

State Board of Veterinary Medicine

RENEWAL APPLICATION - Veterinarian or Veterinary Technician

Printed Full Name _____

RETURN TO:

Street Address _____

State Board of Veterinary Medicine
PO Box 8415
Harrisburg, PA 17105-8415

City _____ State _____ Zip Code _____ License Number _____

Check if applicable:

ADDRESS CHANGE – The address above is a new address and not on file with the Board

NAME CHANGE – The name above is not the current name on the licensure records. **(You must submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or legal document indicating retaking of a maiden name, etc.))**

I will **not** be practicing as a **veterinarian** or **veterinary technician** in Pennsylvania after November 30, 2016, and therefore request **INACTIVE STATUS**. No fee or CE is required, however the questions below must be answered and the form signed / dated. Inactive status is for a maximum of five years for veterinarians; no limit for technicians.

CHECK "YES" OR "NO" FOR EACH OF THE FOLLOWING QUESTIONS:

YES	NO	If "YES" to question(s) 3-7, provide details AND attach certified copies of all related legal documents.
		1. Do you hold a license (active, inactive or expired) to practice as a veterinarian or veterinary technician in another state or jurisdiction?
		2. If you answered yes to the above question, please provide the profession and state or jurisdiction.
		3. Since your initial application or your last renewal, whichever is later , have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?
		4. Since your initial application or your last renewal, whichever is later , have you withdrawn an application for a professional or occupational license, certificate, permit, or registration, had an application for a license denied or refused, or agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		5. Since your initial application or your last renewal, whichever is later , have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict, accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations, or are there any criminal charges pending and unresolved against you in any state or jurisdiction?
		6. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit, or registration in any state or jurisdiction?
		7. Since your initial application or last renewal, whichever is later, in or have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?

CONTINUING EDUCATION – CHECK APPLICABLE BLOCK: You are required to retain until November 30, 2020, your official certificates of completion for continuing education earned during 12/1/14 - 11/30/16 and provide them to the Board if requested.

- I have completed the required hours (**30-Veterinarian; 16-Technician**) of board approved **continuing education** courses during 12/1/14 - 11/30/16. CE hours used to obtain my expiring license are not being used for this renewal. Certificates of attendance are available for audit.
- I wish to claim **exemption** from the continuing education requirement, as I received my veterinary or technology license during 12/1/14 - 11/30/16.

I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 PA C.S. 4911 and that any false statement made is subject to the penalties of 18 PA C.S. 4904 relating to unsworn falsification to authorities and may result in my license being disciplined. **I also verify that I have read and am familiar with the provisions of the Pennsylvania Veterinary Medicine Practice Act and regulations of the State Board of Veterinary Medicine (see www.dos.pa.gov/vet).**

Signature of Licensee: _____ Date: _____

EXPIRATION DATE of current license: November 30, 2016	EXPIRATION DATE of renewed license: November 30, 2018
RENEWAL FEE: \$360.00 (Veterinarian); \$100.00 (Technician) PAYABLE TO: "COMMONWEALTH OF PENNSYLVANIA" Write your license number on your payment. DO NOT STAPLE.	To ensure that your license is renewed by November 30, 2016, RETURN this application by November 1, 2016.
LATE FEE: \$5.00 per month or part of a month. A late renewal fee will be assessed if application is postmarked after November 30, 2014. A \$20.00 fee is charged for a check returned unpaid by your bank.	PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTION & ADDITIONAL MONETARY PENALTY.