

NAVLE **Attempt Limit Appeal Form**

The only exception to the eligibility requirements will be at the explicit request of a US or Canadian licensing authority. ICVA will accept an appeal to the policy for ONE additional attempt from a licensing board on behalf of a candidate who is seeking licensure in that jurisdiction.

CANDIDATE SECTION (Candidate must complete and send to JURISDICTION for attempt limit appeals)			
Candidate Name:			
ICVAID:			
Date of Birth:			
Veterinary School			
Name:			
Veterinary School			
Graduation Year:			
Jurisdiction in which			
you are			
seeking licensure:			
Policy Being Appealed	□ 5-time attempt limit - A candidate is ineligible to take the NAVLE if		
	the candidate has made five or more prior attempts.		
Reason for appeal			
(attach additional			
documentation):			

Candidate Attestation:

The information I have provided above is accurate and I meet all the licensure requirements for the jurisdiction in which I am seeking licensure.

Signature: _____ Date: _____



CANDIDATES APPEALING THE RETAKE POLICY – CONTACT THE JURISDICTION IN WHICH YOU ARE SEEKING LICENSURE TO INQUIRE AS TO THE CORRECT CONTACT PERSON TO PROCESS AN APPEAL ON YOUR BEHALF.

LICENSI	NG AUTHORITY SE	CTION (To I	be completed by Administrator or Board Chair)
Backgrou	und information		
When did this candidate first seek			
licensure in your jurisdiction?			
What evidence do you have that the			
candidate intends to practice in your jurisdiction?			
Has the jurisdiction imposed a		ed a	
remediation requirement for this			
candidate? At what point in the			
process was			
remediation required?			
Reason	for Requesting App	eal	
	State/Provincial law rec		an additional attempt be granted
	Citation:		
	Other		
	Rationale:		

Licensing Authority Attestation:

I have reviewed the individual's prior examination history. They are eligible to sit for the exam and meets all licensure requirements and will be eligible for licensure in this jurisdiction if they pass the NAVLE. I certify that I am authorized to present this request on behalf of the veterinary licensing authority.

Signature:	

Title: _____

Date: _____

JURISDICTIONS - PLEASE EMAIL THIS FORM TO appeals@icva.net

- Appeals to ICVA will be reviewed within 30 days of submission.
- The candidate will then have 1 year from the date of the decision to apply to retake the NAVLE.
- Successful appeals will result in a maximum of additional attempt to pass the NAVLE.