" (honorable, dishonorable, etc.).
  Current members must furnish your current military orders and a copy of your military ID.
  OR
  Current military orders and military ID if applying as an active military member
  OR
  Spouse's current military orders and military ID if applying as a military spouse.

- ☐ 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) 512-305-7556 (fax)
Web site: www.veterinary.texas.gov email: licensing@veterinary.texas.gov

TEXAS STATE BOARD OF VETERINARY MEDICAL EXAMINERS
APPLICATION FOR EQUINE DENTAL PROVIDER EXAM (EDPE)

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 and fee must be received in the Board office. If the application is incomplete, it will not be approved. 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 signed. *Please mail all material to: Texas Board of Veterinary Medical Examiners, 333 Guadalupe Street, Suite 3-810, 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 generally non-refundable. **If you meet the criteria for a military fee waiver, please do not submit fee.**

I. GENERAL INFORMATION

1. a. Full Name (*Last*)_____ (*First*)_____ (*Middle*)_____
   b. Social Security Number _____
   c. *Maiden Name (If applicable*) _____
   d. If married, husband's name or MAIDEN name of wife. _____
   e. 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.)
   f. 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. Home 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) or the Equine Dental Providers of America (EDPA).

IAED (International Assoc. of Equine Dentistry) or EDPA (Equine Dental Providers of America)
Type of certificate awarded and date it was awarded:
# of hours of course work completed:
Other:

2. If you are **NOT** a graduate of the IAED or EDPA program please complete the following:
   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 approved by the Board (other than IAED or EDPA)
Type of certificate awarded (*you must submit proof of graduation*):

III. 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 CIRCUSTANCES OF YOUR "YES" ANSWER, AND ALL RELATED LEGAL AND COURT RECORDS AND PAPERS.

_____ Yes _____ No Have you ever been **arrested, cited,** or **charged** with a crime, Including:

A. Arrests or charges that are pending or were dismissed.
B. Arrests or charges that resulted in you receiving pre-trial diversion, deferred adjudication, probation, a court martial, or community service.
C. Arrests or charges that occurred when you were a juvenile, occurred a long time ago, or occurred in another state.

(You may exclude **ONLY** Class C misdemeanor traffic violations.)

_____ Yes _____ No Are you currently the subject of or target of a grand jury or governmental investigation?

_____ Yes _____ No In the past 5 years, have you been addicted to and/or diagnosed with or treated for alcohol or chemical dependency or addiction?

_____ Yes _____ No 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 _____ No Have you ever had a license to practice veterinary medicine revoked, suspended, canceled, or surrendered **OR** been subject to any other disciplinary action, including, but not limited to, Informal Settlements, Reprimands, administrative penalties or other Orders?

Indicate **ALL** criminal history information, regardless of the amount of time that has passed or in which state the offense occurred. Include all arrests, citations, or charges as described above. Include juvenile offenses, all charges that were dismissed, deferred adjudications, and all pending claims, whether or not you believe these are disqualifying.

Date of Arrest (MM/DD/YYYY)	Offense	Arresting Agency and Location (County and State)	Full 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. It is recommended that you submit a copy of the Court Order expunging or sealing the record in question to our office with your application. 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**. Non-disclosure of offenses raises questions related to truthfulness and character. **This Board will conduct its own background investigation**. **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.**

1. 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? _____If the answer is "yes" please attach form DD 214 for each period of service.

If you are on active duty at this time, please indicate_____ and attach a copy of your current military orders and your ID.

If you are a military spouse, please indicate _____ and attach a copy of your spouse's current military orders and your ID.

2. **Enclose one recent picture.** Please see checklist for specifications.

IV. 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

V. 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._____

   c. Have you been issued a Cease and Desist Order in this or any other state due to you practicing equine dentistry without the proper license/permit? If the answer is "yes", please name the state(s), and give approximate date(s)_____

VI. 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, Suite 3-810, Austin, Texas 78701. **THIS APPLICATION AND FEE *MUST* BE MAILED TO THE BOARD OFFICE.**

VII. 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

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 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 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 issued a racing permit.

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 SIGNATURE AND TITLE
OFFICIAL STAMP (If available)

_____
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 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.).

If you are a current military service member, please submit a copy of your military orders and a copy of your military ID.

If you are a military spouse, please submit a copy of your spouse's military orders and a copy of your military ID.

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.

What material is covered on the Equine Dental Provider Examination?

You will be tested over the content of the three booklets enclosed with your application: The Texas Veterinary Licensing Act (September 2013 Edition), Chapter 573 rules (Rules of Professional Conduct – May 2015 Edition) and Chapter 571 rules (Rules of Licensing – August 2015 Edition). This is **NOT** an open book examination.

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.