



**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 | | |

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 |
|--------------------|---|

**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: | | |

| PREFERRED BOARD OFFICE COMMUNICATION – This information will only be available to the Board office | | |
|---|-----------------------------------|-----------------------------------|
| Mailing Address | Email | Phone |
| <input type="checkbox"/> Home | <input type="checkbox"/> Home | <input type="checkbox"/> Home |
| <input type="checkbox"/> Business | <input type="checkbox"/> Business | <input type="checkbox"/> Business |
| <input type="checkbox"/> Public | <input type="checkbox"/> Public | <input type="checkbox"/> Public |

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) 957-0404
E-mail: wvbvm@wv.gov
Website: www.wvbvm.gov

