



KENTUCKY BOARD OF VETERINARY EXAMINERS

107 Corporate Drive, Second Floor, Frankfort, KY 40601

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

kybve.com • vet@ky.gov

Renewal Application for Veterinary Technicians

Instructions: ONLINE RENEWAL PREFERRED. If applicant is unable to complete the online application, this application must be completed by the individual seeking to be licensed as a veterinary technician pursuant to KRS Chapter 321. Completion of all fields on this application is mandatory. Insufficient answers or omissions will be sufficient grounds for rejection of this application. **Review the check list on the last page to ensure the application is complete. Be sure to print SINGLE SIDED; DO NOT staple.**

<u>OFFICIAL USE ONLY</u>

RENEWAL NOTICE: KRS 321.441 requires each licensed veterinary technician to renew his or her license by September 30 every year. **Failure to renew the license shall constitute sufficient cause for termination of licensure.** Licenses not renewed by November 30 of each year (includes 60 day grace period) will terminate and individuals are hereby advised at such time he or she shall **CEASE AND DESIST** the practice of the licensed veterinary technician profession in Kentucky.

I. Contact Information						
First Name		Middle Name		Last Name		
KY License Number		Current Expiration Date			Social Security Number (required)	
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		
Personal Address Type		Street		City	ST	Zip
Mailing Address						
Permanent 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. List* all other jurisdictions in which you are registered /certified / licensed (collectively, “licensed”) to practice as a veterinary technician, veterinary technologist, or veterinary nurse.

If none, check here: N/A

Jurisdiction / State	License Number	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 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. Since your last renewal, have you had a license denied, suspended, or revoked in any jurisdiction, or have you ever received a reprimand as a result of unethical, immoral, or illegal conduct by any licensure board or agency?

Yes or No If yes, explain. Attach supporting documents if necessary.

4. Since your last renewal, have you been convicted of a felony or misdemeanor other than a minor traffic violation?

Yes or No If yes, give details including dates, the court(s), reference to the court records, if any, and attach a copy of the disposition on the matter.

5. Since your last renewal, are you now, or have you been, addicted to or undergone treatment for the use of narcotics, drugs, prescription drugs, or the excessive use of intoxicating substances, including alcohol?

Yes or No If yes, explain. Attach supporting documents if necessary.



III. Experience

6. Indicate your areas of practice. Select all that apply, and provide percentage of your time. Total percentage for all categories should equal **100%**.

- Companion / Small Animal ____%
- Food Animal ____%
- Equine ____%
- Other, specify type(s): _____, ____%; _____, ____%; _____, ____%

7. Indicate your areas of practice. Select all that apply, and provide percentage of your time. Total percentage for all categories should equal **100%**.

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

IV. Continuing Education

8. Pursuant to 201 KAR 16:570 and 16:590, list in the table below your continuing education (CE) completed during the current renewal cycle: October 1 of the last year to Sept 30 (or if utilizing the grace period designated in KRS 321.211, by November 30) of the current year.

Each veterinary technician licensed by the Board shall be required to annually complete six (6) hours of continuing education to be eligible for renewal of his or her license. For more on CE requirements, visit www.kybve.com/continuing-education.html

DO NOT attach documentation unless you are audited; it is the license holder’s responsibility to keep proof of completion for his or her CE on file for four (4) years.

NOTE: If you completed a **fellowship, internship, or residency** during the renewal period, include a letter from the provider for Board review and possible credit. The letter should include (1) company letter head, (2) name of licensee and license number, (3) dates of internship or residency, and (4) a general list of duties and responsibilities during the i fellowship, internship, or residency.

NOTE: **First Year Graduates in first renewal cycle**, pursuant to 201 KAR 16:590, CE requirements are waived. This exemption does not apply to licensure by endorsement.

NOTE: For licensees selecting **Inactive Status**, CE requirements are waived.

CE Course Title*	Course Provider	Date(s) of CEs MM/DD/YYYY	Number Hours	Indicate CE Approver: AVMA, RACE, or Board Approved

*If you have more CE to list, please attach a separate page to the application.



V. Application Check List

**If the current date is past November 30 of the renewal cycle,
you must apply for reinstatement.
Visit www.kybve.com/forms.html for a copy of the Reinstatement Application.**

- Disciplinary records.** If applicable, complete **copies of any and all records of actions** listed in Section II. If no disciplinary records to disclose, check the box: N/A
- Proof of Continuing Education. Only if audited,** copies (not originals) of all CE certificates of completion being applied to renewal this cycle, matching those courses listed in Section IV. If originals are submitted, they will not be returned. N/A
- Fee payment.** Check one box below for the licensees’ situation; all fees pursuant to 201 KAR 16:512. 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. **There are no exceptions to the listed deadlines.**
 - **Renewal fee for active status,** with completed renewal application submitted -
 - On time - \$30 - postmarked by September 30.**
 - Late - \$45 - postmarked by November 30.**
 - **Renewal fee for first time renewal - initially licensed on or after June 2 – active status -** with completed renewal application submitted -
 - On time - \$0 - postmarked by September 30.**
 - Late - \$15 - postmarked by November 30.**
 - **Renewal fee for inactive or retired status,** with completed renewal application submitted -
 - Inactive status, on time - \$10 - postmarked by September 30.**
 - Inactive status, late - \$25 - postmarked by November 30.**
 - Retired status, onetime fee - \$10 - postmarked by November 30. Be advised: once a license is retired it cannot be reactivated.** If a veterinary technician holds a retired license and wishes to practice again, he or she must apply to the board for a new license to practice as veterinary technician in Kentucky.

* Military personnel are eligible for a discounted rate in accordance with 201 KAR 16:512, Section 8.

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, the I acknowledge Board may suspend, revoke, or terminate any license issued by the Board.

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.

Signature of Applicant

Date

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