



**WEST VIRGINIA BOARD OF VETERINARY MEDICINE
INACTIVE/EXPIRED LICENSE REACTIVATION FOR
VETERINARIANS
EXPIRED: \$312.50 - INACTIVE: \$250.00**

All questions must be answered completely and precisely. Misstatements, fraudulent, or insufficient answers and data required will be reason for rejection of your renewal.

Full Legal Name		First	Middle Initial	Last	Maiden/Former	
Social Security xxx-xx-	License #		Email Address		Home Phone	Cell Phone
Home Street Address			City	State or Province	Zip Code	County

BUSINESS INFORMATION – If applicable						
Facility Name			Mailing Address			
City		State or Province	Zip Code	County		
Business Email Address		Business Phone		Federal Employer Identification #		
Are you an owner or shareholder in any veterinary practice(s) in WV? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have all WV veterinary facilities in which you have a financial interest been registered with the WVBVM for the current fiscal year and passed and paid for their most recent inspections? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you presently practicing other than in WV? <input type="checkbox"/> Yes <input type="checkbox"/> No		List other states/jurisdictions in which you currently hold a license				
DEA Registration # (if applicable)		Are you? <input type="checkbox"/> Associate <input type="checkbox"/> Self Employed <input type="checkbox"/> Government Employee <input type="checkbox"/> Other				
How is your WV practiced organized (if applicable)? <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> PLLC <input type="checkbox"/> Other						
Practice Type (specify only one) <input type="checkbox"/> Small Animal <input type="checkbox"/> Large Animal <input type="checkbox"/> Mixed <input type="checkbox"/> Other			If the WV veterinary facility where you practice is a corporation or PLLC, are you a shareholder or partner? <input type="checkbox"/> Yes <input type="checkbox"/> No			

MAIL PREFERENCE	EMAIL PREFERENCE
<input type="checkbox"/> I prefer to receive mail (letters) at my business address.	<input type="checkbox"/> I prefer to have email sent to my business email address.
<input type="checkbox"/> I prefer to receive mail (letters) at my home address.	<input type="checkbox"/> I prefer to have email sent to my home email address.

SPECIALITY— *A veterinarian may represent themselves as a specialist only if they are Board certified in that specialty.*

Please list specialties (if applicable)

RELIEF WORK	Are you interested in doing relief work? <input type="checkbox"/> Yes <input type="checkbox"/> No
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PERSONAL INFORMATION

Please submit details and/or documentation to explain each question below that you responded to with a "yes" answer. If further information is required, you will be notified.

- 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
- Have you ever been convicted of a felony in any jurisdiction? Yes No

Pursuant to West Virginia Code §48-15-303, each applicant for license must answer the following questions and certify, under penalty of false swearing, that these answers are true and correct.

- Do you have a child support or medical obligation? Yes No
- If the answer to question 1, above, is yes, are you in arrears? Yes No
- If the answer to question 2, above, is yes, do your arrears equal or exceed the amount of child or medical support payment for six (6) months? Yes No
- Are you the subject of a child support related subpoena or warrant? Yes No

**PUBLIC RECORD NOTICE
REGARDING YOUR PROVIDED INFORMATION
ON YOUR RENEWAL**

The WV Board of Veterinary Medicine is a public government agency and, as such, the records of the Board are considered to be public records. Some or all of the information in this renewal may be disclosed to any person under the WV Freedom of Information Act (FOIA). The Board's records may also be subject to review by other government authorities or subject to disclosure in court or administrative proceedings by subpoena. In addition, the Board is required by law to publish an annual roster of all licensees.

Date of birth and social security numbers are only collected for Board use and only shared with the American Association of Veterinary State Boards (AAVSB). Mother's maiden name is only collected for Board use for website licensee login.

For these reasons, the Board **cannot and does not** guarantee confidentiality of this information.

- If you do not wish to disclose your home address or phone number, you should choose "business address" under "Mail Preference" located on the renewal.
- Any document, correspondence, or records submitted in connection with your renewal may be open to public inspection.

**CERTIFICATION
PLEASE PROVIDE CONTINUING EDUCATION INFORMATION ON THE FOLLOWING PAGES**

I certify that I have completed at least eighteen (18) West Virginia Board of Veterinary Medicine (WVBVM) **approved** continuing education hours for each inactive year, for a maximum of 36 hours, with at least fourteen (14) hours per year being classroom or webinar scientific education relative to the practice of veterinary medicine to include scientific, laboratory, regulatory, and medical record keeping.

I fully understand the requirements for approved CE as stated in the code of State Rules §26-1-7.5. I understand that I am responsible for maintaining records documenting successful completion of required annual CE for two (2) years after completion and I understand that I am responsible for providing these records to the WVBVM upon request. Random CE audits will be conducted annually by the WVBVM. If a licensee is non-compliant to the continuing education audit, the WVBVM will initiate a complaint against the licensee and the licensee will be audited again the following year.

I have personally completed this renewal form, and that I have read and understand all questions and statements on this renewal form. I further declare under penalty of perjury that the foregoing submissions and answers are true and correct.

I further acknowledge and accept that any false statement may subject my registration to disciplinary action including, but not limited to, immediate revocation or suspension of my license.

Signature

Date

Mail renewal and fees to:

West Virginia Board of Veterinary Medicine
5509 Big Tyler Road, Suite 3
Cross Lanes, WV 25313
Phone (304) 776-8032
Fax (304) 776-8256
E-mail: patricia.a.holstein@wv.gov Website: www.wvbvm.org

