

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF VETERINARY MEDICINE

March 11, 2019
(717) 783-7134

KEEP A COPY OF THIS APPLICATION
FOR YOUR RECORDS

REACTIVATION APPLICATION - Veterinarian

License number _____

Print Full Name _____

RETURN TO:

Street Address _____

State Board of Veterinary Medicine
PO Box 2649
Harrisburg, PA 17105-2649

City _____ State _____ Zip Code _____

To renew through **November 30, 2020**, comply with all following instructions.

Name Change	Address Change - show new address below
Indicate new name below. 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.) New Name: _____	_____ _____ _____

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

YES	NO	If "YES" to 2 through 7, provide details AND attach certified copies of all related legal documents.
<input type="checkbox"/>	<input type="checkbox"/>	1. Do you hold or have you ever held, a license, certificate, permit, registration, or other authorization to practice a profession or occupation in any state or jurisdiction? If "Yes"..... LIST EACH HERE →
<input type="checkbox"/>	<input type="checkbox"/>	2. Since your initial application or 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 of occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?
<input type="checkbox"/>	<input type="checkbox"/>	3. Do you currently have disciplinary charges pending against your professional or occupational license, certificate, permit, or registration in any state or jurisdiction?
<input type="checkbox"/>	<input type="checkbox"/>	4. Since your initial application or last renewal, whichever is later , have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit, or registration in any state or jurisdiction?
<input type="checkbox"/>	<input type="checkbox"/>	5. Since your initial application or last renewal, whichever is later , have you been convicted, (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.
<input type="checkbox"/>	<input type="checkbox"/>	6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?
<input type="checkbox"/>	<input type="checkbox"/>	7. Since your initial application or last renewal, whichever is later , 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?

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 content of the Pennsylvania Veterinary Medicine Practice Act and regulations of the State Board of Veterinary Medicine (see www.dos.state.pa.us/vet).**

Signature of Licensee: _____ Date: _____

Social Security Number (required by state law): _____

Date of Birth: _____

SUBMIT PROPER FEE; INCLUDE LATE FEES IF APPLICABLE RENEWAL FEE: \$360.00/was \$345.00 (non-refundable) PAYABLE TO: "COMMONWEALTH OF PENNSYLVANIA" Write your license number on your payment. DO NOT STAPLE. LATE FEE: For a veterinarian who practiced / is practicing in PA on an expired license, a late fee of \$5.00 for each month (or part of a month) following the expiration date is due in addition to the renewal fee.	Submission of an incorrect fee will delay the renewal of your license. License No: _____ ← Write this number on your payment A \$20.00 fee will be charged for a check returned unpaid by your bank. PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTION & ADDITIONAL MONETARY PENALTY.
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FEES ARE NOT REFUNDABLE. Check or money order must be in "US funds." Note: A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment. Your cancelled check is your receipt of payment.

State Board of Veterinary Medicine

P. O. Box 2649

Harrisburg, PA 17105-2649

VERIFICATION OF PRACTICE / NON-PRACTICE

*** Your renewal cannot be processed unless this page is completed ***

Name _____

Address _____

License Number _____

Name of Profession _____

Be sure you are familiar with the definition of your profession from the licensing law which pertains to the license you are renewing/reactivating. THEN answer the following questions.

1. Have you engaged in the practice of your profession in Pennsylvania since your Pennsylvania license lapsed or since you placed it on inactive status? CIRCLE ONE: YES NO

2. Have you been employed by the federal government in the practice of your profession since your Pennsylvania license lapsed or since you placed it on inactive status? CIRCLE ONE: YES NO

I understand that any false statement made is subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license and/or certification.

(Signature of Licensee)

(Date)

STATE BOARD OF VETERINARY MEDICINE

Requirements for Reactivation of your Pennsylvania license

To reactivate your Pennsylvania license from inactive/expired status, the current requirements are as follows:

- Complete the reactivation application form.
- Complete the Verification of Practice/Non-Practice form.
- Submit copies of the certificates of completion for the required continuing education credits. Continuing education regulations can be found at www.dos.pa.gov/vet. Note: No more than 25% of the required credits may be taken through individual study (including online) or correspondence courses for which third-party verification of satisfactory completion is provided.
- Submit the current renewal fee. Note: If you have been practicing in Pennsylvania since your license has been expired/inactive, you must also include a \$5.00 per month late penalty fee. Please note- if your license has been expired for more than one biennium, you must pay renewal fees for each of the periods in which fees were due (up to a maximum of three biennial renewal cycles-see § 31.13(d) of the regulations).

If you have been inactive/expired for over 5 years, and have maintained licensure and have been in active clinical practice in another state, in addition to the above listed information, you must also submit the following:

- Curriculum vitae
- Letter(s) of good standing from each state where you hold/held a license to practice veterinary medicine.

(continued)

If you have not been in active practice in another state while your license was inactive in Pennsylvania, in addition to the above listed information, the Board requires the following:

- Curriculum vitae
- Letter(s) of good standing from each state where you hold/held a license to practice veterinary medicine
- You must retake the national exam- now known as the North American Veterinary Licensing Exam (NAVLE) - contact www.nbvme.org to apply. Have your score sent directly to the Board office.