VIRGINIA BOARD OF VETERINARY MEDICINE

INSTRUCTIONS/CHECKLIST FOR REINSTATEMENT OF AN EXPIRED LICENSE FOR VETERINARIANS AND VETERINARY TECHNICIANS

BEFORE YOU PROCEED, READ THE FOLLOWING INFORMATION CAREFULLY:

- **Laws and Regulations**: The Virginia laws and regulations pertaining to the practice of veterinary medicine may be viewed at http://www.dhp.virginia.gov/vet/. The application requires an attestation to having read the applicable laws and regulations;

- **Application documentation from source:** Required documentation must be submitted directly from the source of the information by postal mail, email or fax. Application and documentation processed through the American Association of Veterinary State Boards is accepted. The applicant is responsible for notifying the source to submit required documentation. A licensure verification form is attached;

- **Application processing:** Please allow 21 business days from initial mailing for board staff to receive and process an application. An initial email will be forwarded that provides a list of any missing application documentation;

- **Application and Fee:** Submission of fee with application is required; make check or money order payable to the "Treasurer of Virginia." Application and fee must be submitted together. **All fees are nonrefundable**;

- **Reinstated license expiration dates:** Licenses issued prior to July 1 expire on December 31 of the current year. Licenses issued on or after July 1 expire December 31 of the following year;

- **Retention of Application Documents:** An incomplete application, including exam scores received, is retained for one year and then destroyed; and

- **Board Communication:** The Board's preferred method of communication with applicants or licensees is via email.

You may qualify for reinstatement of licensure if you meet one of the options below and submit the required documentation:

☐ Option 1 - Veterinarian

- Continuing education hours as required by § 54.1-3805.2 of the *Code of Virginia* and 18VAC-150-20-70 of the *Regulations Governing the Practice of Veterinary Medicine* equal to the number of years in which the license has been expired, for maximum of 2 years (15 hours per year);
- Verification of any licenses ever held, including expired, in another jurisdiction of the U.S. or its territories and District of Columbia. Copies/faxes of licensure verifications or licenses are not accepted. **NOTE**: Staff will obtain licensure verification from the states that provide online primary source verification language that includes disciplinary history; and
- Submission of application and reinstatement fee of $255.00, check or money order, made payable to the "Treasurer of Virginia."

☐ Option 2 - Veterinary Technician

- Continuing education hours as required by § 54.1-3805.2 of the *Code of Virginia* and 18VAC-150-20-70 of the *Regulations Governing the Practice of Veterinary Medicine* equal to the number of years in which the license has been expired, for maximum of 2 years (8 hours per year);
- Verification of any licenses, certifications or registrations ever held, including expired, in another jurisdiction of the U.S. or its territories and District of Columbia. Copies/faxes of licensure verifications or licenses are not accepted. **NOTE**: Staff will obtain licensure verification from the states that provide online primary source verification language that includes disciplinary history; and
- Submission of application and reinstatement fee of $95.00, check or money order, made payable to the "Treasurer of Virginia."

Board of Veterinary Medicine Contact Information

Address: 9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463
Webpage: www.dhp.virginia.gov/vet/

Email: vetbd@dhp.virginia.gov
Phone: (804) 597-4132
Fax: (804) 527-4471

Virginia Department of
Health Professions
Board of Veterinary Medicine

9960 Mayland Drive, Suite 300
Henrico, Virginia 23233

Phone - (804) 597-4133
Fax - (804) 527-4471

www.dhp.virginia.gov/vet/
Email - vetbd@dhp.virginia.gov

Application for Reinstatement of an Expired Virginia License

☐ **Veterinarian** ☐ **Veterinary Technician**

Legal Full Name (Please Print or Type)

Last	**First**	**Middle Initial**

Have you ever been known by any other name? Yes ☐ No ☐ If yes, state, in full, every name by which you have been known, the reason therefore, and dates so used. If the name stated above does not match name on required documentation, a copy of court order or marriage certificate with application.

Other names:

Public Address for Disclosure	**City**	**State**	**Zip Code**	**Telephone No.**

Address of Record (Mailing Address)	**City**	**State**	**Zip Code**	**Phone No.** ☐ Cell ☐ Other

ADDRESS: Virginia law allows persons regulated by boards within the Department of Health Professions to provide an alternative address for public disclosure if they want their address of record to remain confidential, used only for agency purposes. Health professionals may choose to provide a work address, a post office box, or a home address as the public address. If an alternative public address is not provided, the address of record will also be used as the public address and may be disclosed if specifically requested. Addresses of individuals **are not posted** on the "License Lookup" program available through the board's website.

***Social Security No. or Virginia DMV No.**	**Date of Birth (mm/dd/yyyy)**	**Email Address**

Are you active-duty military?	**YES** ☐	**NO** ☐
Are you the spouse of a member of the U.S. military who has been transferred to Virginia and who had to leave employment to accompany your spouse to Virginia?	YES ☐	**NO** ☐

Graduation Date (mm/dd/yyyy)	**Professional Degree(s)**	**School**	**City**	**State**

*In accordance with §54.1-116 Code of Virginia, you are required to submit your Social Security Number or your control number** issued by the Virginia Department of Motor Vehicles. If you fail to do so, the processing of your application will be suspended and fees will not be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided by law. Federal and state law requires that this number be shared with other state agencies for child support enforcement activities. In order to obtain a Virginia driver's license control number, it is necessary to appear in person at an office of the Department of Motor Vehicles in Virginia. A fee and disclosure to DMV of your Social Security Number will be required to obtain this number.

APPLICANTS DO NOT USE SPACES BELOW THIS LINE – FOR OFFICE USE ONLY

ORIGINAL ISSUE DATE:_____ EXPIRATION DATE:_____

APPLICANT #	FEE	RECEIPT #	APPROVAL/DATE	LICENSE #	REINSTATE DATE

1. List passage date (mm/dd/yyyy) of qualifying national examination:	

2. Have you actively been engaged in the practice of veterinary medicine or veterinary technology prior to seeking reinstatement of licensure in Virginia?	**YES** ☐	**NO** ☐

3. List all professional practice since license expired. Employment verification is required.

Began Date mm/dd/yyyy	End Date mm/dd/yyyy	Name of Practice/City/State/Phone	Type of Practice (Private or Public Sector)

4. List all jurisdictions in which you have ever been issued a professional license, including expired, to practice veterinary medicine or veterinary technology. If more space is required, please record on separate paper.

Jurisdiction	License #	Issue Date (mm/dd/yyyy)	Years of Practice	License Status (active/expired/inactive/ revoked/suspended)

QUESTIONS MUST BE ANSWERED. If any of the following questions (5-11) are answered yes, explain and provide documentation. Letters must be submitted by your attorney regarding malpractice suits.

5. Have you ever been convicted of a violation of, or pled Nolo Contendere to, any federal, state or local statute, regulation or ordinance, or entered into any plea bargaining relating to a felony or misdemeanor, to include convictions for driving under the influence (DUI) and excludes traffic violations. Attach your original criminal history record, a certified copy of any final order, decree, or case decision by a court or regulatory agency with lawful authority to issue such order, decree, or case decision, and any other information you wish to be considered with your application (i.e. information on the status of incarceration, parole, or probation, reference letters, etc.).	**YES** ☐	**NO** ☐
6. Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice in a competent and professional manner? (A) Please provide a full explanation (use separate page). (B) Within the past five years, have you sought or been directed to seek treatment for your conduct or behavior? ☐ **Yes** ☐ **No**	**YES** ☐	**NO** ☐
7. Within the past five years, have you been disciplined by any entity? (A) Please provide a full explanation and any associated orders or letters from the entity (use separate page). (B) Within the past five years, have you sought or been directed to seek treatment for your conduct or behavior? ☐ **Yes** ☐ **No**	**YES** ☐	**NO** ☐
8. Do you currently have any physical condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing veterinarian or veterinary technologist. If yes, please provide a full explanation. (NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board.)	**YES** ☐	**NO** ☐

9. Do you currently have any mental health condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing veterinarian or veterinary technologist. If yes, please provide a full explanation. (NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board.)	**YES** ☐	**NO** ☐
10. Do you currently have any condition or impairment related to alcohol or other substance use that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing [profession]. If yes, please provide a full explanation. (NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board.)	**YES** ☐	**NO** ☐
11. Within the past five years, have any conditions or restrictions been imposed upon you or your practice to avoid disciplinary action by any entity? If yes, please provide a full explanation and any associated orders or letters from the entity. (NOTE: The Board may request a copy of a current participation contract and summary of compliance and/or documentation of successful completion. You may consider providing this documentation with your application, or have the program send this documentation directly to the Board.)	**YES** ☐	**NO** ☐

12. AFFIDAVIT OF APPLICANT

I have carefully read the laws and regulations related to the practice of veterinary medicine or veterinary technology. I hereby agree to abide by and remain current with the applicable laws and regulations which are available on www.dhp.virginia.gov.

I certify by entering my signature below: I am the person applying for reinstatement of licensure and meet the qualifications required by Virginia law and regulations. Further, I certify the information provided in this application has been personally provided and reviewed by me, and that statements made on the application are true and complete. I understand that providing false or misleading information, as well as omitting information, in response to information requested in this application or as part of the application process are considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing license/certificate/registration.

_____

Signature of Applicant

Virginia Department of
Health Professions
Board of Veterinary Medicine

9960 Mayland Drive, Suite 300
Henrico, Virginia 23233

Phone - (804) 597-4133
Fax - (804) 527-4471

www.dhp.virginia.gov/vet/
Email - vetbd@dhp.virginia.gov

LICENSURE VERIFICATION FORM

TO THE APPLICANT – **List name and license number in top section only and forward to all jurisdictions (U.S. States or Territories and Washington, D.C.) in which you have ever been issued a license to practice as a veterinarian or veterinary technician.**

Applicant Full Name:	**License Number:**

STATE LICENSURE BOARD OR REGULATORY AGENCY – The person listed above is applying for a license to practice as a veterinarian or veterinary technician in Virginia. The Virginia Board of Veterinary Medicine requests that the form be completed by each jurisdiction in which he/she holds or has ever held a license/certificate. Please complete the form and return it to the address listed above.

State/Commonwealth of:

Licensee Name:	Issued Date:
License/Certification Number:	☐ Veterinarian ☐ Veterinary Technician

Licensed/Certified Through (check one):

☐ National Examination ☐ Clinical Competency Examination ☐ NAVLE ☐ State Board Examination

☐ Reciprocity/Endorsement from another U.S. State or Territory (Name of State)
_____

Status of License is: ☐ Active ☐ Current Inactive ☐ Expired/Lapsed Expired Date _____

☐ Revoked ☐ Suspended

Has the applicant's license/certificate ever been suspended or revoked?	☐ Yes	☐ No
Has there been any disciplinary history? If yes to any of the questions, please provide all information available under your state's freedom of information statutes.	☐ Yes	☐ No

Is continuing education required for renewal? ☐ Yes ☐ No	If so, how many hours are required per year?

Comments, if any:

BOARD SEAL

_____ _____
Signature Date