

American Association of Veterinary State Boards Veterinary Information Verifying Agency (VIVA®)

Score Transfer Application

Mail completed application to: AAVSB, 380 W. 22nd Street, Suite 101, Kansas City MO 64108 VIVA # if known or Fax to: 816.931.1604 Legal Name: Print your full name Last Name First Name Middle Name Other Names Used: Other Last Name Other First Name Other Middle Name Date of Birth: Social Security/Canadian SIN Month / Day / Year Place of Birth: City, State (Province) Country **Contact Information:** Home phone: Work phone: Cell phone: **Email address:** Address: Number and Street Apartment # ZIP/Postal Code City State (Province) Country **Alternate Address:** Number and Street Apartment # City State (Province) ZIP/Postal Code Country **Transfer Scores to the following:** Name of state or province Name of state or province

Applicant Last Name: _

<u>Fees</u> Paper/Fax Score transfer				<u>Amount(</u> s) \$100 x	(number of pla	aces) = \$	
		(Please note th	at vou can de	Total amount due: \$ an do this transfer for a reduced fee by applying online at www.aavsb.org)			
			t ion. Make	out your check or mo		and staple it to the front page	ge. Authorize credit card
Method	of payment:	Master Card	VISA	Certified Check _	Money Order	_ Personal check	
Card #:				Expira	ation date:	3 digit security code	*:
Card Bil	lling Address &	: Postal (Zip) Code	e:				
Cardholder Name:				Cardholder Signature:			
				of your credit card, usu and ensures your accou		digits of your account number.	
Veterin	ary School Ed	ucation: List the v	veterinary scl	nool from which you	graduated.		
Name of School:				Date of graduation:/			
				ation regarding <u>every</u> s page and attach the		icensure examination you hav	e taken, regardless of the
Examination(s)		Date(s) Taken (month/day/year)		State/Province (where you took the exam or were authorized to take it)		cam or Candidate ID#	
NBE: (2000 & prior):		/	/				
CCT (2000 & prior):		/ /					
NAVLE 2000 or later		/ /					
		/	/				
Licensin	ng History: Lis	t all the jurisdiction	ons in which	you hold or have eve	r held a license to pr	ractice veterinary medicine wi or additional states of license.	hether or not you have
State	License #	Date of I Month/y	ssuance	Current Status	Date of Remov Month/year		
I, Associat	d jurisdiction(s	ary State Boards, it	ts agents or r on constitute	epresentatives of any	and all liability relate AAVSB to report t	bby release, discharge and hol tive to the release of my exam the applicant's national exami	ination scores to the
		A	Applicant's	Signature Date		of Signature	

Applicant Last Name: _____