



KENTUCKY BOARD OF VETERINARY EXAMINERS

107 Corporate Drive, Second Floor, Frankfort, KY 40601

Office: 502-782-0273 • Fax: 502-695-5887

kybve.com • [vet@ky.gov](mailto:veter@ky.gov)

Application for a Special Permit

OFFICIAL USE ONLY

Instructions: This application must be completed by the individual seeking to obtain a Special Permit under KRS 321.201, while waiting to retake the North American Veterinary Licensing Examination (NAVLE) or the final stage of the ECFVG or PAVE program. Completion of all fields on this application are mandatory.

Insufficient answers or omissions will be sufficient grounds for rejection of this application. **Use the check list at the end of the application to ensure your submission is complete. Print SINGLE SIDED; DO NOT staple.**

I. Contact Information					
First Name	Middle Name	Last Name			
Other Names Used, if any	Date(s) of Use for Other Names	Social Security Number (required)			
		Date of Birth (required)			
Personal Email Address					
Personal Address Type	Street	City	ST	Zip	Country
Mailing Address					
Permanent Address					
Cell Phone					
Employer Business Name					
Business Address					
Business Phone					

II. Background Information

1. Complete the table below detailing all previous NAVLE attempts:

	First Attempt	Second Attempt	Third Attempt	Fourth Attempt
Date (MM/DD/YYYY)				
State / Jurisdiction				
Score				

Submit Complete Application to:
 Kentucky Board of Veterinary Examiners
 107 Corporate Dr, Second Floor
 Frankfort, Kentucky 40601



2. Indicate window (Month / Year) of next NAVLE attempt, if applicable:

_____ N/A

3. Since your last application, have you been convicted of a felony or misdemeanor other than a minor traffic violation? Yes No If yes, provide a brief explanation below and attach copies of records.

III. Application Check List

Disciplinary records. If applicable, any and all records of actions or circumstances listed in Question 3. If no disciplinary records to disclose, check the box: N/A

Special Permit. A letter from the Kentucky licensed supervising veterinarian, on letterhead from the employing clinic, is required, including the following. Email Vet@ky.gov for a template letter.

- (1) The name of the Kentucky licensed supervising veterinarian;
- (2) The license number of the Kentucky licensed supervising veterinarian;
- (3) A statement of recommendation about the applicant; and
- (4) A statement indicating that the applicant shall be supervised by the signing veterinarian.

Fee payment – REQUIRED – \$200 Special Permit Fee. Fee is pursuant to 201 KAR 16:510. Payments should be made payable to the **Kentucky State Treasurer**. Checks may be personal, business, cashier’s check, money order, bank draft, etc., in U.S. dollars; separate checks are not required. **DO NOT SEND CASH.**

Note that **special permits expire seven (7) business days after scores are released**, pursuant to [KRS 321.201](#). Contact KBVE at Vet@ky.gov immediately following receipt of your score to determine your next steps.

I hereby state that the information contained herein is true and accurate to the best of my knowledge, and that should the Kentucky Board of Veterinary Examiners determine that any statement herein is false, I acknowledge the Board may suspend, revoke, or terminate any special permit issued by the Board.

Signature of Applicant

Date

