



TEXAS STATE BOARD OF VETERINARY MEDICAL EXAMINERS

APPLICATION FOR TEMPORARY EMERGENCY LICENSE

(During Governor declared state of disaster ONLY)

PURPOSE This application is required for eligible persons to apply for and receive a temporary emergency license to practice veterinary medicine in the State of Texas. **ONCE GRANTED, THIS LICENSE EXPIRES 120 DAYS AFTER IT'S ISSUE DATE, OR SOONER IF AN END OF DISASTER DECLARATION IS ISSUED.**

APPLICATION The **completed** application must be received in the Board office prior to a temporary emergency license being issued. **There is no fee payable for this particular license.** All requested data and information must be given. This application will not be processed nor will a temporary emergency license be issued unless the completed form has been received in its entirety.

APPLICATION SUBMISSION Please mail, hand-deliver or fax the application to: Texas State Board of Veterinary Medical Examiners, 333 Guadalupe Street, Suite 3-810, Austin, Texas 78701 or fax (512)305-7556. You may also email the application to licensing@veterinary.texas.gov.

I. GENERAL INFORMATION

1. (a) Full Name (Last) _____ (First) _____ (Middle) _____
(b) Social Security Number _____
(c) Maiden Name (If applicable) _____
(d) Have you ever used any other name or has your name ever been changed? _____ If "yes", please explain (i.e. marriage, etc.) _____
(e) 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. Mailing Address:
Street/apt# _____ City _____ State _____
Zip _____
3. Phone Number(s) and E-mail information:
(a) Residence: _____ (b) Work: _____
(c) Cell Phone: _____
(d) E-mail address: _____
(e) Fax: _____
4. Address as listed in the records with respective State Board(s) if other than 'Mailing Address' given above in **I.2.**

5. Driver's License Number and State in which issued: _____
6. Give **date and place** of birth: _____
7. Give accurately your present: Height _____ Weight _____ Color of Hair _____ Color of Eyes _____ Complexion _____ Distinguishing marks and/or scars, give location and description _____
8. Give the **date and school where you began** veterinary college/university: Date _____ School _____ and **give the date and school from which you graduated:** Date _____ Name of veterinary college/university (if graduate of a foreign veterinary college, please give the name of the country) _____

II. LICENSES AND CERTIFICATIONS Are you now or have you ever been licensed to practice veterinary medicine in another state, country or jurisdiction? ____ If "yes", please complete the following:

State	Lic. No.	Issue Date	Active? Y/N	Yrs. Practiced	DEA#	Issue Date	DEA Active?

We will contact the respective state(s) to verify licensure and standing.

III. SUBMITTING APPLICATION

1. The application must be mailed, hand-delivered or faxed to: TEXAS STATE BOARD OF VETERINARY MEDICAL EXAMINERS, 333 Guadalupe Street, Suite 3-810, Austin, Texas 78701, fax (512) 305-7556.
2. Upon receipt of this application and after verification of licensure and standing in the state through which you seek this temporary emergency license, a license will be issued to you.
3. **YOU CANNOT PRACTICE VETERINARY MEDICINE PRIOR TO BEING ISSUED THIS Temporary Emergency License (TEL). IN TEXAS, IT IS REQUIRED THAT YOU POSSESS A DRUG ENFORCEMENT ADMINISTRATION (DEA) REGISTRATION IN ORDER TO UTILIZE CONTROLLED SUBSTANCES.** Information regarding this registration is attached to this application.

IV. AFFIRMATION

In addition to the foregoing:

- (a) 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, including myself, and I hereby authorize any person, firm, company or organization to furnish any information requested by the Board.
- (b) I further agree to submit to questioning by the Board or its staff to substantiate my statements.

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

CONTROLLED SUBSTANCE REGISTRATION REQUIREMENTS

Below is a chart that outlines when a licensee must obtain DEA registration. This chart is based on Board rule § 573.43. Misuse of DEA Narcotics Registration, which in turn is based on Texas Department of Public Safety Texas Administrative Code (TAC), Chapter 13, Subchapter B; Rule § 13.21, Who Must Register; and Title 21 of the United States Code, Controlled Substances Act, Section 822, Persons Required to Register. Please contact the Texas Board of Veterinary Medical Examiners (TBVME) or Texas DEA office should you have any questions.

When Do I Need A...

DEA Controlled Substances Registration

You must obtain a DEA Controlled Substances Registration if you:

- **Prescribe Controlled Substances**
- **Dispense Controlled Substances**
- **Deliver Controlled Substances**
- **Order Controlled Substances delivered**

*If you utilize controlled substances
in any way, you **MUST** have a **DEA
Controlled Substances Registration.***

For more information on controlled substance registrations,
please visit:
www.dea.gov