



## KENTUCKY BOARD OF VETERINARY EXAMINERS

107 Corporate Drive, Second Floor, Frankfort, KY 40601

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

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

### Reinstatement Application for Veterinarians

**Instructions:** This application must be completed by the individual seeking to have their license as a veterinarian reinstated pursuant to KRS Chapter 321. Completion of all fields on this application are mandatory. Insufficient answers or omissions will be sufficient grounds for rejection of this application. **Review the check list at the end of the application to ensure your submission is complete. Be sure to print SINGLE SIDED; DO NOT staple.**

<u>OFFICIAL USE ONLY</u>
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I. Contact Information						
First Name	Middle Name	Last Name				
Gender	Date of Birth (required) Format: MM/DD/YYYY	Social Security Number (required)				
Other Names Used, if any	Date(s) of Use for Other Names	KY License Number				
		Date Expired				
U.S. Military Service Indicate Branch:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Military, indicate time frame served:	MM/YYYY – MM/YYYY			
Personal Email Address						
Cell Phone			Home Phone, if different			
Address Type	Street	City	ST	Zip	Country	
Mailing Address						
Permanent Home Address, if different						
Business Name						
Business Address						
Office Manager Name			Business Phone			
Business Email Address						

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



## II. Background Information

1. In what other jurisdictions do you hold or have ever held a license? For each license listed\*, contact the issuing jurisdiction or the AAVSB to request a Licensure Verification Letter be issued directly to the Kentucky Board of Veterinary Examiners.  N/A

Jurisdiction / State	License Number	Method of Licensure (exam, endorsement, etc.)	Licensure Status (active, lapsed, revoked, etc.)	Discipline? (Y / N)	Dates of licensure MM/DD/YYYY	
					Issued	Expiration

\* If you have more jurisdictions to list then will fit in the table, attach a separate sheet to the application.

2. Do you hold any other professional (non-veterinarian) licenses in Kentucky or any other state or jurisdiction?  Yes or  No If yes, complete the table below.

License Type	Jurisdiction / State	License Number	Licensure Status	Discipline? (Y / N)	Date Issued	Expiration

3. If you hold either of the following credentials, provide the information requested in the table.

Credential	License Number	Date Issued	Expiration
DEA Registration			
USDA APHIS Accreditation			

4. Have you ever had your license to practice veterinary medicine revoked, suspended, restricted, or denied in any jurisdiction, been placed on probation, or entered into a voluntary surrender of your license?  Yes  No
5. Has any disciplinary action ever been taken against a veterinary license held by you, in this or any other jurisdiction?  Yes  No
6. Have you ever been refused a veterinarian license or the renewal thereof in any state?  Yes  No
7. Are you now or have you ever been a defendant in civil litigation in which the basis of the complaint against you was an alleged negligence, malpractice, or lack of professional competence?  Yes  No



- 8. Is there currently a complaint against your professional conduct or competence as a veterinary pending in any jurisdiction?  Yes  No
- 9. Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation?  Yes  No
- 10. Are you now, or have you ever been, addicted to or undergone treatment for the use of narcotics, drugs, prescription drugs, or the excessive use of intoxicating substances, including alcohol?  Yes  No
- 11. If you answered “yes” to any question in Section II: Background information, complete the table below and, if applicable, submit formal documentation of final orders/outcome. Attach additional pages as necessary.

State	Date(s)	Charge and Circumstances	Number of Attachment(s)

### III. Experience

- 12. Have you practiced veterinary medicine in Kentucky since your license expired?  Yes or  No If yes, explain below.

\_\_\_\_\_

- 13. Detail your veterinary employment experience since the expiration of your Kentucky license by completing the table below.

Company Name	City, State	Phone	Supervisor	Dates of Employment

- 14. Indicate your areas of practice. Select all that apply, and provide percentage of your time.

Companion / Small Animal \_\_\_\_%   
  Food Animal \_\_\_\_%   
  Equine \_\_\_\_%  
 Mixed Animal \_\_\_\_%   
  Other, specify type(s): \_\_\_\_\_ \_\_\_\_%

- 15. Indicate your areas of practice. Select all that apply, and provide percentage of your time.

Private Practice \_\_\_\_%   
  Corporate Practice \_\_\_\_%   
  Relief \_\_\_\_%  
 Academia \_\_\_\_%   
  Industry \_\_\_\_%   
  Military \_\_\_\_%  
 Regulatory / Government (non-military) \_\_\_\_%

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## IV. Continuing Education

16. In the table on the following page, list continuing education (CE) completed in the last 24 months immediately preceding the date of this application. Reinstatement requires 30 hours in this time period.

CE Course Title†	Course Provider	Date(s) of CE MM/DD/YYYY	Number Hours	Indicate CE Approver: AVMA, RACE, or Board Approved
<b>Total Hours</b>				

† If you have more CEs to list than will fit in the table, attach a separate page to the application.

## V. Application Check List\*

- Background Check.** Complete and submit the official results of a background check to KBVE from a Board approved provider. Visit [www.kybve.com](http://www.kybve.com) on the Forms page and look under the “Background Checks” heading for more information.  
Date Requested: \_\_\_\_\_
- Disciplinary records.** If applicable, complete copies of any and all records of actions or circumstances listed in Section II: Background Information. If no disciplinary records to disclose, check the box:  N/A

\* Check list continued on the next page.



- Continuing Education.** Copies (not originals) of all CE certificates of completion being applied to reinstatement this cycle. CE applied to reinstatement cannot be used toward requirements during the next renewal period. If originals are submitted, they will not be returned.
- Credential Report.** Submit an official AAVSB Credential Report. Contact the AAVSB to initiate a Credential Report Transfer (i.e., VAULT Basic Transfer Service) from [www.aavsb.org/licensure-assistance](http://www.aavsb.org/licensure-assistance).
- Licensure Verification Letters from all jurisdictions, past and current,** if you have ever held or currently hold a license in another jurisdiction. Verification Letters must be sent directly from the licensing jurisdiction to the KBVE office; or come through AAVSB’s VAULT Premium Transfer Service at [www.aavsb.org/licensure-assistance](http://www.aavsb.org/licensure-assistance).      N/A
- Fee payment.** Check one box below as appropriate for the applicant’s situation; all fees pursuant to 201 KAR 16:510. All 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.
  - Reinstatement fee\* - \$400.** For licenses expired not more than five (5) years.
  - Licensure Status Change fee - \$200.** For licenses requesting status change from inactive to active status.

\* Military personnel are eligible for a discounted rate in accordance with 201 KAR 16:510, Section 8 with the submission of a DD-214.

**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 license issued by the Board.**

**I swear or affirm that I am not omitting any information which might be of value to this Board or its determination of my qualifications, whether it is requested or not and I agree that any falsification, omission, or withholding or pertinent information or facts in regard to my qualifications as an applicant shall be sufficient to bar me from this or any future examination given by the Kentucky Board of Veterinary Examiners and any such falsification, omission, or withholding shall serve as sufficient grounds for the denial, revocation, cancellation, or suspension of my Kentucky Veterinary License.**

**Further, I understand I am required to abide by KRS Chapter 321 and 201 KAR Chapter 16. For direct links to the laws and regulations which shall govern my professional activities, I am aware I can review the materials by visiting the Board’s website at [www.kybve.com](http://www.kybve.com).**

**I hereby swear or affirm, that I have read the above statements and agree to the same.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

