



Oklahoma State Board of Veterinary Medical Examiners

2920 N Lincoln Blvd, Suite C Oklahoma City, OK 73105

PH# (405) 522-8831 Fax (405) 522-8034

Website: www.okvetboard.com

NON VETERINARY EQUINE DENTAL CARE APPLICATION*

PRINT OR TYPE ANSWERS TO ALL QUESTIONS ON THIS FORM IN FULL

Name:				
FIRST	MIDDLE	LAST	MAIDEN	SS#

Address:				
NUMBER AND STREET	CITY	STATE	ZIP	EMAIL
() - ()	-	()	-	/ /
HOME PHONE	CELL PHONE	DAY PHONE	DATE OF BIRTH	

Business Name:

Business Location:	() -			
NUMBER AND STREET	CITY	STATE	ZIP	PHONE

Are you a US Citizen? _____ If no, list your I-94 # _____ and Alien Registration # _____
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APPLICANT'S AFFIRMATION

(Including verification of lawful presence in the United States)

PHOTO

Taken within the past 12 months

(Tape - do not staple)

All natural persons fourteen (14) years of age or older and present in the United States, applying for a license with the Oklahoma State Board of Veterinary Medical Examiners are required, by the provisions of 56 O.S. Supp. 2007 § 71, to provide the Oklahoma State Board of Veterinary Medical Examiners with verification of lawful presence by sworn statement. "The undersigned, of lawful age, being first duly sworn, upon oath states, under penalty of perjury, as follows: I am a United States Citizen or I am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States. I have fully read and understand the instructions for application. I hereby certify under oath or by affirmation that I am the person named in the application; that all statements I have made herein are true; that the photograph is a true resemblance of me and was made within the last twelve (12) months; that in consideration of this issuance to me of a certificate in the State of Oklahoma I hereby pledge that I am of good

moral character, that I shall abstain from deceptive or fraudulent methods, from immoral, unprofessional and unethical conduct and hereby agree that violation of this pledge shall constitute cause for the revocation of my certification. I further state that I am not omitting any information which might be of value to the Board to determine my qualification or eligibility. I agree that any falsification, omission or withholding of pertinent information or facts, concerning my qualifications as an applicant for certification shall be sufficient to bar me from further consideration for certification by the Oklahoma State Board of Veterinary Medical Examiners. Any such falsification, omission or withholding of pertinent information shall serve as sufficient grounds for fines, revocation, cancellation and/or suspension of my certificate should it be discovered after my certificate is granted. I hereby authorize the Oklahoma State Board of Veterinary Medical Examiners or its successors to release to organizations, individuals or groups, information which is material to this application or any subsequent certification. **I understand and acknowledge that no prescription drugs shall be prescribed, dispensed, or administered without the establishment of a valid client-patient relationship between the equine owner and a licensed veterinarian as defined by the Act and the Rules of the Board and shall only be administered in accordance with the Act.**

_____	____/____/____
Signature of Applicant	Date

Notary Seal

Sworn before me on this _____ day of _____, _____ in the State of Oklahoma, county of _____ . My commission expires on ____/____/____ .

Notary Public _____ Comm# _____

Additional Documents:

To be eligible for the certification you must provide a certificate showing proof of at least eighty (80) hours of training in equine dentistry at the Texas Institute of Equine Dentistry, the Academy of Equine Dentistry, certification as an equine dental technician by the International Association of Equine Dentistry and Equine Dental Providers of America.

Additional Information:

- The fee is subject to change without notice.
- There is a Return Check Processing Fee of \$35.00, if applicable.
- The application signature must be original. Stamped or initialed signatures are not acceptable.
- All applications are submitted to the Board for approval. Contact the Board office or website for the exact date and time of the scheduled meetings. The Board meetings are open to the public. You are not required to appear in person before the Board in support of your application.
- Keep the Board office informed of your current mailing address at all times. This office can not be responsible for undeliverable or misdirected mail. The Board will, at all times, use the address on the application unless a written change of address is received by this office.
- The Board continuously updates its forms and instructions. It shall be the applicant's responsibility to contact the Board office for current revisions and updated forms.

Mail completed application and training certificate(s) along with a non-refundable fee of \$200.00 to:

O.S.B.V.M.E.

2920 N Lincoln Blvd Suite C

Oklahoma City, OK 73105

*** Please note under the authority granted in 59 O.S. § 698.12 (1), certification as a non veterinary equine dental care provider is not mandatory to practice teeth floating on farm animals in the State of Oklahoma.**