

WEST VIRGINIA BOARD OF VETERINARY MEDICINE

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VETERINARIAN LICENSE RENEWAL NOTICE: Year 2010

CHECK REMITTANCE AMOUNT

Please Submit A Separate Check For Each Individual's Renewal

- Veterinary license renewal (Complete and Received in Board office by December 31, 2009).....\$250.00
- Veterinary license renewal (Complete and Received in Board office after December 31, 2009).....\$312.50
- Duplicate renewal certificates for additional practice locations in WV @ \$15.00 each. Quantity of additional certificates: ____ X \$15.00 = \$ _____

Total Amount Remitted \$ _____

TYPE or PRINT LEGIBLY

Veterinarian's name: _____

Veterinarian's social security number: _____ WV Veterinary Lic. #: _____

Veterinary Facility Name: _____
(as printed on business license)

Federal Employer Identification Number (FEIN) _____

Business address: _____
(mailing address)

city

state

zip code

1 Name (As Originally Licensed) _____

2 Are You Presently Practicing In WV? Yes No

3 If Practicing In WV And Facility Is In WV, In Which WV County Is Principal Facility Located? _____

4 Are You An Owner Or Shareholder In Any Veterinary Practice(s) In WV? Yes No

5 If Question # 4 Is Yes, Are All WV Veterinary Facilities In Which You Have A Financial Interest Registered As A Veterinary Facility By The WV Board Of Veterinary Medicine For Fiscal Year 2010? Yes No Not Applicable

If the answer to the last question above is NO, STOP! Your license to practice in West Virginia may not be renewed until WV veterinary facilities in which you have a financial interest are currently registered.

6 Are You Presently Practicing Other Than In WV? Yes No If Yes, Where? _____

7 Other States/ Jurisdictions In Which You Currently Hold A License: _____

8 Has Your License In Any State/Jurisdiction Or Your Authority As A Veterinarian Been Disciplined Or Restricted By Any Authority Since Your Last Annual License Renewal Was Submitted To This Board? Yes No

9 If Yes, Where or By What Authority Organization ? _____ Result Of Such Discipline: _____

10 Home Address: _____
Street

City State Zip Code

11 Home Phone Number : Area Code _____ Phone # _____

12 Are You? Self Employed Associate Government Employee Other

If Other, Explain _____

13 Business Phone Number : Area Code _____ Phone # _____

14 Fax Number : (_____) _____ Home Office None

15 E-mail Address: _____ None

16 How Is Your West Virginia Practice Organized? (specify only one) { Not Applicable (not practicing in WV) }

Sole Proprietorship Partnership Corporation PLLC Other

If Other, Explain (e.g., gov't, research) _____

17 If The WV Veterinary Facility Where You Practice Is A Corporation Or PLLC, Are You A Shareholder Or Partner In This Veterinary Corporation or PLLC? Yes No Not Applicable

18 If This Is A Veterinary Corporation Or PLLC In WV And You Are A Shareholder Or Partner, Is It Currently Registered As A Corporation Or PLLC With This Board For Fiscal Year 2010 (July 1, 2009-June 30, 2010) Yes No Not Applicable

19 Number Of Veterinarians In The Practice Where You Work _____

20 Practice type: (specify only one) Small Animal Large Animal Mixed Other

21 If Other, Explain (e.g., research, gov't.) _____

PURSUANT TO WV CODE 48-15-303, EACH APPLICANT FOR LICENSE RENEWAL MUST ANSWER THE FOLLOWING QUESTIONS AND CERTIFY, UNDER PENALTY OF FALSE SWEARING, THAT THESE ANSWERS ARE TRUE AND CORRECT.

	YES	NO
22 <i>Do you have a child support or medical support obligation?</i>	<input type="checkbox"/>	<input type="checkbox"/>
↑ <i>(If the answer to question 22 is NO, skip to and answer question 25)</i>		
23 <i>If the answer to the above is YES, are you in arrears?</i>	<input type="checkbox"/>	<input type="checkbox"/>
24 <i>If in arrears, do your arrears equal or exceed the amount of child support or medical support payable for six (6) months?</i>	<input type="checkbox"/>	<input type="checkbox"/>
↓		
25 <i>Are you the subject of a child support or paternity related subpoena or warrant?</i>	<input type="checkbox"/>	<input type="checkbox"/>

Making a false statement may subject the license holder to disciplinary action including but not limited to immediate revocation or suspension of the license.

(Print Name)

I, _____, do hereby certify that if I acquired my West Virginia veterinary license prior to June 2009, I have completed a minimum of eighteen (18) hours of Board approved continuing education in calendar year 2009 in the field of veterinary medicine, with at least fourteen (14) hours being WV Board of Veterinary Medicine approved classroom scientific education relative to the practice of veterinary medicine, and the other four (4) being either approved classroom hours or audio, video, journals or telecommunication continuing education.

I further swear that I have personally completed this renewal form and do certify, under penalty of false swearing, that I have read and understand all questions and statements on this renewal form and do attest that I have answered all questions truthfully and completely.

Signature: _____

Date: _____

The table to enter your 2009 continuing education is on page 4 of this renewal form.

If you opt to enclose an approved c.e. provider program, you will need to state “as per attached program” in our table. Indicate in the attached program all classes that you attended and specify the total number of hours you completed in 2009 on page 4 of this renewal form.

List at least 18 West Virginia Board of Veterinary Medicine approved continuing education hours that you completed in 2009. At least 14 of the required 18 hours must be classroom scientific. Use additional paper as needed, or you may submit a list of approved classes, indicating required information as specified in the table below. If you submit a copy of a program, you are required to mark the classes you attended. Please type or print legibly. Illegibility will result in rejection and delays in processing.

(Check Approved Type of Provider)

Board Approved <u>Class Name</u> (Not Programs or Conferences)	RACE Approved Program #	Veterinary College	State or Nat'l. Veterinary Assoc.	WVBVM Review/ Approval	Approved Provider Organization (NO ACRONYMS)	Date(s) (mm/dd/yyyy)	Where (City and State)	# Hours of each class
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Posted By Board _____

You Must Enter the Total Number of Listed C.E. Hours _____

