



WEST VIRGINIA BOARD OF VETERINARY MEDICINE
INACTIVE/EXPIRED LICENSE REACTIVATION FOR VETERINARIANS
\$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		

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? ☐ Yes ☐ No

**PUBLIC RECORD NOTICE
REGARDING YOUR PROVIDED INFORMATION**

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 these applications 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.

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

- For your public information preference, if you do not wish to disclose your personal contact information, you should use your business information.
- Any document, correspondence, or records submitted in connection with your application may be open to public inspection.
- Criminal background records are **not** subject to the WV Freedom of Information Act (FOIA).

PUBLIC INFORMATION PREFERENCE

Facility Name (if applicable)

Street Address:

City

State or Province

County

Zip

Phone:

Email:

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.

1. 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___
2. 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.

1. Do you have a child support or medical obligation? Yes ___ No___
2. If the answer to question 1, above, is yes, are you in arrears? Yes ___ No___
3. 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___
4. Are you the subject of a child support related subpoena or warrant? Yes ___ No___

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/expired 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