



# KENTUCKY BOARD OF VETERINARY EXAMINERS

107 Corporate Drive, Second Floor, Frankfort, Kentucky 40601

(502) 782-0273 ~ Vet@ky.gov ~ kybve.com

## APPLICATION FOR REINSTATEMENT FOR VETERINARIANS

Please type or print:

Name	License Number:
Social Security #:	Email Address:
Address:	
Work Number:	Home Number:
Name license was issued under:	
<b>Do you currently hold, or have you ever held, a license in any other state(s)?</b> [ ] Yes [ ] No <b>If yes, list states and have letters of good standing from each state (active, inactive or expired) forwarded to this office. Your license cannot be reinstated until all documents have been received.</b>	
Do you have any complaints currently pending against a license held by you in any other state(s)? [ ] Yes [ ] No If yes, attach explanation(s).	
Have you ever had disciplinary action taken against a license held by you in any other state(s)? [ ] Yes [ ] No If yes, attach explanation(s).	
Have you been convicted of any felony? [ ] Yes [ ] No If yes, attach documentation.	
Date of expiration of your Kentucky License?	
Have you practiced veterinary medicine in Kentucky since your license expired? [ ] Yes [ ] No If yes, attach explanation.	
List all places with addresses of employment and dates since your license expired in Kentucky:	
<b>Attach reinstatement fee of \$400.00 made payable to the Kentucky State Treasurer.</b>	
<b>Attach evidence of completion of thirty (30) hours of continuing education obtained in the last two (2) years.</b>	

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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### FOR BOARD USE ONLY:

Fee Receipt: Date: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_ Date of Reinstatement: \_\_\_\_\_