



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 VETERINARY TECHNICIANS

Please type or print:

Name	License Number:
Address:	
E-mail address:	Social Security #:
Work Number:	Home Number:
Name license was issued under:	
Do you currently hold a license in any other state(s)? [] Yes [] No If yes, list states and have a letter of good standing from each state (active, inactive or expired) forwarded to this office.	
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 been convicted of any felony since the time of your initial licensing in Kentucky? [] Yes [] No If yes, attach explanation(s).	
Date of expiration of your Kentucky License?	
List all places of employment and dates since your license expired in Kentucky:	
Attach reinstatement fee of \$50.00 made payable to the Kentucky State Treasurer.	
Attach documentation of six hours of continuing education obtained in the previous twelve months.	
Complete back page of application.	

SIGNATURE: _____ **DATE:** _____

Do Not Write Below – For Board Use Only

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

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Name and Address of Kentucky Veterinarian with whom you are employed:

(Completion required for Active status)

Name

Work Phone Number () _____

Name of Practice

Street Address

City

State

Zip

TO BE COMPLETED BY LICENSED VETERINARIAN (EMPLOYER):

(Completion required for Active status)

*I hereby certify that _____ is employed
by me as a Veterinary Technician and is rendering satisfactory services as such.*

Signature of Kentucky Licensed Veterinarian Employer

Kentucky License No.

Date